

IRS Form 990 Information Return – Highlights

The ASU Foundation was incorporated in 1955 to meet the demands of Arizona’s fastest-growing university. Arizona State University (ASU or University) is the largest public research university in the U.S. with more than 20,000 students receiving degrees each year, and colleges, institutions and research centers that include six locations throughout the state and a physical presence on both coasts. For the third year in a row, *U.S. News and World Report* identified ASU as the #1 most innovative school in the country, ahead of both Stanford and MIT.

A university with this amount of energy and momentum requires an ever-increasing level of support. The mission of the ASU Foundation for A New American University (Foundation) is clear – to advance the success of ASU as a New American University.

Under the leadership of CEO R.F. “Rick” Shangraw Jr., the Foundation helps advance the University by working closely with philanthropists, business partners, and others to engage them in the University’s efforts to produce meaningful change.

In September 2015, the Foundation’s board of directors approved a corporate entity restructure, where a new entity, ASU Enterprise Partners (EP) was created to be the parent and holding company of the Foundation and four other affiliated organizations. As a result of the restructure, certain assets and liabilities were transferred to EP and other affiliates from the Foundation as of July 1, 2016.

Philanthropy is the Foundation’s primary activity. During the last 16-year period, alumni, parents, foundations, corporations and other individuals and organizations have committed \$2.3 billion in support of ASU’s students, faculty, research, academics and facilities. The Foundation also holds and manages a portfolio of income-producing long-term investments.

The Foundation was again recognized as a top-scoring nonprofit of the universities, graduate schools and technological institutes ranked by Charity Navigator, the country’s largest and most-utilized evaluator of charities. For the sixth consecutive year, Charity Navigator awarded the Foundation its premier four-star rating, earning an overall score of 98.23 out of a possible 100 points.

The Foundation reports its gifts in a variety of ways to satisfy different reporting agencies or internal productivity measurements. One reporting method the Foundation uses is New Gifts and Commitments, which measures the productivity of the Foundation’s fundraising efforts across all areas of the University and its affiliates. This method includes gifts, pledges, gifts-in-kind, bequests and more. The New Gifts and Commitments for the Foundation was \$223 million in 2017 and \$216 million in 2016. Another method the Foundation uses to report gifts is a counting methodology developed by the Council for Aid to Education (CAE), which emphasizes cash in the door counted for all supporting entities of ASU, in addition to the Foundation’s gift receipts. These gift receipts were \$179 million in 2017, an increase from \$140 million in 2016.

The Foundation Form 990 shows *direct public support* of \$109 million for fiscal year 2017. The accounting method used for this form more closely represents Generally Accepted Accounting Principles (GAAP), a full accrual accounting methodology, rather than the New Gifts and Commitments or the CAE counting methodologies. One of the main differences between the CAE method and the Form 990 and GAAP is the recognition of pledges. CAE counts the gift as the pledge payments are made, while GAAP and the Form 990 count the entire gift at the time the pledge promise is made.

The Foundation received \$13.4 million of expense reimbursement from ASU to provide development, fundraising, and investment services for ASU in fiscal year 2017. The Foundation provided \$104.2 million to ASU for support of faculty, scholarships and programs.

Below are some general information items that are intended to aid the reader in understanding the information that is presented in the IRS Form 990. Like all information that must be presented using a prescribed format, the financial information of the Foundation has been grouped and aligned to meet the requirements and definitions of the IRS Form 990. It may not be the best format for presenting the Foundation's financial information in terms of understanding financial relationships, levels of materiality and priority, or providing the narrative information that gives a comprehensive view of the Foundation's financial and operational activities.

This Form 990 should be read in conjunction with the Foundation's audited financial statements, which can be found on the Foundation's website (asufoundation.org).

Dates: The 2016 Form 990 return covers the fiscal year from July 1, 2016 to June 30, 2017.

General: IRS Form 990 is intended to disclose selected information about a tax-exempt organization's financial, governance and operational activities. While most of the information presented closely aligns with GAAP, it will not depict the activities of the organization in exactly the same manner as the audited financial statements.

Revenue: The ASU Foundation recognizes *revenue* from several sources for fiscal year ended June 30, 2017.

- \$108.6 million of *contributions* (shown on Part I, line 8).
- \$3.8 million of *other revenue* (line 11), the details of which can be seen on page 9 of the return, Part VIII, line 11e.

Investment

Return: The Foundation invests its endowment and other funds in global markets, which are subject to volatility. For fiscal year ended June 30, 2017, the Foundation recognized \$39.2 million gain from the markets.

Expense: The Foundation incurs many different types of expenses during the fiscal year in support of its objectives.

- *Total expenses* (Part I, line 18) are broken down into functional categories on page 10, Part IX, of the Form 990. The IRS predetermines these breakdowns and organizations cannot deviate from the defined line items.
- *Statement of Functional Expenses* (Part IX, lines 1-25) is presented to allow the reader to see how each natural category of expense is spread across the functions of *Program* (direct ASU support), *Management and General*, and *Fundraising*.

Some elements of revenue and expense recognized in the audited financial statements are not included in the Form 990 totals. There is a reconciliation of the Form 990 revenue and expense to the audited statements on Schedule D, Parts XI, XII and XIII of the Form 990.

Balance Sheet

Information: The assets and liabilities of the Foundation (Part X, lines 1 – 34) are presented to allow the reader to understand the investment holdings, receivables, and payables of the Foundation. Balance sheet items are explained fully in the footnotes to the Foundation's audited financial statements.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

B Check if applicable:	<input type="checkbox"/> Address change	C Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY			D Employer identification number 86-6051042	
	<input type="checkbox"/> Name change	Doing Business As ASU FOUNDATION			E Telephone number (480) 965-3759	
	<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2260			G Gross receipts \$ 1,073,393,112.	
	<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code TEMPE, AZ 85280-2260				
<input type="checkbox"/> Amended return	F Name and address of principal officer: R. F. SHANGRAW JR. 300 E. UNIVERSITY DR. TEMPE, AZ 85281			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Application pending				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶		
J Website: WWW.ASUFOUNDATION.ORG				L Year of formation: 1955 M State of legal domicile: AZ		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO ENSURE THE SUCCESS OF ARIZONA STATE UNIVERSITY AS A NEW AMERICAN UNIVERSITY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	561.
	6	Total number of volunteers (estimate if necessary)	6	15.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-244,621.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-430,994.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	120,129,408.	108,609,322.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,345,578.	1,247,862.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,479,547.	39,181,992.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,302,491.	3,849,216.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	128,297,930.	152,888,392.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	79,721,324.	91,891,492.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,761,585.	5,212,025.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,747,147.	631,069.	617,784.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,957,999.	25,917,023.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,071,977.	123,638,324.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	16,225,953.	29,250,068.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	999,330,703.	925,986,632.
	22	Net assets or fund balances. Subtract line 21 from line 20	254,428,614.	172,000,590.
		744,902,089.	753,986,042.	

COPY FOR PUBLIC INSPECTION

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		11/27/2017
	Signature of officer	Date
	VIRGINIA DESANTO	DIRECTOR, TREASURER
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 11/27/2017	Check <input type="checkbox"/> if self-employed	PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 2125990100	
	Firm's address ▶ 757 THIRD AVE 2ND FLOOR NEW YORK, NY 10017-2013				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO ENSURE THE SUCCESS OF ARIZONA STATE UNIVERSITY AS A NEW AMERICAN UNIVERSITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 32,678,555. including grants of \$ 27,365,808.) (Revenue \$ 1,493,489.)
SPECIFIC UNIVERSITY PROGRAMS - THE ASU FOUNDATION PROVIDED MORE THAN \$32.6 MILLION IN SUPPORT OF SUSTAINABILITY AND EDUCATION ACTIVITIES, ENTREPRENEURIAL ACTIVITIES, AND PROGRAMMING ACTIVITIES. IN ADDITION TO THE PROGRAMS REVENUE OF OVER \$1.4 MILLION, ASU FOUNDATION PROVIDED OVER \$40.7 MILLION IN CONTRIBUTIONS FOR THESE ACTIVITIES.

4b (Code:) (Expenses \$ 20,998,239. including grants of \$ 17,585,393.) (Revenue \$ 959,671.)
RESEARCH SUPPORT - THE ASU FOUNDATION PROVIDED ALMOST \$21 MILLION IN RESEARCH FUNDING FOR ASU. IN ADDITION TO THE ALMOST \$1 MILLION OF PROGRAM REVENUE, THE ASU FOUNDATION PROVIDED MORE THAN \$18.6 MILLION OF CONTRIBUTIONS TO ASU IN SUPPORT OF RESEARCH IN INFORMATION PRIVACY AND SECURITY; SUPPLY CHAIN MANAGEMENT; ENVIRONMENT AND SUSTAINABILITY; EARLY CHILDHOOD EDUCATION AND OTHER AREAS.

4c (Code:) (Expenses \$ 12,705,543. including grants of \$ 12,550,281.) (Revenue \$ 580,674.)
STUDENT AND FACULTY SUPPORT - THE ASU FOUNDATION PROVIDED OVER \$12.7 MILLION FOR ASU PROGRAMS THAT ASSIST UNDERGRADUATE AND GRADUATE STUDENTS. IN ADDITION TO OVER \$.5 MILLION OF PROGRAM REVENUE, ASU FOUNDATION PROVIDED OVER \$6.6 MILLION OF CONTRIBUTIONS TO SUPPORT FACULTY RECOGNITION AND PROFESSORSHIPS AND ALMOST \$20.7 MILLION FOR STUDENT SUPPORT.

4d Other program services (Describe in Schedule O.) ATTACHMENT 1
(Expenses \$ 43,044,167. including grants of \$ 34,390,010.) (Revenue \$ 2,063,244.)

4e Total program service expenses 109,426,504.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for 1a (192), 1b (0), 1c (X), 2a (561), 2b (X), 3a (X), 3b (X), 4a (X), 5a (X), 5b (X), 5c, 6a (X), 6b, 7a (X), 7b (X), 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AZ, CO, HI, MN, NY, OK, OR, SC,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
VIRGINIA DESANTO 300 E. UNIVERSITY DRIVE TEMPE, AZ 85281 480-965-1791

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM POST CHAIR	.5050	X		X				0.	0.	0.
(2) JUANITA FRANCIS VICE CHAIR	.5050	X		X				0.	0.	0.
(3) MICHAEL M. CROW DIRECTOR	1.50 1.50	X						0.	0.	0.
(4) JOSE CARDENAS DIRECTOR	.5050	X						0.	0.	0.
(5) ANGELA YIN CESAL EMERITUS AS OF 05/2017	.5050	X						0.	0.	0.
(6) TONY COREY DIRECTOR THROUGH 01/27/2017	.5050	X						0.	0.	0.
(7) WAYNE S. DORAN EMERITUS AS OF 05/2017	.5050	X						0.	0.	0.
(8) STEPHEN O. EVANS DIRECTOR	.5050	X						0.	0.	0.
(9) IRA A. FULTON DIRECTOR	.5050	X						0.	0.	0.
(10) JOHN W. GRAHAM DIRECTOR	.5050	X						0.	0.	0.
(11) JAY HEILER DIRECTOR	.5050	X						0.	0.	0.
(12) ROBERT JOHNSON DIRECTOR	.5050	X						0.	0.	0.
(13) ANNE L. MARIUCCI DIRECTOR	.5050	X						0.	0.	0.
(14) MORGAN OLSEN DIRECTOR	.5050	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HARRY PAPP ----- DIRECTOR	.50 ----- .50	X						0.	0.	0.
(16) GARY L. TRUJILLO ----- DIRECTOR	.50 ----- .50	X						0.	0.	0.
(17) GREGORY J. VOGEL ----- DIRECTOR THROUGH 02/13/2017	.50 ----- .50	X						0.	0.	0.
(18) SCOTT WALD ----- DIRECTOR	.50 ----- .50	X						0.	0.	0.
(19) KEITH WIRTZ ----- DIRECTOR	.50 ----- .50	X						0.	0.	0.
(20) ROGER WITTLIN ----- DIRECTOR THROUGH 6/30/17	.50 ----- .50	X						0.	0.	0.
(21) R. F. SHANGRAW, JR. ----- DIRECTOR, CEO	30.00 ----- 20.00	X		X				213,369.	305,967.	78,306.
(22) VIRGINIA DESANTO ----- DIRECTOR, TREASURER	15.00 ----- 35.00	X		X				114,913.	118,307.	39,357.
(23) MARCEL VALENTA ----- SECRETARY	18.00 ----- 32.00			X				119,945.	122,126.	43,954.
(24) GRETCHEN BUHLIG ----- COO AND MANAGING DIRECTOR	50.00 ----- 0.				X			298,808.	0.	21,833.
(25) AUGUSTINE CHENG ----- MANAGING DIRECTOR - AZTE	25.00 ----- 25.00					X		366,302.	240,048.	36,369.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,983,970.	786,448.	329,419.
d Total (add lines 1b and 1c)								1,983,970.	786,448.	329,419.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 43

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 30

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOSHUA FRIEDMAN CHIEF DEVELOPMENT OFFICER	50.00 0.					X		298,794.	0.	21,045.
(27) SYBIL FRANCIS DIRECTOR FOR STRATEGIC ADV.	40.00 0.					X		195,420.	0.	16,415.
(28) KIMBERLY HOPELY VP UNIT DEVELOPMENT	40.00 0.					X		193,886.	0.	43,994.
(29) PATRICK MCDERMOTT CHIEF ENGMT OFCR, THUNDERBIRD	40.00 0.					X		182,533.	0.	28,146.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 43

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	11,000.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	108,598,322.					
	g Noncash contributions included in lines 1a-1f: \$		9,370,933.					
	h Total. Add lines 1a-1f			108,609,322.				
	Program Service Revenue				Business Code			
		2a ASU PROGRAM SUPPORT		541800	869,304.	869,304.		
b PROGRAM REVENUE AND MEMBERSHIPS			900099	135,413.	135,413.			
c PROGRAM RENTALS			900099	243,145.	243,145.			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,247,862.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			8,618,366.		-244,621.	8,862,987.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents		(i) Real					
		b Less: rental expenses		(ii) Personal				
			c Rental income or (loss)					
			d Net rental income or (loss)			0.		
	7a Gross amount from sales of assets other than inventory		(i) Securities					
			(ii) Other					
		b Less: cost or other basis and sales expenses			951,068,346.			
		c Gain or (loss)			920,504,720.			
	d Net gain or (loss)			30,563,626.	30,563,626.		30,563,626.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		0.				
		b Less: direct expenses	b		0.			
		c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a		0.				
		b Less: direct expenses	b		0.			
		c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a		0.					
	b Less: cost of goods sold	b		0.				
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue				Business Code				
11a RESERVES SUBSIDY		900099	2,063,243.	2,063,243.				
b ASSET MANAGEMENT FEES		900099	1,695,554.	1,695,554.				
c MISCELLANEOUS		900099	90,419.	90,419.				
d All other revenue								
e Total. Add lines 11a-11d			3,849,216.					
12 Total revenue. See instructions.			152,888,392.	5,097,078.	-244,621.	39,426,613.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	91,891,492.	91,891,492.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	314,970.			314,970.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,883,522.		5,778.	3,877,744.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	217,150.			217,150.
9 Other employee benefits	520,446.	1,238.		519,208.
10 Payroll taxes	275,937.		20.	275,917.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	118,788.	48,981.	69,807.	
c Accounting	148,706.	1,233.	147,473.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	617,784.			617,784.
f Investment management fees	3,747,647.	3,747,647.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,242,121.	4,732,506.	11,033.	498,582.
12 Advertising and promotion	31,469.	28,877.		2,592.
13 Office expenses	1,750,354.	1,207,067.	61,110.	482,177.
14 Information technology	59,003.		1,576.	57,427.
15 Royalties	0.			
16 Occupancy	20,197.	2,106.	18,091.	
17 Travel	1,440,041.	1,181,600.	722.	257,719.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	112,242.	55,752.		56,490.
20 Interest	0.			
21 Payments to affiliates	7,766,317.	1,706,402.	6,059,915.	
22 Depreciation, depletion, and amortization	62,369.		62,369.	
23 Insurance	64,621.	64,416.		205.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES/SUBSCRIPTIONS	376,950.	330,530.	4,759.	41,661.
b MEALS AND CULTIVATION	3,654,819.	3,127,165.	184.	527,470.
c OTHER EXPENSES	1,321,379.	1,299,492.	21,836.	51.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	123,638,324.	109,426,504.	6,464,673.	7,747,147.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	10,335,800.	1	1,866,291.	
	2 Savings and temporary cash investments	7,192,366.	2	774,741.	
	3 Pledges and grants receivable, net	132,491,669.	3	137,596,808.	
	4 Accounts receivable, net	3,454,932.	4	254,365.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use	0.	8	0.	
	9 Prepaid expenses and deferred charges	0.	9	136,966.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,076,450.			
	b Less: accumulated depreciation	10b 4,227,613.	73,603,485.	10c	848,837.
	11 Investments - publicly traded securities	312,951,927.	11	423,002,893.	
	12 Investments - other securities. See Part IV, line 11	399,389,819.	12	351,274,376.	
	13 Investments - program-related. See Part IV, line 11	0.	13	0.	
	14 Intangible assets	0.	14	0.	
	15 Other assets. See Part IV, line 11	59,910,705.	15	10,231,355.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	999,330,703.	16	925,986,632.		
Liabilities	17 Accounts payable and accrued expenses	8,245,161.	17	3,510,950.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue	142,944.	19	0.	
	20 Tax-exempt bond liabilities	92,860,000.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	128,692,351.	21	165,117,200.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	10,635,000.	23	0.	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	13,853,158.	25	3,372,440.	
	26 Total liabilities. Add lines 17 through 25	254,428,614.	26	172,000,590.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	25,251,605.	27	-5,483,679.	
	28 Temporarily restricted net assets	288,409,600.	28	309,396,116.	
	29 Permanently restricted net assets	431,240,884.	29	450,073,605.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	744,902,089.	33	753,986,042.	
	34 Total liabilities and net assets/fund balances	999,330,703.	34	925,986,632.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	152,888,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,638,324.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,250,068.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	744,902,089.
5	Net unrealized gains (losses) on investments	5	38,594,162.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-58,760,277.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	753,986,042.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY**

Employer identification number
86-6051042

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (83.16%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (78.77%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule of Contributors

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 11,319,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 5,124,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,012,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 4,293,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 3,871,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 2,530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			75,000.
b Total lobbying expenditures to influence a legislative body (direct lobbying)			417,780.
c Total lobbying expenditures (add lines 1a and 1b)			492,780.
d Other exempt purpose expenditures	112,193,576.		20,627,356.
e Total exempt purpose expenditures (add lines 1c and 1d)	112,193,576.		21,120,136.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	2,000,000.
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:			
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	500,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	249,780.	249,780.	424,780.	492,780.	1,417,120.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year.	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

INFORMATION REGARDING LOBBYING ACTIVITIES

SCHEDULE C, PART II-A

AS A PART OF ITS MISSION, ASUF'S PARENT ORGANIZATION, ASU ENTERPRISE PARTNERS, CONTRIBUTES TO PUBLIC COMMUNICATION AND ADVOCACY ACTIVITIES THAT SUPPORT HIGHER EDUCATION IN ARIZONA AND THE NEED FOR ADEQUATE FUNDING TO PROVIDE EXCELLENT EDUCATIONAL OPPORTUNITIES FOR ARIZONA RESIDENTS.

Part IV Supplemental Information (continued)ATTACHMENT 1SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: AZTE VENTURES, CO.
 ADDRESS: 1475 N SCOTTSDALE RD STE 200
 SCOTTSDALE, AZ 85257
 EIN: 27-0151042

GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES:
 TOTAL EXEMPT PURPOSE EXPENDITURES:
 LOBBYING NONTAXABLE AMOUNT:
 GRASSROOTS NONTAXABLE AMOUNT:
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: ASU FOUNDATION FOR A NEW AMERICAN UNIV
 ADDRESS: P.O. BOX 2260
 TEMPE, AZ 85280-2260
 EIN: 86-6051042

GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 112,193,576.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 112,193,576.
 LOBBYING NONTAXABLE AMOUNT: 1,000,000.
 GRASSROOTS NONTAXABLE AMOUNT: 250,000.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: ASU RESEARCH ENTERPRISE
ADDRESS: P.O. BOX 2260
TEMPE, AZ 85280-2260
EIN: 90-0868685
GRASSROOTS LOBBYING AMOUNT:
DIRECT LOBBYING AMOUNT:
TOTAL LOBBYING EXPENDITURES:
OTHER EXEMPT PURPOSE EXPENDITURES:
TOTAL EXEMPT PURPOSE EXPENDITURES:
LOBBYING NONTAXABLE AMOUNT:
GRASSROOTS NONTAXABLE AMOUNT:
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: TAYLOR TRUST FBO ASU FOUNDATION
ADDRESS: P.O. BOX 2260
TEMPE, AZ 85280-2260
EIN: 86-6252445
GRASSROOTS LOBBYING AMOUNT:
DIRECT LOBBYING AMOUNT:
TOTAL LOBBYING EXPENDITURES:
OTHER EXEMPT PURPOSE EXPENDITURES:
TOTAL EXEMPT PURPOSE EXPENDITURES:
LOBBYING NONTAXABLE AMOUNT:
GRASSROOTS NONTAXABLE AMOUNT:
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: RESEARCH COLLABORATORY AT ASU
 ADDRESS: P.O. BOX 2260
 TEMPE, AZ 85280-2260
 EIN: 45-3815674

GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES:
 TOTAL EXEMPT PURPOSE EXPENDITURES:
 LOBBYING NONTAXABLE AMOUNT:
 GRASSROOTS NONTAXABLE AMOUNT:
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: ASU ENTERPRISE PARTNERS
 ADDRESS: P.O. BOX 2260
 TEMPE, AZ 85280-2260
 EIN: 47-5599177

GRASSROOTS LOBBYING AMOUNT:	75,000.
DIRECT LOBBYING AMOUNT:	417,780.
TOTAL LOBBYING EXPENDITURES:	492,780.
OTHER EXEMPT PURPOSE EXPENDITURES:	20,627,356.
TOTAL EXEMPT PURPOSE EXPENDITURES:	21,120,136.
LOBBYING NONTAXABLE AMOUNT:	1,000,000.
GRASSROOTS NONTAXABLE AMOUNT:	250,000.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:	
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:	
SHARE OF EXCESS LOBBYING EXPENDITURES:	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY

Employer identification number 86-6051042

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|------------|
| c Beginning balance | 1,218,696. |
| d Additions during the year | 143,714. |
| e Distributions during the year | 49,647. |
| f Ending balance | 1,312,763. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	473,400,027.	502,048,855.	489,045,695.	435,282,924.	394,228,823.
b Contributions	16,925,057.	14,088,297.	29,576,062.	14,310,742.	13,841,369.
c Net investment earnings, gains, and losses	50,438,811.	-18,851,821.	5,637,603.	62,628,143.	49,318,255.
d Grants or scholarships					
e Other expenditures for facilities and programs	21,855,269.	17,472,861.	16,477,278.	15,643,818.	15,285,635.
f Administrative expenses	11,010,087.	6,412,443.	5,733,227.	7,532,296.	6,819,888.
g End of year balance	507,898,539.	473,400,027.	502,048,855.	489,045,695.	435,282,924.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 76.8300 %
 - c Temporarily restricted endowment 23.1700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	679,341.			679,341.
b Buildings				
c Leasehold improvements				
d Equipment		4,397,109.	4,227,613.	169,496.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				848,837.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITIES	126,086,304.	FMV
(B) GLOBAL FIXED INCOME	13,759,250.	FMV
(C) ABSOLUTE RETURN	89,931,307.	FMV
(D) REAL ASSETS	65,155,592.	FMV
(E) PRIVATE CAPITAL	56,313,810.	FMV
(F) OTHER CASH INVESTMENTS	28,113.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	351,274,376.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT-INTEREST AG	3,372,440.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,372,440.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 184,840,186 on line 1 and 152,888,392 on line 5.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 133,290,229 on line 1 and 123,638,324 on line 5.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

SCHEDULE D, PART IV, LINE 1B

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY (ASUF OR FOUNDATION) IS THE SOLE TRUSTEE OF TAYLOR TRUST FBO ASU FOUNDATION (TAYLOR TRUST). TAYLOR TRUST'S MISSION IS TO ESTABLISH AND MAINTAIN THE FRED E. TAYLOR CHAIRED PROFESSORSHIP IN REAL ESTATE AT THE ARIZONA STATE UNIVERSITY W.P. CAREY SCHOOL OF BUSINESS.

ESCROW OR CUSTODIAL ACCOUNT LIABILITY

SCHEDULE D, PART IV, LINE 2B

ASUF HOLDS ASSETS AS THE TRUSTEE OF A GRANTOR TRUST FOR ASU AND HOLDS ASSETS UNDER AN INVESTMENT AGREEMENT WITH THE ASU ALUMNI ASSOCIATION.

INTENDED USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

ALL ENDOWMENT EXPENDITURES SUPPORT THE EDUCATION, RESEARCH, PUBLIC SERVICE, AND OTHER ACTIVITIES OF ARIZONA STATE UNIVERSITY.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY APPROACH, WHICH CAN RESULT IN RECORDING TAX PROVISIONS OR BENEFITS IN PERIODS DIFFERENT THAN THE PERIODS IN WHICH SUCH TAXES ARE PAID OR BENEFITS REALIZED. DEFERRED INCOME TAXES ARE RECORDED FOR THE DIFFERENCE BETWEEN THE BOOK AND TAX BASIS OF VARIOUS ASSETS AND LIABILITIES, WHICH CAN PROVIDE FOR CURRENT RECOGNITION OF EXPECTED TAX BENEFITS FROM TEMPORARY DIFFERENCES THAT WILL RESULT IN DEDUCTIBLE AMOUNTS IN FUTURE

Part XIII Supplemental Information (continued)

YEARS.

IT HAS BEEN DETERMINED BY THE IRS THAT THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AS DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(IV) OF THE INTERNAL REVENUE CODE (IRC), AND ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A PUBLIC CHARITY.

ASUF DUPONT, LLC IS TREATED AS A DISREGARDED ENTITY UNDER THE FOUNDATION FOR INCOME TAX PURPOSES, AND ACCORDINGLY, ALL INCOME AND EXPENSES ARE REPORTED THROUGH THE FOUNDATION FOR THE YEAR ENDED JUNE 30, 2017.

FOR TAX PURPOSES, INCOME DETERMINED TO BE UNRELATED BUSINESS INCOME BY ANY MEMBER OF THE GROUP REGARDED AS A TAX-EXEMPT ORGANIZATION WOULD BE TAXABLE.

TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX-EXEMPT STATUS AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED. MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD BE UPHOLD UNDER EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2017, AND DOES NOT ANTICIPATE A SIGNIFICANT CHANGE FOR THE FOLLOWING TWELVE MONTHS. THE ORGANIZATION IS SUBJECT TO TAX EXAMINATION BY THE FEDERAL AND ARIZONA STATE JURISDICTIONS, WHICH GENERALLY REMAIN OPEN FOR THREE AND FOUR YEARS, RESPECTIVELY.

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	\$336,138
CHANGE IN ASSETS DUE OTHER ENTITIES	\$(16,063,127)

TOTAL	\$(15,726,989)

SCHEDULE D, PART XI, LINE 4B

SERVICE AGREEMENT - COST REIMBURSEMENT	\$(13,399,552)
ASU ENTERPRISE PARTNERS	661,349
TAYLOR TRUST FBO ASUF	(94,067)

TOTAL	\$(12,832,268)

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XII, LINE 2D

SERVICE AGREEMENT - COST REIMBURSEMENT	\$13,399,552

TOTAL	\$13,399,552

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY**

Employer identification number
86-6051042

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		65,568,061.
(2) EUROPE			INVESTMENTS		2,335,919.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					67,903,980.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					67,903,980.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY**

Employer identification number
86-6051042

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,213,477.	643,328.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AZ, CA, CO, HI, ME, MA, MI, MN, NH, NJ, NY, ND, OH, OK, OR, SC, UT, WA,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
THE EUDY COMPANY LTD 4200 MASSACHUSETTS AVE NW #312 WASHINGTON DC 20016	FUNDRAISER		X	3,213,477.	210,000.	
SCOTT PRENN CONSULTING 1ST FLOOR, ALAMEDA HOUSE, 90-100 SYDNEY ST LONDON UK SW3 6NJ	CONSULTING		X		195,000.	
SNAVELY ASSOCIATES, LTD. 112 W. FOSTER AVE, STE 401 STATE COLLEGE PA 16804	CONSULTING		X		140,188.	
ELIASSON GROUP 2829 29TH STREET NW WASHINGTON DC 20008	CONSULTING		X		75,000.	
MARTS & LUNDY 1200 WALL STREET WEST LYNDHURST NJ 07071	CONSULTING		X		23,140.	

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW
AMERICAN UNIVERSITY

Employer identification number
86-6051042

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARIZONA STATE UNIVERSITY P.O. BOX 870502 TEMPE, AZ 85287	86-0196696	115	89,376,279.				PROGRAM SUPPORT
(2) ASU ALUMNI LAW GROUP 2 N. CENTRAL AVE #1600 PHOENIX, AZ 85004	46-4635819	501(C)(3)	120,000.				PROGRAM SUPPORT
(3) ASU PREPARATORY ACADEMY P.O. BOX 877304 TEMPE, AZ 85287	26-0664313	501(C)(3)	1,900,000.				PROGRAM SUPPORT
(4) COLLEGE SUCCESS ARIZONA 4040 E. CAMELBACK RD. SUITE 220	20-2366755	501(C)(3)	40,955.				PROGRAM SUPPORT
(5) PHOENIX COMMITTEE ON FOREIGN RELATIONS 7949 E. ACOMA DRIVE, SUITE 207	86-0929211	501(C)(3)	9,300.				COMMUNITY OUTREACH
(6) UNIVERSITY OF NORTH TEXAS 1112 DALLAS DR. SUITE 4000 DENTON, TX 76205	75-6002149	115	20,000.				PROGRAM SUPPORT
(7) ASU ALUMNI ASSOCIATION P.O. BOX 873702 TEMPE, AZ 85287	86-6053009	501(C)(3)	18,300.				COMMUNITY OUTREACH
(8) GOLDWATER INSTITUTE 500 E. CORONADO RD. PHOENIX, AZ 85004	86-0597661	501(C)(3)	10,000.				COMMUNITY OUTREACH
(9) MARINE CORPS SCHOLARSHIP FOUNDATION 7047 E. GREENWAY PARKWAY, STE 250	22-1905062	501(C)(3)	22,100.				COMMUNITY OUTREACH
(10) THE AMERICAN IRELAND FUND 5910 GLOSTER ROAD BETHESDA, MD 20816	25-1306992	501(C)(3)	10,000.				COMMUNITY OUTREACH
(11) AREI INC PO BOX 7784 ASPEN, CO 81612	27-5216186	501(C)(3)	25,000.				COMMUNITY OUTREACH
(12) ARIZONA HISPANIC CHAMBER OF COMMERCE 255 E OSBORN RD STE 201 PHOENIX, AZ 85012	86-0445372	501(C)(6)	27,500.				COMMUNITY OUTREACH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARIZONA SCHOOL BOARDS ASSOCIATION 2100 N CENTRAL AVE #200 PHOENIX, AZ 85004	86-0288067	501(C)(3)	12,500.				COMMUNITY OUTREACH
(2) EARTH SCHOOL EDUCATIONAL FOUNDATION, INC. 555 NORTH CENTRAL AVE STE 402P	26-1204422	501(C)(3)	95,000.				PROGRAM SUPPORT
(3) FNDN OF THE NATIONAL STUDENT NURSES ASSOCIA 45 MAIN ST, STE 606 BROOKLYN, NY 11201	13-3123125	501(C)(3)	5,500.				COMMUNITY OUTREACH
(4) FREEDOM HOUSE, INC. 1850 M ST, NW, 11TH FL WASHINGTON, DC 20036	13-1656647	501(C)(3)	8,500.				PROGRAM SUPPORT
(5) HUMANITY IN ACTION, INC 601 W 26TH ST NEW YORK, NY 10001	13-3977257	501(C)(3)	10,000.				COMMUNITY OUTREACH
(6) ICSDEC 510 E UNIVERSITY DR #3426 TEMPE, AZ 85281	47-5679263	501(C)(3)	8,000.				COMMUNITY OUTREACH
(7) IHC HEALTH SERVICES INC 36 S STATE ST STE 2200	94-2854057	501(C)(3)	7,500.				PROGRAM SUPPORT
(8) JEWISH NATIONAL FUND 42 E 69TH ST NEW YORK, NY 10021	13-1659627	501(C)(3)	9,000.				COMMUNITY OUTREACH
(9) NAACP-ARIZONA STATE CONFERENCE PO BOX 20605 PHOENIX, AZ 85036	90-0114229	501(C)(3)	7,990.				COMMUNITY OUTREACH
(10) NEW YORK UNIVERSITY 105 E 17TH ST, 4TH FL NEW YORK, NY 10003	13-5562308	501(C)(3)	10,000.				PROGRAM SUPPORT
(11) SANDRA DAY O'CONNOR INSTITUTE PO BOX 4425 PHOENIX, AZ 85030	26-3521510	501(C)(3)	7,250.				COMMUNITY OUTREACH
(12) SUN DEVIL MOCK TRIAL 3026 E NORWOOD ST MESA, AZ 85213	72-1618795	501(C)(3)	7,000.				PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY

Employer identification number
86-6051042

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE AMERICAN SOCIETY OF MECHANICAL ENGINEER 150 CLOVE RD, 6TH FL LITTLE FALLS, NJ 07424	13-1623899	501(C)(3)	15,000.				COMMUNITY OUTREACH
(2) THE WILLIAMS INSTITUTE 6615 N SCOTTSDALE RD SCOTTSDALE, AZ 85250	86-0743467	501(C)(3)	8,000.				PROGRAM SUPPORT
(3) VALLEY OF THE SUN UNITED WAY 1515 E OSBORN RD PHOENIX, AZ 85014	86-0104419	501(C)(3)	9,000.				PROGRAM SUPPORT
(4) ASU ENTERPRISE PARTNERS P.O. BOX 2260 TEMPE, AZ 85280	47-5599177	501(C)(3)	1,706,402.				PROGRAM SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.

3 Enter total number of other organizations listed in the line 1 table 1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

GRANTS PAID CONSIST OF FUNDS PROVIDED TO ARIZONA STATE UNIVERSITY, ITS AFFILIATES AND OTHER NON-PROFITS FOR ASU RELATED INITIATIVES, WHICH ARE ACCOUNTED FOR AND MONITORED THROUGH THE USE OF ACCOUNTS AND ACCOUNT PURPOSE AT THE TIME OF EACH DISBURSEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY**

Employer identification number
86-6051042

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 R. F. SHANGRAW, JR. DIRECTOR, CEO	(i)	213,369.	0.	0.	23,525.	23,833.	260,727.	0.
	(ii)	222,967.	83,000.	0.	13,025.	17,923.	336,915.	0.
2 VIRGINIA DESANTO DIRECTOR, TREASURER	(i)	109,913.	5,000.	0.	8,029.	9,366.	132,308.	0.
	(ii)	111,307.	7,000.	0.	8,464.	13,498.	140,269.	0.
3 MARCEL VALENTA SECRETARY	(i)	114,945.	5,000.	0.	8,425.	13,455.	141,825.	0.
	(ii)	117,126.	5,000.	0.	8,727.	13,347.	144,200.	0.
4 AUGUSTINE CHENG MANAGING DIRECTOR - AZTE	(i)	213,272.	129,938.	23,092.	16,506.	8,943.	391,751.	0.
	(ii)	221,434.	0.	18,614.	2,044.	8,876.	250,968.	0.
5 JOSHUA FRIEDMAN CHIEF DEVELOPMENT OFFICER	(i)	281,794.	17,000.	0.	18,550.	2,495.	319,839.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GRETCHEN BUHLIG COO AND MANAGING DIRECTOR	(i)	279,808.	19,000.	0.	18,550.	3,283.	320,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SYBIL FRANCIS DIRECTOR FOR STRATEGIC ADV.	(i)	190,544.	2,500.	2,376.	13,652.	2,763.	211,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KIMBERLY HOPELY VP UNIT DEVELOPMENT	(i)	193,320.	0.	566.	14,129.	29,865.	237,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 PATRICK MCDERMOTT CHIEF ENGMT OFCR, THUNDERBIRD	(i)	177,533.	5,000.	0.	12,075.	16,071.	210,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HOUSING ALLOWANCE

SCHEDULE J, PART I, LINE 1A:

THE MANAGING DIRECTOR OF ARIZONA SCIENCE AND TECHNOLOGY ENTERPRISES

(AZTE) RECEIVES A HOUSING ALLOWANCE, WHICH IS TREATED AS TAXABLE

COMPENSATION ON FORM W-2 AND REPORTED ON SCHEDULE J, PART II, COLUMN

(B)(III).

TRAVEL FOR COMPANIONS

SCHEDULE J, PART I, LINE 1A:

THE MANAGING DIRECTOR OF AZTE RECEIVES TRAVEL REIMBURSEMENTS FOR HIMSELF

AND HIS SPOUSE, WHICH IS TREATED AS TAXABLE COMPENSATION ON FORM W-2 AND

REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III).

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

SCHEDULE J, PART I, LINE 1A:

THE MANAGING DIRECTOR OF AZTE RECEIVES TAX GROSS-UP PAYMENTS IN RELATION

TO AMOUNTS PAID TO HIM FOR HIS HOUSING ALLOWANCE, TAXABLE SPOUSAL TRAVEL,

AND REIMBURSEMENT FOR INTERNET EXPENSES. THE GROSS-UPS ARE TREATED AS

TAXABLE COMPENSATION ON FORM W-2 AND REPORTED ON SCHEDULE J, PART II,

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COLUMN (B)(III).

SOCIAL CLUB DUES OR INITIATION FEES

SCHEDULE J, PART I, LINE 1A:

EP PROVIDES THE PRESIDENT AND CEO WITH A MEMBERSHIP TO A SOCIAL CLUB TO USE FOR BUSINESS PURPOSES. THE MEMBERSHIP IS NON-TAXABLE TO THE PRESIDENT AND CEO AND REPORTED AS NON-TAXABLE BENEFITS ON SCHEDULE J, PART II, COLUMN (D).

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7:

FOR ASUF, NON-FIXED PAYMENTS ARE BASED ON COMPENSATION AGREEMENTS AND SUCCESS BENCHMARKS STATED IN EMPLOYMENT CONTRACTS.

QUESTIONS REGARDING COMPENSATION

SCHEDULE J, PART II:

ASUF'S FIVE HIGHEST PAID EMPLOYEES INCLUDE ONE MEMBER OF THE MANAGEMENT TEAM OF A RELATED ENTITY, AZTE, WHICH PROVIDES TECHNOLOGY TRANSFER SERVICES FOR ARIZONA STATE UNIVERSITY. ASUF'S PARENT, EP, HAS DELEGATED

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

RESPONSIBILITY FOR MANAGEMENT OF AZTE TO THE SEVEN-MEMBER BOARD OF
DIRECTORS FOR AZTE, INCLUDING OPERATIONAL ACTIVITIES AND COMPENSATION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization **ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY**

Employer identification number
86-6051042

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SYBIL FRANCIS	FAMILY MEMBER OF DIRECTOR	211,896.	COMPENSATION FOR EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW
AMERICAN UNIVERSITY**

Employer identification number
86-6051042

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	84 .	8,720,737 .	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	1 .	18,250 .	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	1 .	631,946 .	APPRAISAL
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1 .

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

JSA

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 9, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

SCHEDULE M, PART I, LINE 32B

THE FOUNDATION USES A VARIETY OF BROKERAGE AND SERVICE COMPANIES TO
CONVERT NON-CASH GIFTS TO CASH BASED ON THE TYPE OF NON-CASH GIFT
RECEIVED.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW
AMERICAN UNIVERSITY

Employer identification number
86-6051042

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

THE ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY
(ASUF OR FOUNDATION) PROVIDED OVER \$32 MILLION TO SUPPORT THE EDUCATION,
PUBLIC SERVICE AND OTHER ACTIVITIES OF ARIZONA STATE UNIVERSITY (ASU). IN
ADDITION TO THE NEAR \$5 MILLION OF PROGRAM REVENUE, THE FOUNDATION
PROVIDED OVER \$71 MILLION OF CONTRIBUTIONS IN SUPPORT OF THESE
ACTIVITIES.

FUNDRAISING EVENTS

FORM 990, PART V, LINES 7A AND 7B

THE FOUNDATION RECEIVES GIFTS FOR ASU THAT AT TIMES PROVIDES THE DONOR
WITH A BENEFIT. THOSE DONORS RECEIVE CHARITABLE GIFT RECEIPTS INDICATING
THE TOTAL VALUE OF PAYMENT, THE FAIR MARKET VALUE OF BENEFITS RECEIVED BY
THE DONOR, AND THE NET AMOUNT THAT MAY BE CONSIDERED A CHARITABLE
CONTRIBUTION.

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, SECTION A, LINE 4

IN SEPTEMBER 2015, THE FOUNDATION'S BOARD OF DIRECTORS APPROVED A
CORPORATE ENTITY RESTRUCTURE, WHERE A NEW ENTITY ASU ENTERPRISE PARTNERS
(EP), WAS CREATED TO BE THE PARENT AND HOLDING COMPANY OF THE FOUNDATION
AND FOUR OTHER AFFILIATED ORGANIZATIONS DESCRIBED FURTHER BELOW. EP BEGAN
OPERATIONS ON JULY 1, 2016, AND IS THE SOLE MEMBER OF EACH OF THESE FIVE

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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ENTITIES. EP IS AN ARIZONA NONPROFIT CORPORATION AND A 501(C)(3)
TAX-EXEMPT ORGANIZATION.

EFFECTIVE JULY 1, 2016 THE FOUNDATION ASSIGNED ITS INTEREST IN VARIOUS
ASSETS AND LIABILITIES TO EP OR TO A SUBSIDIARY OF EP.

MEMBERS, POWER TO ELECT MEMBERS, AND GOVERNANCE DECISIONS
FORM 990, PART VI, SECTION A, LINES 6, 7A AND 7B

EP IS THE SOLE MEMBER OF ASUF AND HAS THE POWER TO ELECT OR APPOINT ONE
OR MORE MEMBERS OF THE GOVERNING BODY AS WELL AS HOLDS THE RIGHT FOR
GOVERNANCE DECISIONS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

ASUF'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS
PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE DRAFT IS SUBMITTED TO ASUF'S
MANAGEMENT FOR REVIEW AND ACCURACY OF REPORTING. THE BOARD OF DIRECTORS
HAS DELEGATED REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE OF EP.

MANAGEMENT AND A REPRESENTATIVE OF THE OUTSIDE ACCOUNTING FIRM REVIEW THE
FORM 990 WITH THE AUDIT COMMITTEE. ONCE APPROVED AND ACCEPTED BY THE
AUDIT COMMITTEE, THE FORM 990 IS SIGNED BY THE CFO AND SUBMITTED
ELECTRONICALLY TO THE IRS AND THE BOARD OF DIRECTORS.

PROCESS FOR MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST
POLICY

FORM 990, PART VI, SECTION B, LINE 12C

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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UPON HIRE AND ON AN ANNUAL BASIS, OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS RELATING TO THEIR INVOLVEMENT WITH ASUF. IN ADDITION, ANY TIME THE INDIVIDUALS REFERRED TO ABOVE BECOME AWARE OF A NEW CONFLICT, THEY ARE REQUIRED TO SUBMIT AN UPDATED CONFLICT OF INTEREST/COMMITMENT FORM TO THE CFO. ANY IDENTIFIED CONFLICTS WOULD BE REVIEWED BY THE BOARD CHAIR AND THE CEO TO DETERMINE ANY MITIGATION ACTIONS NEEDED.

PROCESS FOR ESTABLISHING COMPENSATION OF PRESIDENT/CEO AND KEY EMPLOYEES

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

FOR ASUF, THE BOARD OF DIRECTORS APPROVES THE COMPENSATION PACKAGE FOR THE PRESIDENT AND CEO BASED ON CURRENT MARKET COMPARISONS PROVIDED BY THE FOUNDATION'S HUMAN RESOURCES DEPARTMENT (WHICH OBTAINS THIS INFORMATION FROM AN INDEPENDENT COMPENSATION CONSULTANT), RESPONSIBILITIES OF THE POSITION, GOALS OF THE FOUNDATION, AND NEGOTIATIONS WITH THE PRESIDENT AND CEO. ALL OTHER COMPENSATION DECISIONS FOR KEY EMPLOYEES HAVE BEEN DELEGATED FROM THE BOARD OF DIRECTORS TO THE PRESIDENT AND CEO, WHO FOLLOWS A SIMILAR PROCESS AFOREMENTIONED.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS FOR ASUF ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE NOT MADE AVAILABLE TO THE PUBLIC.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW
AMERICAN UNIVERSITY

Employer identification number
86-6051042

ADDITIONAL INFORMATION REGARDING FUNDRAISING

FORM 990, PART VIII AND FORM 990, PART IX

IN ITS EFFORT TO SUPPORT ASU, ASUF PERFORMS A BROAD SCOPE OF SERVICES THAT INCLUDE FUNDRAISING AND INVESTMENT MANAGEMENT SERVICES. ASUF'S FUNDRAISING EXPENSES SUPPORT ACTIVITIES THAT GENERATE CONTRIBUTIONS THAT GO DIRECTLY TO ENTITIES OTHER THAN ITSELF, SUCH AS ASU AND OTHER ASU AFFILIATES; THUS, NOT ALL FUNDRAISING RESULTS GENERATED THROUGH ASUF'S EFFORTS ARE REFLECTED IN THE CONTRIBUTION TOTALS ON ASUF'S FORM 990.

TAX-EXEMPT BOND LIABILITIES

FORM 990, PART X, LINE 20

THE ESTIMATED FAIR VALUE OF THE ORGANIZATION'S BONDS WERE APPROXIMATELY \$0 AT 2017 AND \$108.2 MILLION AT 2016. EFFECTIVE JULY 1, 2016 THE FOUNDATION ASSIGNED ITS INTEREST IN THE TAX-EXEMPT BONDS TO EP AND SUBSIDIARIES AS PART OF THE RESTRUCTURE.

OTHER CHANGES TO NET ASSETS

FORM 990, PART XI, LINE 9

RESTRUCTURE TRANSFER TO EP AND SUBS:	\$(42,381,874)
CHANGE IN ASSETS DUE TO OTHER ENTITIES:	\$(16,063,127)
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS:	\$ 336,138
TAYLOR TRUST FBO ASUF ASSETS:	\$ (1,312,763)
ASU ENTERPRISE PARTNERS:	661,349

TOTAL	\$(58,760,277)

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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ATTACHMENT 1

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EDUCATION, RESEARCH, PUBLIC SERVICE AND OTHER	34,390,010.	43,044,167.	2,063,244.
TOTALS	<u>34,390,010.</u>	<u>43,044,167.</u>	<u>2,063,244.</u>

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PERELLA WEINBERG PARTNERS 757 5TH AVENUE NEW YORK, NY 10153	INVESTMENT MGMT.	1,847,777.
BOSTON CONSULTING GROUP ONE BEACON STREET, 10TH FLOOR BOSTON, MA 02108	CONSULTING	1,070,000.
TRINITY WORKS PO BOX 12206 FT WORTH, TX 76110	CONSULTING	720,000.
SNAVELY ASSOCIATES LTD 112 W. FOSTER AVE SUITE 401 STATE COLLEGE, PA 16804	CNSLTING-FUNDRAISING	358,980.
IRELL AND MANELLA LLP 1800 AVENUE OF THE STARS, SUITE 900 LOS ANGELES, CA 90067	AZTE LEGAL ADVISORY	355,284.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2016

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ASUF DUPONT, LLC P.O. BOX 2260 TEMPE, AZ 85280 86-6051042	REAL ESTATE	AZ	337.	257.	ASUF
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TAYLOR TRUST FBO ASU FOUNDATION P.O. BOX 2260 TEMPE, AZ 85280 86-6252445	SUPPORT	AZ	501(C)(3)	12-I	ASUF	X	
(2) ASU RESEARCH ENTERPRISE P.O. BOX 2260 TEMPE, AZ 85280 90-0868685	SUPPORT	AZ	501(C)(3)	10	EP		X
(3) RESEARCH COLLABORATORY AT ASU P.O. BOX 2260 TEMPE, AZ 85280 46-3815674	SUPPORT	AZ	501(C)(3)	07	EP		X
(4) ASU ENTERPRISE PARTNERS P.O. BOX 2260 TEMPE, AZ 85280 47-5599177	HOLDING	AZ	501(C)(3)	05	N/A		X
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AZTE VENTURES, CO 27-0151042 1475 N. SCOTTSDALE RD. STE. 200 SCOTTSDALE, AZ 85257	SOLAR ENERGY	AZ	N/A	C CORP					X
(2) CHARITABLE REMAINDER TRUST (20)	CHARIT REM TR	AZ	N/A						X
(3) RCASU HONG KONG, LLC RM 502-3 COMM. HOUSE 35 QUEEN'S RD. HONG KONG, HK	HOLDING CO.	HK	N/A	C CORP					X
(4) TEOTIHUACAN HOLDINGS, LLC 81-1792379 P.O. BOX 2260 TEMPE, AZ 85280	HOLDING CO.	AZ	N/A	C CORP					X
(5) GLOBAL UNIVERSITY ASSOCIATE I, LLC 36-4831153 P.O. BOX 2260 TEMPE, AZ 85280	EDUCATION	AZ	N/A	C CORP					X
(6) GLOBAL UNIVERSITY ASSOCIATE II, LLC 36-4831242 P.O. BOX 2260 TEMPE, AZ 85280	EDUCATION	AZ	N/A	C CORP					X
(7) ARIZONA STATE UNIVERSITY FNDN MEXICO, AC P.O. BOX 2260 TEMPE, AZ 85280	EDUCATION	MX	N/A	C CORP					X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART IV, COLUMN C

THERE ARE 18 CHARITABLE TRUSTS WITH LEGAL DOMICILE IN ARIZONA AND 2

CHARITABLE TRUSTS WITH LEGAL DOMICILE IN NEVADA.