Form 990	Return of Organization Exempt From Inc	come Tax	OMB No. 1545-0047
-om -o	Indut portion 501/a) 527 As 4047/a)/1) of the Internal Bournes Code (ave	ant neivete favindations)	2017
			Open to Public Inspection
			, i
			7
Part I			
-			
Department of the Treasury	► Do not enter social security numbers on this form as it may be n • Go to www irs nov/Enragg/Lfor-instructions and the latest infe		
			ı l
-			
A For the 2017 calend	lar or tax 07 01, 2017, and endi	06	30, 20 18
	e of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW NICAN UNIVERSITY	D Employer identification	n number
	g business as ASU FOUNDATION	86-6051042	
Name change Num	ber and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	
	O. BOX 2260	(480) 965-375	o 9
i je			
Part II			_
		((
1			
17/12			
		144	

799 997 481

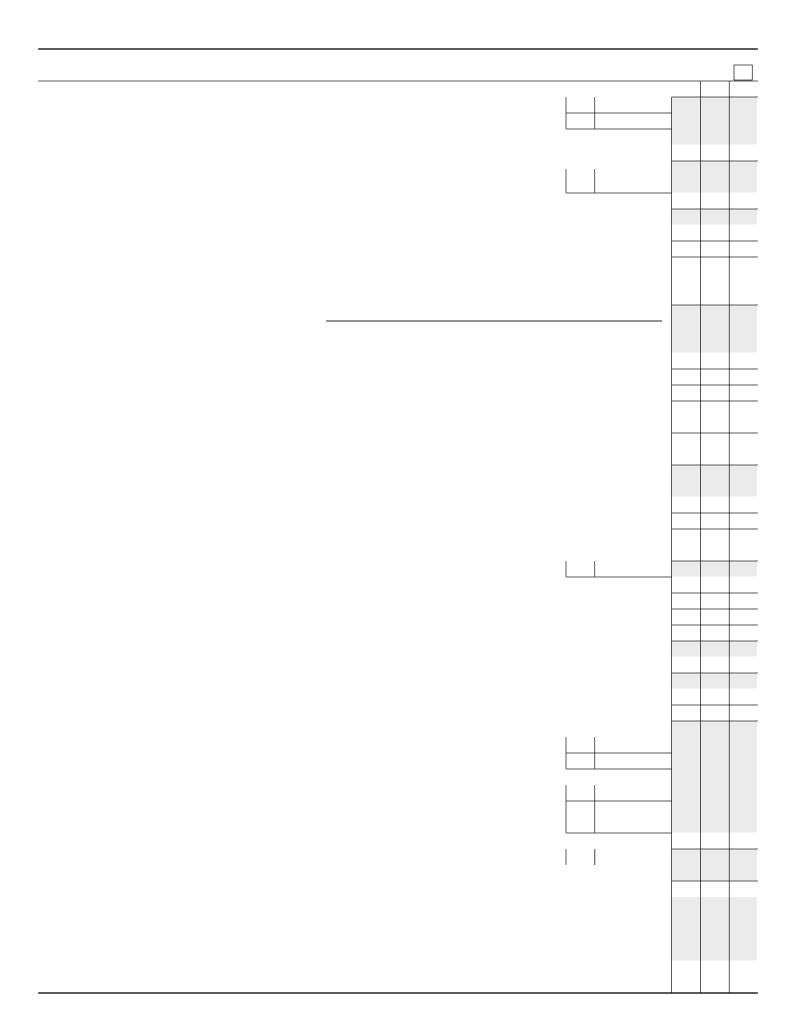
G Gross receints \$

Amended

TEMPE AZ 85280-2260

Form 990 (2017) Page 2

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: TO ADVANCE, THROUGH PHILANTHROPY, THE SUCCESS OF ARIZONA STATE
	UNIVERSITY AS A NEW AMERICAN UNIVERSITY.
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting or make significant changes in how it conducts any program services? X No If "Yes," describe these changes on Schedule O.
	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.
а	(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.
b	(Code: THSSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOS
	RESEARCHTS(JPOPORTESIELECASU) EOUNDATIONOPISOEVIDENTAVINGESOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSOSO
С	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
•	/(Local) / (Local) / (Loca
d	Other program services (Describe in Schedule O.) (Expanses \$\frac{1}{2} \text{including grants of \$\frac{1}{2} \text{Nonester \$\frac{1}{2} Nonester \$\text{Nonester \$\t
	(Expenses \$ including grants of \$) (Revenue \$)
e	



Page 6 Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No If there are material differences in voting rights among members of the governing body, or if the governing body de 19:10 Td(i)Tj 8 0 1b b 2 3 4 5 6 7a b 8 а 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

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.

of tall 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.

in established the organization's current key employees, if any. See instructions for definition of "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.

Tripst 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.

In 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.

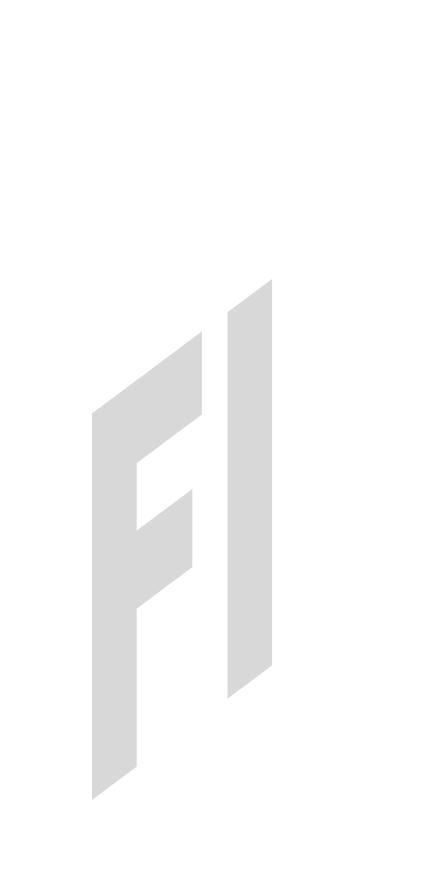
____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Criccit time ser	the organization no	T dily rolated	orga	IIIZa	tioii	1 00	проп	ouic			, , , , , , , , , , , , , , , , , , ,
					((C)					
	(A)	(B)			Pos	sition			(D)	(E)	(F)
	Name and Title	Average	,				e than c		Reportable	Reportable	Estimated
		hours per					is both		compensation	compensation from	amount of
		week (list any		er and		direct	or/trust	iee)	from	related	other
		hours for related	Individual trustee or director	Ins	Officer	ĕ,	Highest compensated employee	For	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	dire	titut	icer	Key employee	hes	Former	(W-2/1099-MISC)	(** 2/1000 14/100)	organization
		below dotted	of all t	one		ploy	e 8		,		and related
		line)	rust	Institutional trustee		/ee	mpe				organizations
			ee	ste			nsa				
				Φ			ited				
(1)WILLIAM PO	0,	1.00									
CHAIR		1.00	X		Χ				0.	0.	0.
(2)JUANIT	_	1.00									
VICE C		1.00	Х		Χ				0.	0.	0.
(3)STEPH	ANS	1.00									
DIREC	ROUGH 5/31/2	1.00	X						0.	0.	0.
(4)IRA A.	N .	1.00									
DIREC		1.00	X						0.	0.	0.
(5)JOHN V	HAM	1.00									
DIREC		1.00	Х						0.	0.	0.
(6)JAY HE		1.00									
DIREC	5/31/2	1.00	X						0.	0.	0.
(7)ROBEF		1.00									
DIREC	ر UGH 5/31/2	2.00	X						0.	0.	0.
(8)ANNE I	UCCI	1.00									
DIREC	ROUGH 5/31/2	1.00	X						0.	0.	0.
(9)MORG/	EN	1.00									
DIREC		1.00	X						0.	0.	0.
(10)HARRY		1.00									
DIREC		1.00	Х						0.	0.	0.
(11)GARY I	ILLO	1.00									
DIREC	ROUGH 5/31/2018	1.00	Х						0.	0.	0.
(12)SCOTT		1.00									
DIREC	ROUGH 5/31/2018	1.00	Х						0.	0.	0.
(13)KEITH		1.00									
DIREC ィエ	HROUGH 5/31/2018	1.00	X						0.	0.	0.
(14)ROGER WITT		1.00									
DIRECTOR T	HROUGH 5/31/2018	1.00	X						0.	0.	0.

Form 990 (2017)

JSA 7E1041 1.000

5887BC 700W



Form 990 (2017) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) Name and title Estimated Average amount of hours per week (list any other compensation H**5**rio eegéor from the tferty #u(m)Tj 2bd(s)Tj |12 0 Td(i)Tj 5 0 T6 0 T7j 15 0 T6(i)Tj 9 b Td(e)Tj 14 0d(e)Tj 15 0 Td(u)Tj 15 0 Td(u)Tj 15 0 Td(r)Tj and related **f**∓h n h Fse organizations tferty **9d0 ቀከ 725 pt (3) 0 Tid (i) Tid (i)**

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) (C) (D) Related or Unrelated Revenue exempt business excluded from tax revenue function under sections 512-514 revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaign Membership dues С Fundraising events 319,476. Related organizations Government grants (contributions) All other contributions, gifts, grants, 171,680,483. and similar amounts not included above 15,151,810 Noncash contributions inc 171,999,959. Total. Add lines 1a-1f Program Service Revenue **Business Code** ASU PROGRAM SUPPORT 541800 534,607. 534,607. PROGRAM REVENUE AND MEMBERSHIPS 900099 81,290. 81,290. b PROGRAM RENTALS 900099 145,725. 145,725. d е All other program service 761,622. Total. Add lines 2a-2f Investment income 9,464,178. 151,327. 9,312,851. and other similar amounts) 0. 4 Income from Royalties | | | | | | | | 18,022. 18.022. 5 Real (ii) Personal 6a Gross rents Rental in d Net r loss) 7a iles of 24,382. ...ventory b other basi 52,453. , exper (loss) 15.971.929. 15.971.929 d n or (loss) 8a ncome Other Revenue ng \$. (nc' b 0. С (loss) from Jome from gamin 9a t IV, line 19 irect expenses h activities 0. ome or (loss) from С 10a sales of inver and allowances ost of goods sold b ome or (loss) from sales of inventory С Miscellaneous Revenue **Business Code** /ES SUBSIDY 900099 552,617. 552,617. 11a **MANAGEMENT FEES** 900099 1,808,127. 1,808,127. b LLANEOUS 900099 368,574. 184,421. 184,153. С All other revenue 2,729,318. Total. Add lines 11a-11d 200,945,028. 3,306,787 151,327. 25,486,955. Total revenue. See instructions

JSA 7E1051 1.000

 $Form \ 990 \ (2017)$

5887BC 700W PAGE 11

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a respo	onse or note to any lir	ne in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C)	(D)
		İ	I	I

Form 990 (2017) Page 12

	30 (2017	•									. u	gc 12
Part	XI	Reconciliation of N Check if Schedule	Net Assets	naa ar nata t	to any lina i	s this Bort VI	mm	m	m	m	m	n
1	Total	revenue (must equal	Part VIII. column (A).	line 12)	to arry line ii	I IIIIS Pail AI		1				<u> </u>
2												
3		nue less expenses. S						3				
4	Net a	ssets or fund balance	es at beginning of ye	ar (must equa	I Part X, line 3	33, column (A))		5				
5 6	ivet u	nieaii						6				
7								7				
8								8				
9								9				
								10				
									Г			
									_			
		'										
		·										

SCHEDULE A (Form 990 or 990-EZ)	Com	Public Cha	rity Status an	d Pub	olic S	upport	OMB No. 1	545-0047
	Com							
								-
						<u>'</u>		
				ı				

Schedule A (Form 990 or 990-EZ) 2017 Page 2 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) 2013 (b) 2014 (d) 2016 (c) 2015 (f) Total grants, Gifts, contributions, membership fees received. include any "unusual grants.") Tax revenues levied organization's benefit and aither roid to or expended on its behalf 3 The value of services or facilities furnished by a governmental organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Total (e) 2017 7 Amounts from line 4 MMMM

				1

Schedule	A (Form 990 or 990-EZ) 2017			Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	atio	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizate	tion	s must complete Sections	A thi se
			·	
			T	
				ı
	-			

Schedule A (Form 990 or 990-EZ) 2017

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 I	I - OTHER INCOME					
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS					184,153.	184,153.
TOTALS					184.153.	184.153.



Schedule A (Form 990 or 990-EZ) 2017

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

À³⁄₄µ»

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
· -	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1)

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW Name of organization Employer identification number 86-6051042 AMERICAN UNIVERSITY Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 Person Payroll 11,426,835. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution 2 Person Payroll 4,587,162. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. 3 Person Payroll 5,000,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name. and ZIP + 4 Total contributions Type of contribution 4 Person Payroll 6,000,000. Noncash (Complete Part II for noncash contributions.) (d) (a) (c) No. Name. and ZIP + 4 Total contributions Type of contribution 5 Person Payroll 6,002,045. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 Total contributions 6 Person Payroll 7,409,828. \$ Noncash (Complete Part II for noncash contributions.)

Name of c	ARIZONA STATE UNIVERSITY FOUR AMERICAN UNIVERSITY	Employer identification number 86-6051042		
Part I	Contributors (see instructions). Use duplicate of	copies of Part I if additional space is	needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	Name, , and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	Name, , and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

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

Employer identification number 86-6051042

art II Noncas	h Property (see i	nstructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(a) No. from Part I	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\ \ \\$	
a) No. rom Part I	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\ \ \\$	
a) No. From Part I	Description	(b) or oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. from Part I	Descrip	(b) oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			 \$	
a) No. rom Part I	Descrip	(b) oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
a) No. From Part I	Description	(b) of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of o	organization ARIZONA STATE UNIVERS AMERICAN UNIVERSITY	SITY FOUNDATION F	OR A NEW	Employer identification number 86-6051042
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for	or the year from any ations completing Par the year. (Enter this in	one contributor. One contributor. One till, enter the total of the tot	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
	Transferee's name, address,	(e) Transf		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Trar feree address,	(e) Transf		nship of transferor to transferee
(a) No. from Part I	, Purpose	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	L
	nsferee' address,	and ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	fer of gift	<u>I</u>
	Transferee's name, address,	and ZIP + 4	Relation	nship of transferor to transferee

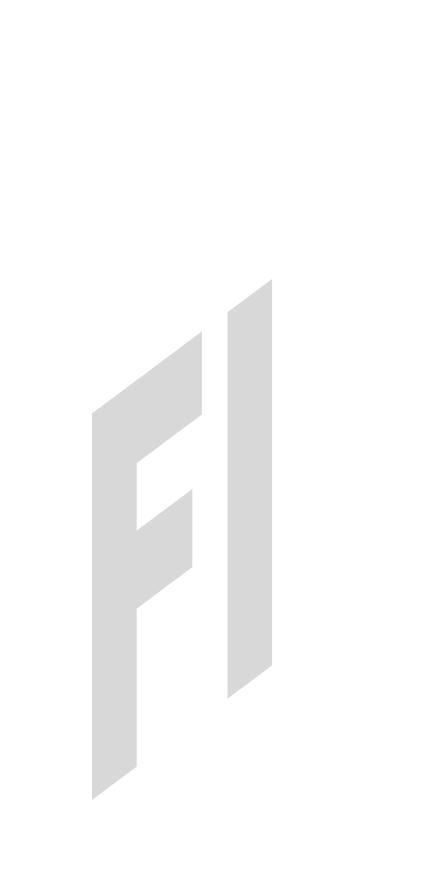
Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	-	

Page 3 Schedule C (Form 990 or 990-EZ) 2017 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: а Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? С Mailings to members, legislators, or the public?

e f	Publications, or published or broadcast statements? G			
g h				
i				
i				
,				
			\vdash	
			-	

PaV1 0 Supplemental Information (continued)



Schedule D (Form 990) 2017			Page 3
Investments - Other Securities.			
C			
		_	

Part XIII Supplemental Information (continued)

YEARS.

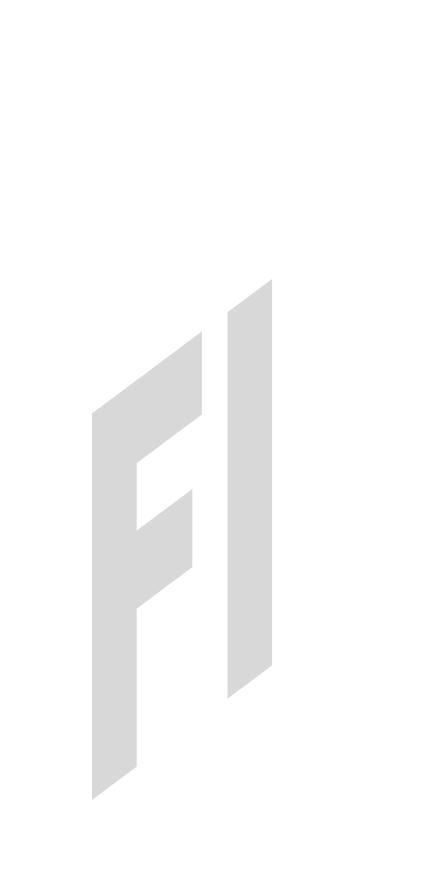
IT HAS BEEN DETERMINED BY THE IRS THAT THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AS DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(IV) OF THE INTERNAL REVENUE CODE (IRC), AND ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL 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 SOVLED IN MAY 2018.

FOR TAX PURPC' COM ERMINED TO BE UNRELATED BUSINESS INCOME WOULD BE TAXAP'

TAX PO	S TAKEN RELA	THE ORGANIZATION'S TAX-EXEMPT STATUS AND
OTHER	LLANEC JS TA	TIONS HAVE BEEN REVIEWED. MANAGEMENT IS OF
THE OF	TERIA	TIONS TAKEN BY THE ORGANIZATION WOULD BE
UPHELI	NATIO	CORDINGLY, THE ORGANIZATION HAS NOT RECORDED
AN INC	∠IABILITY FO	ERTAIN TAX POSITIONS AS OF JUNE 30, 2018,
AND DO	T ANTICIPATE	IFICANT CHANGE FOR THE FOLLOWING TWELVE
MONTH	ORGANIZATIO	JBJECT TO TAX EXAMINATION BY THE FEDERAL
AND AF	STATE JURISE	CTIONS, WHICH GENERALLY REMAIN OPEN FOR THREE
AND FC	ARS, RESPECT	ΓIVELY.

Schedule D (Form 990) 2017



SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A3/µ»

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

General Information o	n Activities C	Outside th d			
				[

Schedule F (Form 990) 2017

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)							

Schedule F (Form 990) 2017

Part IV Foreign Forms Page 4

ган	1 oreign rollins	
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)	
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	
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)	
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) 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)	
6	Did the organization have any oper sin or related to any boycotting countries during the tax year? If to separately file Form 5713, International Boycott Report (see Form 990) Yes X No	

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Page 5

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).

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVIT	ГҮ	DID FUNDRAISER CUSTODY OR COI OF CONTRIBUTIO YES NO	NTROL FROM ACTIVIT		AMOUNT PAID TO (OR RETAINED BY ORGANIZATION	
THE EUDY COMPANY LTD 4200 MASSACHUSETTS AVE NW #312	FUNDRA	AISER	X	23,685,594.	255,000.	23,685,594.	
WASHINGTON DC 20016							
SCOTT PRENN LLP	CONSU	L TINC	X		184,800.		
1ST FLOOR, ALAMEDA HOUSE, 90-100 SYDNE LONDON UK SW3 6NJ		7.TING	^		164,800.		
ELIASSON GROUP	C	TING	X		165,000.		
2829 29TH STREET, NW WASHINGTON DC 20008		TING	^		105,000.		
THE HALLISEY GROUP	F	JSER	X		45,000.		
38 EAST 85TH STREET NEW YORK NY 10028		UOLK	^		40,000.		
VANDENBERG & ASSOCIATES	F	JSER	X		25,000.		
3927 ELM AVE. LONG BEACH CA 90807			^		20,000.		

ATTACHMENT 1 (CONT'D)

SNAVELY ASSOCIATES LTD.

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

Χ

8,013.

SCHEDULE I (Form 990)

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

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 for the latest information.

Internal Revenue Service

Name of the organization

Department of the Treasury

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

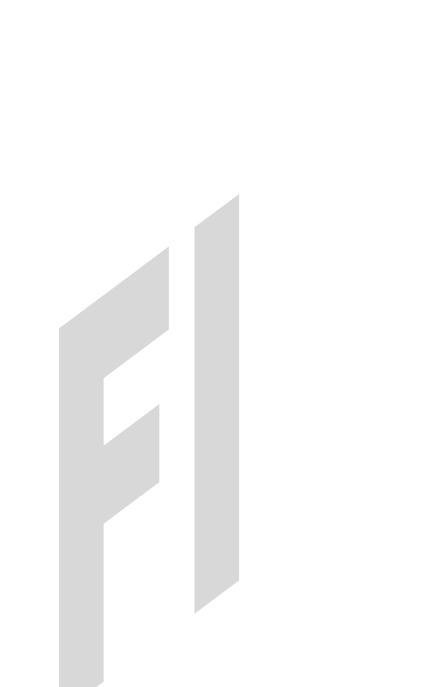
OMB No. 1545-0047

À3/µ»

Open to Public Inspection

Employer identification number

	eral Information on Grants ar							
1 Does the the select	organization maintain records to sion criteria used to award the grai	substantiate th nts or assistan	ne amount of th	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	Yes No
	in Part IV the organization's proce							
	nts and Other Assistance to		-					es" on Form
990	, Part IV, line 21, for any recip	pient that red	ceived more th	an \$5,000. Part I	can be duplicat	ed if additional spa	ce is needed.	
1 (a) N	lame 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)								
·>								
(9)								
(10)								
(11)								
(12)								
2	I number of poetion E04(5)(2)	 	organization - !!	atadia tha lina 4 t-	mmm	mmmm	mmmh	
	I number of section 501(c)(3) and I number of other organizations li				ሾተተተተተ ተ	****	/*/*/*/	



Schedule J (Form 990) 2017

Officare	Directors	Tructone	Kov	Employoo	
Officers.	Directors.	Trustees.	. nev		

-				
-				

Schedule J (Form 990) 2017 Page 3

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.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service
Name of the organization

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW

Employer identification number 86-6051042

AMERI	CAN UNIVERSITY	86-6051042
Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) orga	anizations only).
	Complete if the organization answered "Ves" on Form 900, Part IV, line 25a or 25h, or F	form 990-F7 Part V line 40k

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

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year
	under section 4958 **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Indian House Section 4958 **Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **Enter the amount of tax, if any organization **Enter the amount of tax
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

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

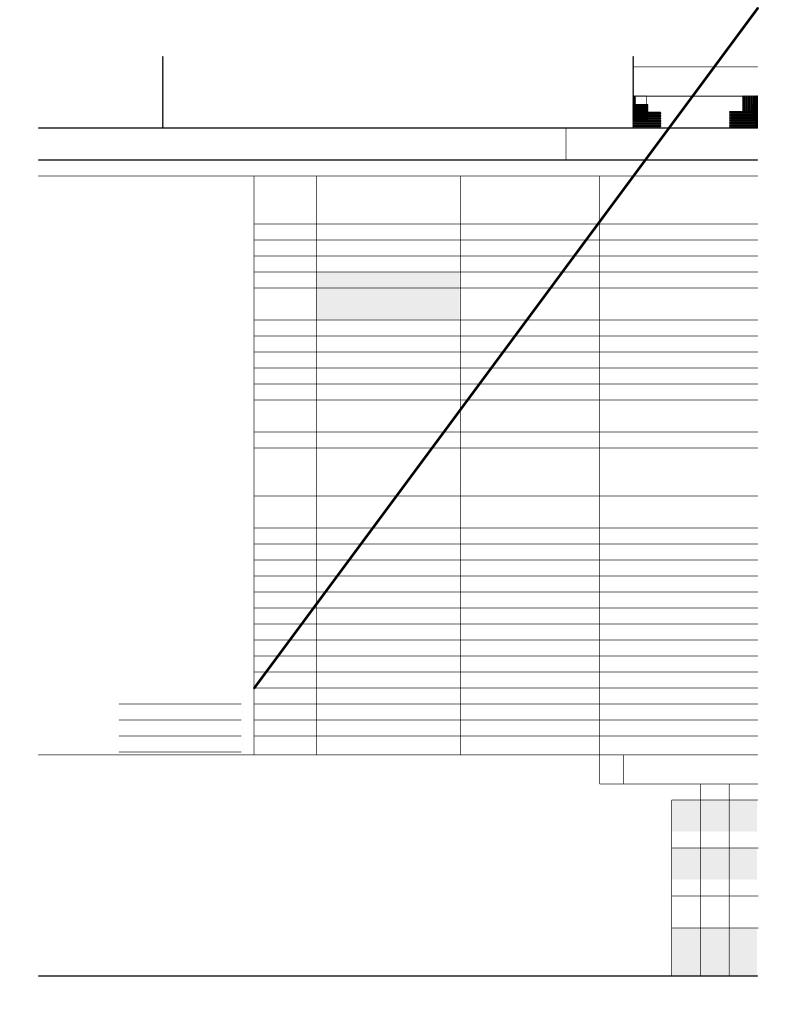
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	(e) Orig principal a		(f) Balance due	(g) In o	default?	(h) Ap by bo comm	ard or	(i) W agreei	
			То	From				Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)		~~~~~											
Total	<u> </u>	\mathbf{m}	<u> </u>	<u> </u>	<u> </u>	<u> </u>	\$						
	tance organiz	ng Intereste swered "Ye				IV, line 2	7.						
(a) Nam	(b) Re	between interes	sted (c	e) Amou	unt of assistand	ce	(d) Type of assistance		(e)	Purpos	se of as	sistance	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
For Donor	Niatiaa aaa tha	In a tour a than a	4 F -		000 F7		<u> </u>		alcola I	-		000 5	7) 0047

For Paper Juction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

5887BC 700W

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interest Td(t)Tj 9 0 Td(n)j 9U (b) Td(n)j 9U (c) Td(n)j 9U (d) Td(n)j 9U (e) Td(n)j 9U (f) Td(n)j 9U	plete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.	BUSINESS TRANSACTIONS INVOIVING	Interested Danage		
		Complete if the organization answers	IIILETESTED PETSONS. d "Yes" on Form 990 Part	t IV line 282 284	or 28c
	ane of interest To(i) i j 9 0 To(i) ij 90		u res on ronn 550, ran	177, 11116 200, 200	, 01 200.
		(a) Name of interest ru(t) ij 9 0 ru(ii)j 90			



Schedule M (Form 990) (2017) Page 2

Part II

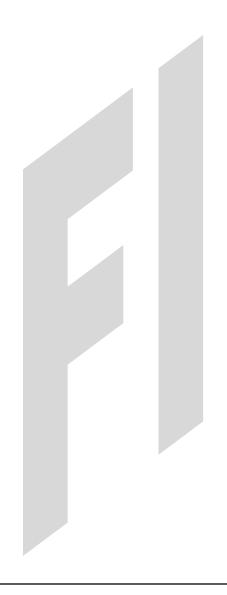
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

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

SCHEDULE M, PART I, LINE 32B

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



Schedule M (Form 990) (2017)

5887BC 700W

SCHEDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW

Employer identification number

AMERICAN UNIVERSITY

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, 2.658 992,036 40,571,961

PUBLIC SERVICE THEF

FUNDR ß

FORM 9 В ≺T V, LINES 7A

FOR ASU THAT AT TIMES PROVIDES THE DONOR THE FO ION RECEIVES

WITH A E DOI RECEIVE CHARITABLE GIFT RECEIPTS INDICATING

HE FAIR MARKET VALUE OF BENEFITS RECEIVED BY THE TO PAYM

THE DC THE NET A T THAT MAY BE CONSIDERED A CHARITABLE

CONTR N.

MEMBE STOCKHOLDE

FORM 9 RT VI, SECTION A, LINE 6

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

.rion, and provides them with various supporting services, such as ORGAN

Schedule O (Form 990 or 990-EZ) 2017	Page 2
Name of the organiza	

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW 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 991, PART IX

IN ITS EFFORT TO SUPPORT SUF PERFORMS A BROAD SCOPE OF SERVICES

THAT INCLUDE FUND SIN(NVESTMENT MANAGEMENT SERVICES. ASUF'S

FUNDRAISING S SU FACTIVITIES THAT GENERATE CONTRIBUTIONS THAT

GO DIR" .ES C THAN ITSELF, SUCH AS ASU AND OTHER ASU

AFFILIA J, NOT ALL AISING RESULTS GENERATED THROUGH ASUF'S

EFFOR REFLECTED II CONTRIBUTION TOTALS ON ASUF'S FORM 990.

OTHER IET AS

FORM 9

CHANG SETS DUE TO ENTITIES \$(9,419,146)

CHANG LUE OF SPLIT EST AGREEMENTS \$156,235

ASU EP \SES \\$(355,885)

TOTAL \$(9,618,796)

JSA 7E1228 1.000

5887BC 700W PAGE 62

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW

AMERICAN UNIVERSITY

86-6051042

ATTACHMENT 1

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

DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION **BOSTON CONSULTING GROUP CONSULTING** 3,040,000. ONE BEACON STREET, 10TH FLOOR NEW YORK, NY 10153 **BLACKROCK** INVESTMENT MGMT. 956,284. 40 E. 52ND STREET NEW YORK, NY 10022 TRINITY WORKS LLC CONSULTING 615,000. P.O. BOX 12206 FORT WORTH, TX 76110 VIDEO WEST INC VIDEO PRODUCTION 265,809. 1050 N. 52ND STREET PHOENIX, AZ 85008 PROF. FUNDRASING 256,064.

THE EUDY COMPANY LTD
4200 MASSACHUSETTS AVE. N° 12
WASHINGTON, DC 20016

5887BC 700W

SCHEDULE R (Form 990)

Part I

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

(b)

Primary activity

(c) Legal domicile (state

or foreign country)



(f) Direct controlling

entity

(e) End-of-year assets

Total income

Name of the organization
Employer identification number

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t	Complete if th	e org	ganization answ	 vered "Yes" on F	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activ		(c) Legal domicile (state or foreign country)	(d) ate Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	(g) 512(b)(13) trolled utity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)								+	
(6)								+	
(7)								+	

Name, address, and EIN (if applicable) of disregarded entity

Schedule R (Form 990) 2017

Identification of Rela because it had one or	ted Organizations	S Taxable	e as a	Partners	hip. Co	mplete if	the or	ganizatio	n ans	wered "Y	es" on	Form 9	990, Part IV	, line	34,	
Decause it flad offe of	5 10(5)1) 22 05	-(S TU(S) 1] 1 1	0 10(1)1)	1001	Tu(a) 1 j 23	U Tu(11) 1] 23 0	110	Tu()Zu,				1		
													<u> </u>			

Schedule R (Form 990) 2017

ari	t V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
lot	e: 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?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 11111111111111111111111111111111111		X
b	Gift, grant, or capital contribution to related organization(s)	X	
	Gift, grant, or capital contribution from related organization(s)	Х	
	Loans or loan guarantees to or for related organization(s)		X
е	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		
g			X
h	Purchase of assets from related organization(s)		Χ
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 rganization(s)		Х
ı	Performance of services or membership or fundraisin sitations for related organization(s)	Х	
m	Performance of services or membership or fundrais citations by related organization(s)	X	
	Sharing of facilities, equipment, mailing lists, or oth swith related organization(s) 111111111111111111111111111111111111	X	
	Sharing of paid employees with related or cation mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm	X	
р	Reimbursement paid to related or for e:	X	
•			Х
Ċ			
r	Other transfer of cash or Jd organiz		X
s	Other transfer of cash or related orga s)	X	
2	If the answer to any of the see the se	s.	
	(a) (b) (c) (d) Name of related o Transaction Amount involved Method of dete		_
	Name of related o Transaction Amount involved Method of determination type (a-s)		J
1)	TAYLOR TRUST FBO DN C 50,690. FMV		
,			
2)			
3)			
1\			
+)			
5)			
-\			
)			

JSA 7E1309 2.000 Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organiz	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging iner?	(k) Percentage ownership
		sections 512-514)	Yes	No			Yes	No		Yes	No	
_												
_												
	_											
1												
	(b) Primary activity	(state or foreign	(state or foreign income (related, country) unrelated, excluded	(state or foreign income (related, sec country) unrelated, excluded 501 from tax under organiz	(state of foreign income (related, section unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income end-or-year country) unrelated, excluded organizations?	(state of foreign income (related, section total income end-of-year alloc country) unrelated, excluded organizations?	(state of foreign income (related, section total income end-of-year allocations? unrelated, excluded 551(c)(3) assets organizations?	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 of Schedule K-1 from tax under from tax under organizations?	(state or foreign income (related, section total income end-of-year allocations? allocations? allocations? and from tax under organizations?	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 managing of S01(c)(3) assets allocations? allocations? (Form 1065)

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017 Page 5

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.

