

**Part I**

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A** For the 2017 calendar or tax

07 01, 2017, and endi

06 30, 20 18

**B** Check if applicable: Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY

**D** Employer identification number

86-6051042

Address change Doing business as ASU FOUNDATION

Name change Number and street (or P O box if mail is not delivered to street address) Room/suite

**E** Telephone number

Initial return P.O. BOX 2260

(480) 965-3759

**Part II**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO ADVANCE, THROUGH PHILANTHROPY, 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? No

3 Did the organization cease conducting or make significant changes in how it conducts any program services? 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 \$ 31,298,370. including grants of \$ 28,631,392. ) (Revenue \$ 958,968. ) SPECIFIC UNIVERSITY PROGRAMS - THE ASU FOUNDATION PROVIDED MORE THAN \$31 MILLION IN SUPPORT OF SUSTAINABILITY AND EDUCATION ACTIVITIES, ENTREPRENEURIAL ACTIVITIES, AND PROGRAMMING ACTIVITIES. IN ADDITION TO THE PROGRAM REVENUE OF NEARLY \$1 MILLION, ASU FOUNDATION PROVIDED OVER \$64 MILLION IN CONTRIBUTIONS FOR THESE ACTIVITIES.

4b (Code: ) (Expenses \$ 28,979,972. including grants of \$ 31,812,658. ) (Revenue \$ 760,561. ) FOR THE SUPPORT OF THE ASU FOUNDATION FOR THE ADVANCEMENT OF THE UNIVERSITY'S RESEARCH AND EDUCATION PROGRAMS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses









**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 POS... CHAIR	1.00			X	X			0.	0.	0.
(2) JUANIT... VICE C	1.00			X	X			0.	0.	0.
(3) STEPH... DIREC... THROUGH 5/31/20...	1.00			X				0.	0.	0.
(4) IRA A. I... DIREC...	1.00			X				0.	0.	0.
(5) JOHN V... DIREC...	1.00			X				0.	0.	0.
(6) JAY HE... DIREC... THROUGH 5/31/20...	1.00			X				0.	0.	0.
(7) ROBER... DIREC... THROUGH 5/31/20...	1.00			X				0.	0.	0.
(8) ANNE I... DIREC... THROUGH 5/31/20...	1.00			X				0.	0.	0.
(9) MORG... DIREC...	1.00			X				0.	0.	0.
(10) HARRY... DIREC...	1.00			X				0.	0.	0.
(11) GARY I... DIREC... THROUGH 5/31/2018	1.00			X				0.	0.	0.
(12) SCOTT... DIREC... THROUGH 5/31/2018	1.00			X				0.	0.	0.
(13) KEITH... DIREC... THROUGH 5/31/2018	1.00			X				0.	0.	0.
(14) ROGER WITTLIN... DIRECTOR THROUGH 5/31/2018	1.00			X				0.	0.	0.

FF



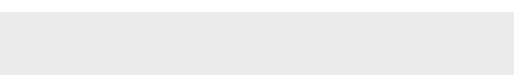
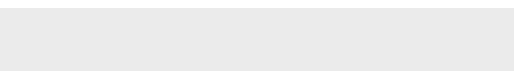


**Part VIII** Statement of Revenue

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

				(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					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations		319,476.			
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above		171,680,483.			
	g	Noncash contributions included in lines 1a-1f: \$		15,151,810.			
	h	Total. Add lines 1a-1f		171,999,959.			
Program Service Revenue	2a	ASU PROGRAM SUPPORT	Business Code 541800	534,607.	534,607.		
	b	PROGRAM REVENUE AND MEMBERSHIPS	900099	81,290.	81,290.		
	c	PROGRAM RENTALS	900099	145,725.	145,725.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		761,622.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,464,178.		151,327.	9,312,851.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		18,022.			18,022.
			Real (i) Personal (ii)				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income (loss)					
	d	Net rental income (loss)		0.			
	7a	Gross sales of securities and other financial instruments					
			(i) Real (ii) Other				
	b	Net gain (loss) from sales of securities and other financial instruments		24,382.			
	c	Net gain (loss) from other basis		52,453.			
d	Net gain (loss) from other basis		71,929.				
8a	Net gain (loss) from other basis		15,971,929.			15,971,929.	
8b	Net gain (loss) from other basis						
8c	Net gain (loss) from other basis						
8d	Net gain (loss) from other basis						
9a	Net gain (loss) from other basis						
9b	Net gain (loss) from other basis						
9c	Net gain (loss) from other basis						
10a	Net gain (loss) from other basis						
10b	Net gain (loss) from other basis						
10c	Net gain (loss) from other basis						
11a	MISCELLANEOUS REVENUE SUBSIDY	Business Code 900099	552,617.	552,617.			
b	MANAGEMENT FEES	900099	1,808,127.	1,808,127.			
c	MISCELLANEOUS	900099	368,574.	184,421.		184,153.	
d	All other revenue						
e	Total. Add lines 11a-11d		2,729,318.				
12	Total revenue. See instructions.		200,945,028.	3,306,787.	151,327.	25,486,955.	









**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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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. 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**

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Row 7: Amounts from line 4.













**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS					184,153.	184,153.
<b>TOTALS</b>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>184,153.</u>	<u>184,153.</u>



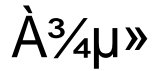
**Schedule B**

(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047



Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (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)

Name of organization <b>ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY</b>	Employer identification number <b>86-6051042</b>
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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	<hr/> <hr/> <hr/>	\$ 11,426,835.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,587,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 6,002,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 7,409,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY</b>	Employer identification number <b>86-6051042</b>
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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	<hr/> <hr/> <hr/>	\$ 10,033,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 16,195,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Table with 4 columns: (a) No. from Part I, (b) Description of noncash property given, (c) FMV (or estimate) (See instructions.), (d) Date received. The table contains multiple rows for reporting noncash property, with some rows partially obscured by a greyed-out area.

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

Employer identification number 86-6051042

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.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Includes horizontal lines for data entry.

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Table with 2 columns: Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee. Includes horizontal lines for data entry.







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**Part 0** Supplemental Information (continued)

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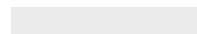




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Part XIII Supplemental Information (continued)

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 FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A PUBLIC CHARITY.

ASUF DUPONT, LLC WAS TREATED AS A DISREGARDED ENTITY UNDER THE FOUNDATION FOR INCOME TAX PURPOSES, AND ACCORDINGLY, ALL INCOME AND EXPENSES WERE REPORTED THROUGH THE FOUNDATION FOR THE YEARS ENDED JUNE 30, 2018 AND 2017. ASUF DUPONT, LLC WAS DISSOLVED IN MAY 2018.

FOR TAX PURPOSES, INCOME DETERMINED TO BE UNRELATED BUSINESS INCOME WOULD BE TAXABLE.

TAX POSITIONS TAKEN RELATIVE TO THE ORGANIZATION'S TAX-EXEMPT STATUS AND OTHER COLLATERAL TAX POSITIONS HAVE BEEN REVIEWED. MANAGEMENT IS OF THE OPINION THAT THE POSITIONS TAKEN BY THE ORGANIZATION WOULD BE UPHOLDABLE IN A LITIGATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCURRED LIABILITY FOR CERTAIN TAX POSITIONS AS OF JUNE 30, 2018, 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 FIVE YEARS, RESPECTIVELY.





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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)  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; don't 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; don't file with Form 990)  Yes  No



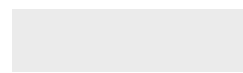
**Part V**

**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).

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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	23,685,594.	255,000.	23,685,594.
SCOTT PRENN LLP 1ST FLOOR, ALAMEDA HOUSE, 90-100 SYDNEY ST LONDON UK SW3 6NJ	CONSULTING		X		184,800.	
ELIASSON GROUP 2829 29TH STREET, NW WASHINGTON DC 20008	CONSULTING		X		165,000.	
THE HALLISEY GROUP 38 EAST 85TH STREET NEW YORK NY 10028	FUNDRAISER		X		45,000.	
VANDENBERG & ASSOCIATES 3927 ELM AVE. LONG BEACH CA 90807	FUNDRAISER		X		25,000.	

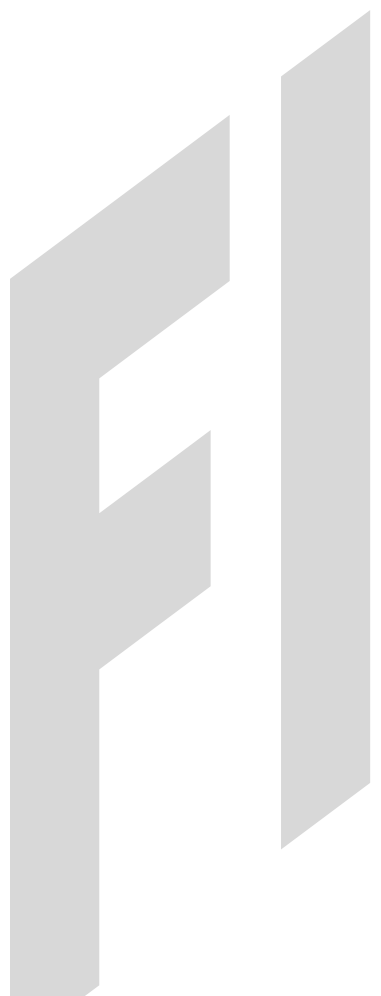
SNAVELY ASSOCIATES LTD.

CONSULTING

X

8,013.

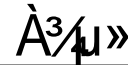
112 W. FOSTER AVE, STE 401  
STATE COLLEGE  
PA 16804



SCHEDULE I  
(Form 990)

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

OMB No. 1545-0047



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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization ARIZONA SR 0(n)Tj 16 0 Td(t)Tj /F1 2UNIVERSITY FOUN(a)

Employer identification number

**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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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





FF





**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.









**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.

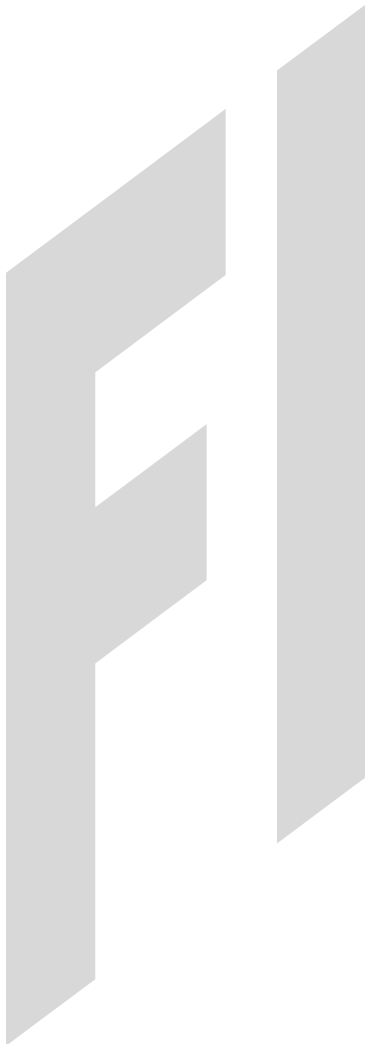
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SCHEDULE M, PART I, LINE 9, COLUMN (B)

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.

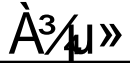


**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.



**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](http://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 ASU FOUNDATION PROVIDED OVER \$40 MILLION TO SUPPORT THE EDUCATION, RESEARCH, PUBLIC SERVICE AND OTHER ACTIVITIES OF ARIZONA STATE UNIVERSITY. IN ADDITION TO THE ALMOST \$1 MILLION OF PROGRAM REVENUE, ASU FOUNDATION PROVIDED OVER \$33 MILLION OF CONTRIBUTIONS IN SUPPORT OF THESE ACTIVITIES.

GRANTS EXPENSES REVENUE

EDUCATION, RESEARCH, 2,658 40,571,961 992,036

PUBLIC SERVICE AND OTHER

FUNDRATIONS

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

THE FOUNDATION RECEIVES CONTRIBUTIONS FOR ASU THAT AT TIMES PROVIDES THE DONOR

WITH A CONTRIBUTION RECEIPT FROM ASU THAT AT TIMES PROVIDES THE DONOR WITH CHARITABLE GIFT RECEIPTS INDICATING

THE TOTAL FAIR MARKET VALUE OF BENEFITS RECEIVED BY THE DONOR

THE DONOR'S CONTRIBUTION IS THE NET AMOUNT THAT MAY BE CONSIDERED A CHARITABLE

CONTRIBUTION.

MEMBER STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

ASU EMPLOYEES PARTNERS ("EP") SERVES AS THE SOLE MEMBER OF THE

ORGANIZATION, AND PROVIDES THEM WITH VARIOUS SUPPORTING SERVICES, SUCH AS

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Name of the organiza

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

Employer identification number 86-6051042

AFOREMENTIONED.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS, FORM 990, AND FORM 990-T 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.

ADDITIONAL INFORMATION REGARDING FUNDRAISING

FORM 990, PART VIII AND FORM 990, PART IX

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

OTHER ASSETS

FORM 990, LINE 9

CHANGE IN NET ASSETS DUE TO OTHER ENTITIES \$(9,419,146)

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$156,235

ASU EXPENSES \$(355,885)

TOTAL \$(9,618,796)

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BOSTON CONSULTING GROUP ONE BEACON STREET, 10TH FLOOR NEW YORK, NY 10153	CONSULTING	3,040,000.
BLACKROCK 40 E. 52ND STREET NEW YORK, NY 10022	INVESTMENT MGMT.	956,284.
TRINITY WORKS LLC P.O. BOX 12206 FORT WORTH, TX 76110	CONSULTING	615,000.
VIDEO WEST INC 1050 N. 52ND STREET PHOENIX, AZ 85008	VIDEO PRODUCTION	265,809.
THE EUDY COMPANY LTD 4200 MASSACHUSETTS AVE. N.W. 12 WASHINGTON, DC 20016	PROF. FUNDRAISING	256,064.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

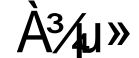
# Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047



Open to Public  
Inspection

Employer identification number

**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)					
(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017





**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)		
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 other assets to related organization(s)		X
s Other transfer of cash or other assets from related organization(s)	X	

2 If the answer to any of the questions 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)	TAYLOR TRUST FBO [REDACTED] ON	C	50,690.	FMV
(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 12 CHARITABLE TRUSTS WITH LEGAL DOMICILE IN ARIZONA AND 6

CHARITABLE TRUSTS WITH LEGAL DOMICILE IN NEVADA.

