



IRS Form 990 Information Return Highlights

7KH \$68)RXQGDWLRQ ZDV LQFRUSRUDWHG LQ -growing PHHW university. is the largest public research university in the U.S. with more than 20,000 students receiving degrees each year at colleges, institutions and research centers that includes 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.

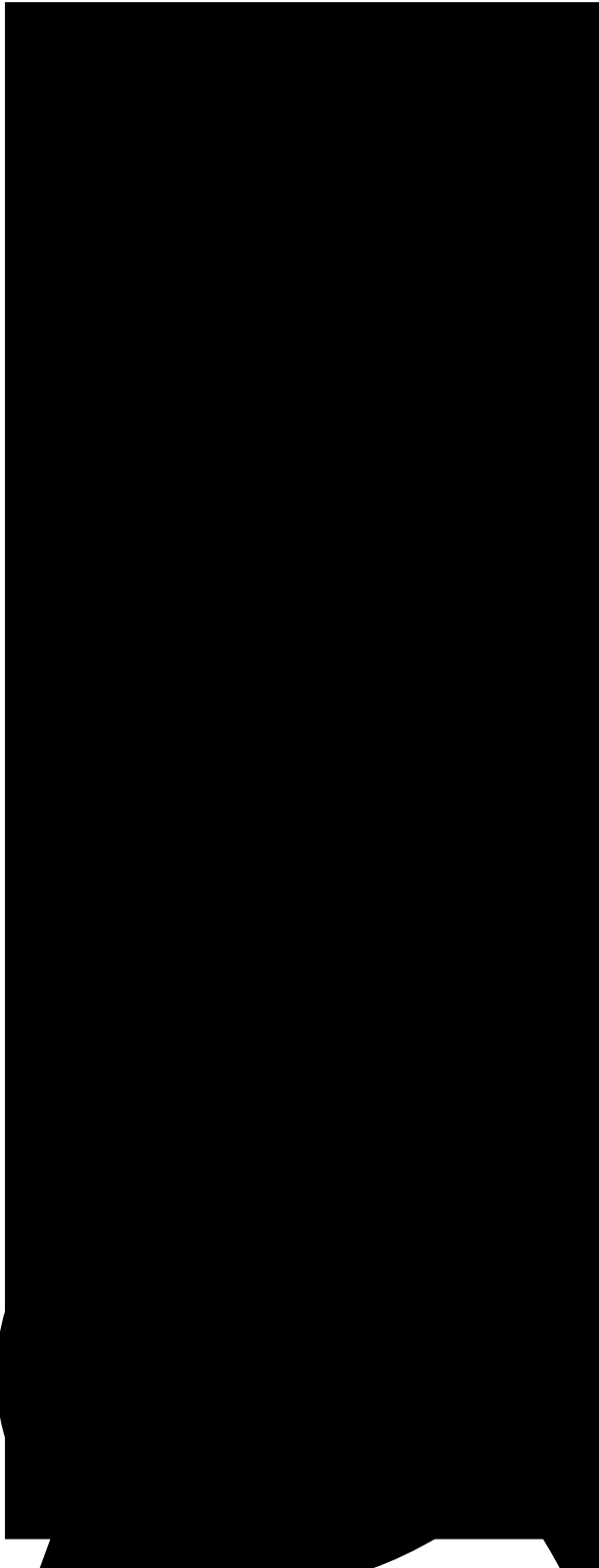
A university with this amount of energy and momentum requires an increasing level of support. The mission of the ASU Foundation for A New American University (Foundation) is clear to advance the success of ASU as a New American University

Under WKH OHDGHUVKLS RI &(2 5) 35LFN' 6KDQJH DZ -U WKH University by working closely with philanthropists, business partners, and others to engage them LQ WKH 8QLYHUVLW\ V HIRUWV WR SURGXFH PHDQLQJIXO F

, Q 6HSWHPEHU WKH)RXQGDWLRQ V ERDUG RI GLUHFW 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

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 accounting methodologies. One of the main differences between the CAE method and the Form 990 and GAAP is that the CAE method does not recognize the value of the

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Statement of Program Ser

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 I		
		1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? I		
		2	
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 I		
		3	
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 I		
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5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6)		
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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> [REDACTED]		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? [REDACTED]		
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> [REDACTED]		
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> [REDACTED]		
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> [REDACTED]		
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> [REDACTED]		
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? [REDACTED]		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the y		
d		
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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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <input type="checkbox"/>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <input type="checkbox"/>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <input type="checkbox"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) <input type="checkbox"/>		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O <input type="checkbox"/>		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? <input type="checkbox"/>		
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and do not		
b			
7 a			
b			
c			
d			
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f			
g			
h			
8			
9 a			
b			
10 a			
b			
11 a			
b			
12 a			
b			
13 a			
b			
c			
14 a			
b			



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 X

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.

0% 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.

0% List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

0% 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.

0% 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.

0% 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 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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, and Advertising.

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.

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

OMB No. 1545-0047

A3/4U^o

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 **1**

g Provide the following information about the supported organization(s).

(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						

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

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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))		4	%
15 Public support percentage from 2015 Schedule A, Part II, line 14		5	%

16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.

090 Td(f) Tm

33 years from 12 06Tj 21 9 12 06Tj 21 0 12 06Tj 21 0 Td(8) 18 00 Td()Tj 23 0 Td(y

or more, check

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 100-hour test is satisfied						

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</i>		
b			
c			
5a			
b			
c			
6			
7			
8			
a			
b			
c			
10a			
10b			

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

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? 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		
	1		
	2		

	1		
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	1		
	2		
	3		

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 [REDACTED]			
d From 2014 [REDACTED]			
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			
6			
7			
8			
a			
b			
c			
d			
e			

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 part part

Schedule B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

I Attach to Form 990, Form 990-EZ, or Form 990-PF.
I Information about Schedule B (Form 990, 990-

3/4

Name of organization	Employer identification number
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Contributors

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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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

D

I Complete if the organization is described below.

I Attach to Form 990 or Form 990-EZ.

3/4

Open to Public

D

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Part IV Supplemental Information *(continued)*

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)*

**SCHEDULE D
(Form 990)**

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047

3/4

Open to Public

Organizations Maintaining Collections

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 I		
(2) Closely-held equity interests I		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) I		

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.) I		

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.) I	

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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) I		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financ



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. Adjustments include net unrealized gains (38,594,162) and other items (-15,726,989). Total revenue after adjustments is 152,888,392.

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. Adjustments include donated services and other losses (13,399,552). Total expenses after adjustments is 123,638,324.

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) FAEDULE FTNO0 -32 Td(UNIVERLE D, PART V, LINX 2B)Tj0-32 Td(UNIVERUCATORGANIZFOR A

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

[Shaded Cell]	[Shaded Cell]		
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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) **[REDACTED]** 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) **[REDACTED]** 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) **[REDACTED]** 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) **[REDACTED]** 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) **[REDACTED]** 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) **[REDACTED]** Yes No

Schedule F (Form 990) 2016

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).

Fundraising Events. Complete if the organization answered "Yes" on Form

		_____	_____	_____	

		_____	_____	_____	





**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

3/4

**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.

I 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 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 **1**

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)

**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

3/4

**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

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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 [REDACTED]</p>	X									
<p>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? [REDACTED]</p>	X									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment? [REDACTED]</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan? [REDACTED]</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement? [REDACTED]</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
4a		X								
4b		X								
4c		X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization? [REDACTED]</p> <p>b Any related organization? [REDACTED]</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>										
5a		X								
5b		X								
<p>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:</p> <p>a The organization? [REDACTED]</p> <p>b Any related organization? [REDACTED]</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>										
6a		X								
6b		X								
<p>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 [REDACTED]</p>	X									
<p>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 [REDACTED]</p>		X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? [REDACTED]</p>										
9										

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

Schedule J (Form 990) 2016

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

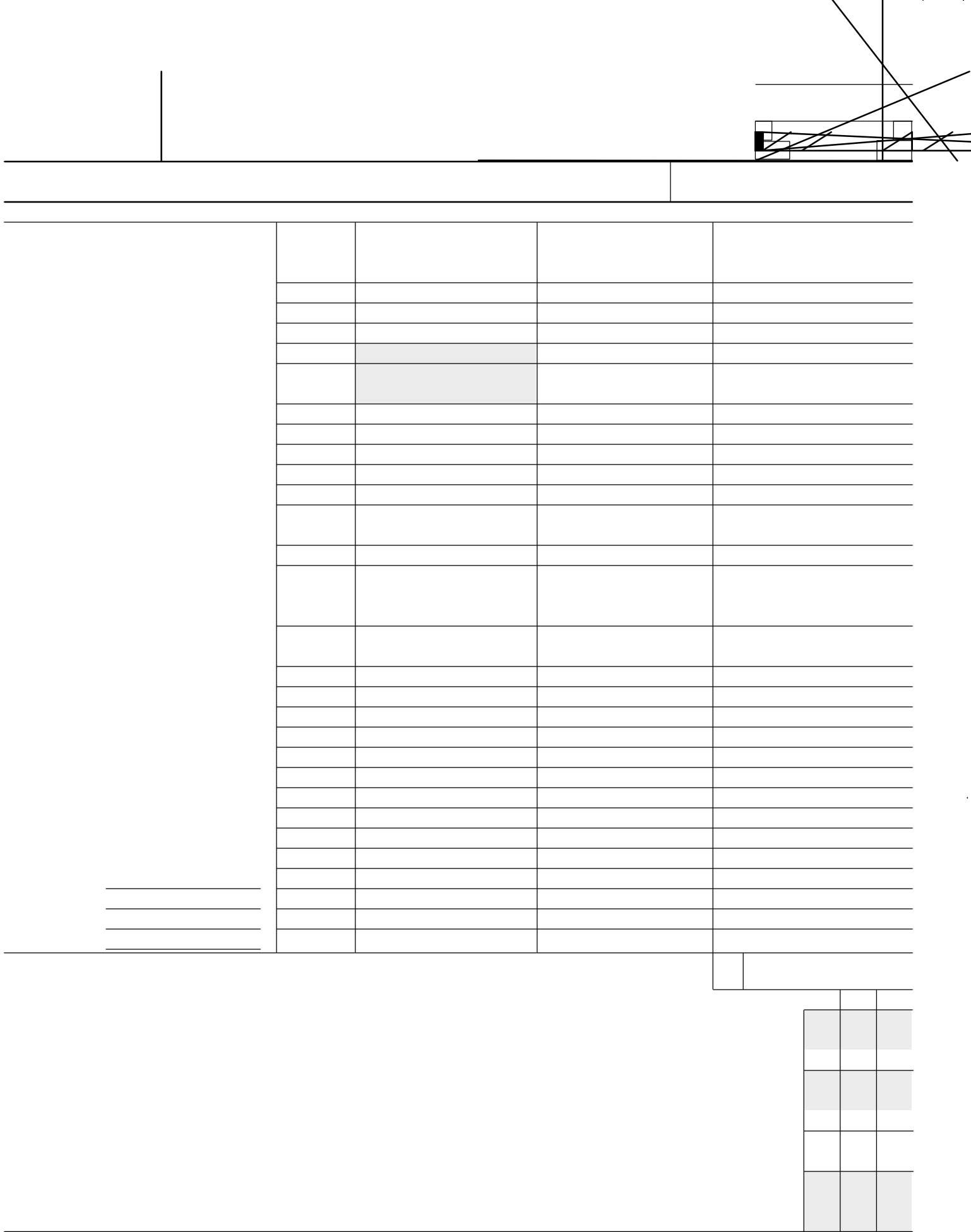
SCHEDULE J, PART II:

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

Information about Schedule O (Form 990 or 990-EZ) and Td(e)Tj 1d(E)Tj 19 0 T17 0 Td

OMB No. 1545-0047

3/4

Open to Public
Inspection

1d(E)Tj 19

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.



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) TEOTS30 0 AZ1475 N. SCOTTSP.O. H0XTj j NTEMP351 0 Td80OLDING CO.)T DRASSOCI FOU1114 0 Td(AZ)Tj41E36ENT31153d(1475 N. SCOTTSP.O. BOXTj j 1TEMP351 0 Td80OLDING CO.)T LDING CO.)					X				
(5) DUCW									
(6)									
(7)									

Part VII **Supplemental Information**

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

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