

IRS Form 990 Information Return – Highlights

The ASU Foundation was incorporated in 1955 to meet the demands of Arizona’s fastest-growing university. Arizona State University (ASU or University) is the largest public research university in the U.S. with more than 15,000 students receiving degrees each year and colleges, institutions and research centers that include six locations throughout the state and a physical presence on both coasts. For the second year in a row, *U.S. News and World Report* identified ASU as the #1 most innovative school in the country, ahead of both Stanford and MIT.

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

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

The Foundation has organized its operations to focus on its business lines, which include philanthropy, technology transfer, assets, and investments. The Foundation’s supporting services provide support to the Foundation business lines and University units through communications, legal, human resources, operations and services, strategic initiatives and outreach, and finance.

Philanthropy is the Foundation’s primary activity. During the last 15-year period, alumni, parents, foundations, corporations and other individuals and organizations have committed \$2.09 billion in support of ASU’s students, faculty, research, academics and facilities. The Foundation also develops entrepreneurial partnership opportunities for the benefit of the institution and manages a portfolio of income-producing, long-term investment and development properties. These, in addition to the endowment, comprise the Foundation’s total assets, which have grown to over \$1 billion.

The Foundation was again recognized as a top-scoring nonprofit of the universities, graduate schools and technological institutes ranked by Charity Navigator, the country’s largest and most-utilized evaluator of charities. For the fifth consecutive year, Charity Navigator awarded the Foundation its premier four-star rating, earning an overall score of 96.66 out of a possible 100 points.

The Foundation reports its gifts in a variety of ways to satisfy different reporting agencies or internal productivity measurements. One reporting method the Foundation uses is New Gifts and Commitments, which measures the productivity of the Foundation’s fundraising efforts across all areas of the University and its affiliates. This method includes gifts, pledges, gifts-in-kind, bequests and more. The New Gifts and Commitments for the Foundation in 2016 was \$216 million, and \$207 million in 2015. Another method the Foundation uses to report gifts is a counting methodology developed by the Council for Aid to Education (CAE) which emphasizes

cash in the door counted for all supporting entities of ASU, in addition to the Foundation's gift receipts. These gift receipts were \$140 million in 2016, an increase from \$131 million in 2015.

Our Form 990 shows *direct public support* of \$120 million for fiscal year 2016. The accounting method used for this form more closely represents Generally Accepted Accounting Principles (GAAP), a full accrual accounting methodology, rather than the New Gifts and Commitments or the CAE counting methodologies. One of the main differences between the CAE method and the Form 990 and GAAP is the recognition of pledges. CAE counts the gift as the pledge payments are made, while GAAP and the Form 990 count the entire gift at the time the pledge promise is made.

The Foundation received \$19.8 million of expense reimbursement from ASU to provide development, fundraising, investment, marketing and technology transfer services for ASU in fiscal year 2016. The Foundation provided \$87.4 million to ASU for support of faculty, scholarships and programs.

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

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

Dates: The 2015 Form 990 return covers the fiscal year from July 1, 2015 to June 30, 2016.

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

Revenue: The ASU Foundation recognizes *revenue* from many different sources for fiscal year ended June 30, 2016.

- \$120.1 million of *contributions* (shown on Part I, line 8).
- \$4.3 million of *other revenue* (line 11), the details of which can be seen on page 9 of the return, Part VIII, lines 6d and 11e.

Investment

Return: The Foundation invests its endowment and other funds in global markets, which are subject to volatility. For fiscal year ended June 30, 2016, the Foundation recognized \$8.5 million loss from the markets.

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

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

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

Balance Sheet

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY Doing business as ASU FOUNDATION		D Employer identification number 86-6051042
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 2260		E Telephone number (480) 965-3759
	City or town, state or province, country, and ZIP or foreign postal code TEMPE, AZ 85280		G Gross receipts \$ 1,027,079,524.
	F Name and address of principal officer: R.F. SHANGRAW, JR. 300 E. UNIVERSITY DR. TEMPE, AZ 85281		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.ASUFOUNDATION.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1955 M State of legal domicile: AZ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENSURE THE SUCCESS OF ARIZONA STATE UNIVERSITY AS A NEW AMERICAN UNIVERSITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	21.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19.	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	599.	
	6 Total number of volunteers (estimate if necessary)	21.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-1,490,990.	
7b Net unrelated business taxable income from Form 990-T, line 34	-1,500,590.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	108,590,354.	120,129,408.
	9 Program service revenue (Part VIII, line 2g)	5,196,033.	12,345,578.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,035,689.	-8,479,547.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,011,291.	4,302,491.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,833,367.	128,297,930.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,286,298.	79,721,324.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,303,464.	10,761,585.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	378,166.	631,069.
	b Total fundraising expenses (Part IX, column (D), line 25)	8,581,966.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,325,503.	20,957,999.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	105,293,431.	112,071,977.
	19 Revenue less expenses. Subtract line 18 from line 12	59,539,936.	16,225,953.
			Beginning of Current Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	994,921,475.	999,330,703.
	21 Total liabilities (Part X, line 26)	258,404,615.	254,428,614.
	22 Net assets or fund balances. Subtract line 21 from line 20.	736,516,860.	744,902,089.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Virginia Desanto</i>	Date: 11/15/16
	VIRGINIA DESANTO Type or print name and title	CFO & TREASURER

Paid Preparer Use Only	Print/Type preparer's name: ROSEMARIE BROWN	P: <i>Rosemarie B</i>	e: Brown, Rosemarie P. 2016.11.15 13:50:07-08'00'	Date:	Check <input type="checkbox"/> if self-employed	PTIN: P01279077
	Firm's name: GRANT THORNTON LLP				Firm's EIN: 36-605558	
	Firm's address: 101 CALIFORNIA STREET, SUITE 2700 SAN FRANCISCO, CA 94111				Phone no.: 415-986-3900	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 37,563,331. including grants of \$ 22,991,305.) (Revenue \$ 5,943,455.)

SPECIFIC UNIVERSITY PROGRAMS - THE ASU FOUNDATION PROVIDED MORE THAN \$37.5 MILLION IN SUPPORT OF SUSTAINABILITY AND EDUCATION ACTIVITIES, ENTREPRENEURIAL ACTIVITIES, AND PROGRAMMING ACTIVITIES. IN ADDITION TO THE PROGRAM REVENUE OF OVER \$5.9 MILLION, ASU FOUNDATION PROVIDED OVER \$25.8 MILLION IN CONTRIBUTIONS FOR THESE ACTIVITIES.

4b (Code:) (Expenses \$ 12,861,933. including grants of \$ 12,377,303.) (Revenue \$ 2,035,078.)

RESEARCH SUPPORT - THE ASU FOUNDATION PROVIDED MORE THAN \$12.8 MILLION IN RESEARCH FUNDING FOR ASU. IN ADDITION TO THE OVER \$2 MILLION OF PROGRAM REVENUE, THE ASU FOUNDATION PROVIDED MORE THAN \$17 MILLION TO ASU IN SUPPORT OF RESEARCH IN INFORMATION PRIVACY AND SECURITY; SUPPLY CHAIN MANAGEMENT; ENVIRONMENT AND SUSTAINABILITY; EARLY CHILDHOOD EDUCATION AND OTHER AREAS.

4c (Code:) (Expenses \$ 11,678,538. including grants of \$ 11,432,946.) (Revenue \$ 1,847,836.)

STUDENT AND FACULTY SUPPORT - THE ASU FOUNDATION PROVIDED ALMOST \$12 MILLION FOR ASU PROGRAMS THAT ASSIST UNDERGRADUATE AND GRADUATE STUDENTS. IN ADDITION TO THE ALMOST \$2 MILLION OF PROGRAM REVENUE, ASU FOUNDATION PROVIDED MORE THAN \$5.6 MILLION OF CONTRIBUTIONS TO SUPPORT FACULTY RECOGNITION AND PROFESSORSHIPS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 32,962,471. including grants of \$ 32,919,770.) (Revenue \$ 5,218,718.)

4e Total program service expenses 95,066,273.

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM POST CHAIR	1.00 0.	X		X				0.	0.	0.
(2) JUANITA FRANCIS VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) MICHAEL M. CROW DIRECTOR	1.00 2.00	X						0.	0.	0.
(4) JOSE CARDENAS DIRECTOR	1.00 0.	X						0.	0.	0.
(5) ANGELA YIN CESAL DIRECTOR	1.00 0.	X						0.	0.	0.
(6) TONY COREY DIRECTOR	1.00 0.	X						0.	0.	0.
(7) WAYNE S. DORAN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) STEPHEN O. EVANS DIRECTOR	1.00 0.	X						0.	0.	0.
(9) IRA A. FULTON DIRECTOR	1.00 0.	X						0.	0.	0.
(10) JOHN W. GRAHAM DIRECTOR	1.00 0.	X						0.	0.	0.
(11) JAY HEILER DIRECTOR	1.00 0.	X						0.	0.	0.
(12) BOB JOHNSON DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) ANNE L. MARIUCCI DIRECTOR	1.00 0.	X						0.	0.	0.
(14) MORGAN OLSEN DIRECTOR	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) HARRY PAPP ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
16) GARY L. TRUJILLO ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
17) KENNETH VAN WINKLE ----- DIRECTOR THROUGH MAY 2016	1.00 ----- 0.	X						0.	0.	0.
18) GREGORY J. VOGEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
19) SCOTT WALD ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
20) KEITH WIRTZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
21) ROGER WITTLIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
22) R.F. SHANGRAW, JR. ----- DIRECTOR, PRESIDENT AND CEO	60.00 ----- 3.00	X		X				492,874.	0.	148,649.
23) VIRGINIA DESANTO ----- CFO AND TREASURER	50.00 ----- 5.00			X				227,457.	0.	34,986.
24) MARCEL VALENTA ----- GEN COUNSEL/VP ENT DEV, SECR.	50.00 ----- 3.00			X				229,735.	0.	43,131.
25) AUGUSTINE CHENG ----- MANAGING DIRECTOR - AZTE	40.00 ----- 2.00					X		555,485.	0.	36,484.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,639,930.	0.	394,448.
d Total (add lines 1b and 1c)								2,639,930.	0.	394,448.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 45

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 32

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DANIEL SAFTIG CHIEF DEVELOPMENT OFFICER	40.00 0.					X		312,301.	0.	46,533.
(27) KENNETH POLASKO EXECUTIVE DIRECTOR - AZTE	40.00 0.					X		276,560.	0.	44,438.
(28) JOSHUA FRIEDMAN EXEC. VP & MANAGING DIRECTOR	40.00 0.					X		278,760.	0.	20,894.
(29) GRETCHEN BUHLIG EXEC. VP & MANAGING DIRECTOR	40.00 0.					X		266,758.	0.	19,333.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 45

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	48,626.				
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	120,080,782.				
	g Noncash contributions included in lines 1a-1f: \$		13,547,415.				
	h Total. Add lines 1a-1f ▶			120,129,408.			
Program Service Revenue		Business Code					
	2a PROGRAM SUPPORT		541800	9,572,145.	9,572,145.		
	b BRICKYARD RENTAL		531120	2,773,433.	2,773,433.		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			12,345,578.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			9,901,380.		-1,490,990.	11,392,370.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
			(i) Real	(ii) Personal			
	6a Gross rents		1,602,982.				
	b Less: rental expenses						
	c Rental income or (loss)		1,602,982.				
	d Net rental income or (loss) ▶				1,602,982.		1,602,982.
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			880,400,667.				
	b Less: cost or other basis and sales expenses						
			898,781,594.				
	c Gain or (loss)						
			-18,380,927.				
	d Net gain or (loss) ▶				-18,380,927.		-18,380,927.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶				0.			
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities ▶				0.			
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶				0.			
Miscellaneous Revenue		Business Code					
11a ASSET MANAGEMENT FEES		900099		1,712,504.	1,712,504.		
b MISCELLANEOUS		900099		987,005.	987,005.		
c							
d All other revenue							
e Total. Add lines 11a-11d ▶				2,699,509.			
12 Total revenue. See instructions. ▶				128,297,930.	15,045,087.	-1,490,990.	-5,385,575.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	79,721,324.	79,721,324.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	624,493.	243,327.	277,787.	103,379.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	209,365.			209,365.
7 Other salaries and wages	7,783,114.	452,454.	3,111,484.	4,219,176.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	460,023.	30,498.	213,805.	215,720.
9 Other employee benefits	1,129,088.	88,041.	254,162.	786,885.
10 Payroll taxes	555,502.	26,042.	236,268.	293,192.
11 Fees for services (non-employees):				
a Management	42,000.	29,600.	12,400.	
b Legal	639,729.	380,384.	258,814.	531.
c Accounting	199,171.	71,539.	127,632.	
d Lobbying	424,780.	175,000.	249,780.	
e Professional fundraising services. See Part IV, line 17.	631,069.			631,069.
f Investment management fees	2,566,404.	2,156,820.	409,584.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,001,740.	1,342,015.	892,321.	767,404.
12 Advertising and promotion	231,880.	41,214.	27,893.	162,773.
13 Office expenses	2,627,279.	1,923,540.	369,595.	334,144.
14 Information technology	473,633.	20,832.	425,760.	27,041.
15 Royalties	0.			
16 Occupancy	309,929.	179,989.	129,940.	
17 Travel	1,633,509.	1,310,671.	153,981.	168,857.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	184,180.	64,821.	46,388.	72,971.
20 Interest	1,562,875.	1,041,917.	520,958.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	639,151.	324,432.	314,719.	
23 Insurance	282,146.	139,369.	142,772.	5.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CULTIVATION</u>	3,729,001.	3,201,548.	72,896.	454,557.
b <u>BRICKYARD RENTAL EXPENSES</u>	1,456,240.	1,456,240.		
c <u>FEES & SUBSCRIPTIONS</u>	633,580.	350,809.	147,874.	134,897.
d <u>ALL OTHER EXPENSES</u>	320,772.	293,847.	26,925.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	112,071,977.	95,066,273.	8,423,738.	8,581,966.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,964,765.	1	10,335,800.
	2 Savings and temporary cash investments	638,175.	2	7,192,366.
	3 Pledges and grants receivable, net	112,160,376.	3	132,491,669.
	4 Accounts receivable, net	2,637,173.	4	3,454,932.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	84,884,994.		
	b Less: accumulated depreciation	11,281,509.		
		63,435,523.	10c	73,603,485.
	11 Investments - publicly traded securities	340,250,947.	11	312,951,927.
	12 Investments - other securities. See Part IV, line 11	394,853,176.	12	399,389,819.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	65,981,340.	15	59,910,705.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	994,921,475.	16	999,330,703.	
Liabilities	17 Accounts payable and accrued expenses	8,227,882.	17	8,245,161.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	67,944.	19	142,944.
	20 Tax-exempt bond liabilities	92,860,000.	20	92,860,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	132,665,676.	21	128,692,351.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	12,830,000.	23	10,635,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	11,753,113.	25	13,853,158.
	26 Total liabilities. Add lines 17 through 25	258,404,615.	26	254,428,614.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	32,987,954.	27	25,251,605.
	28 Temporarily restricted net assets	286,794,369.	28	288,409,600.
	29 Permanently restricted net assets	416,734,537.	29	431,240,884.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	736,516,860.	33	744,902,089.
34 Total liabilities and net assets/fund balances	994,921,475.	34	999,330,703.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,297,930.
2	Total expenses (must equal Part IX, column (A), line 25)	2	112,071,977.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,225,953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	736,516,860.
5	Net unrealized gains (losses) on investments	5	-11,156,346.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,315,622.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	744,902,089.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

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 11, 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,735,382.	82,237,898.	59,971,207.	108,590,354.	120,129,408.	463,664,249.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	92,735,382.	82,237,898.	59,971,207.	108,590,354.	120,129,408.	463,664,249.
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).						48,585,001.
6 Public support. Subtract line 5 from line 4.						415,079,248.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	92,735,382.	82,237,898.	59,971,207.	108,590,354.	120,129,408.	463,664,249.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,861,681.	12,309,729.	12,547,137.	11,086,901.	11,504,362.	63,309,810.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						526,974,059.
12 Gross receipts from related activities, etc. (see instructions)					12	46,037,459.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	78.77%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	75.63%
16a 33 1/3% support test - 2015. 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 . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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	<input type="checkbox"/> 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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2015

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

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

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 12,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 4,610,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 3,043,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 2,503,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)			424,780.												
c Total lobbying expenditures (add lines 1a and 1b)			424,780.												
d Other exempt purpose expenditures			108,450,262.												
e Total exempt purpose expenditures (add lines 1c and 1d)			108,875,042.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			1,000,000.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)			250,000.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	124,890.	249,780.	249,780.	424,780.	1,049,230.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

INFORMATION REGARDING LOBBYING ACTIVITIES

SCHEDULE C, PART II-A:

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

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

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

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

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

GRASSROOTS LOBBYING AMOUNT:	
DIRECT LOBBYING AMOUNT:	424,780.
TOTAL LOBBYING EXPENDITURES:	424,780.
OTHER EXEMPT PURPOSE EXPENDITURES:	108,450,262.
TOTAL EXEMPT PURPOSE EXPENDITURES:	108,875,042.
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: 300 E. UNIVERSITY DR
TEMPE, AZ 85281
EIN: 90-0868685
GRASSROOTS LOBBYING AMOUNT:
DIRECT LOBBYING AMOUNT:
TOTAL LOBBYING EXPENDITURES:
OTHER EXEMPT PURPOSE EXPENDITURES:
TOTAL EXEMPT PURPOSE EXPENDITURES:
LOBBYING NONTAXABLE AMOUNT:
GRASSROOTS NONTAXABLE AMOUNT:
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES:

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

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: RESEARCH COLLABORATORY AT ASU
ADDRESS: P.O. BOX 2260
TEMPE, AZ 85280-2260
EIN: 45-3815674
GRASSROOTS LOBBYING AMOUNT:
DIRECT LOBBYING AMOUNT:
TOTAL LOBBYING EXPENDITURES:
OTHER EXEMPT PURPOSE EXPENDITURES:
TOTAL EXEMPT PURPOSE EXPENDITURES:
LOBBYING NONTAXABLE AMOUNT:
GRASSROOTS NONTAXABLE AMOUNT:
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
SHARE OF EXCESS LOBBYING EXPENDITURES:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 86-6051042

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2015

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|------------|
| c Beginning balance | 1,328,977. |
| d Additions during the year | -61,655. |
| e Distributions during the year | 48,626. |
| f Ending balance | 1,218,696. |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	502,048,855.	489,045,695.	435,282,924.	394,228,823.	403,582,918.
b Contributions	14,088,297.	29,576,062.	14,310,742.	13,841,369.	17,233,377.
c Net investment earnings, gains, and losses	-18,851,821.	5,637,603.	62,628,143.	49,318,255.	-6,355,550.
d Grants or scholarships					
e Other expenditures for facilities and programs	17,472,861.	16,477,278.	15,643,818.	15,285,635.	13,688,776.
f Administrative expenses	6,412,443.	5,733,227.	7,532,296.	6,819,888.	6,543,146.
g End of year balance	473,400,027.	502,048,855.	489,045,695.	435,282,924.	394,228,823.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 2.5400 %
 - b** Permanent endowment 77.4400 %
 - c** Temporarily restricted endowment 20.0200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	10,166,942.			10,166,942.
b Buildings	50,702,479.	19,612,645.	6,920,203.	63,394,921.
c Leasehold improvements				
d Equipment		4,402,928.	4,361,306.	41,622.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				73,603,485.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITIES	176,200,699.	FMV
(B) GLOBAL FIXED INCOME	20,706,781.	FMV
(C) ABSOLUTE RETURN	78,940,843.	FMV
(D) REAL ASSETS	70,703,971.	FMV
(E) PRIVATE CAPITAL	52,801,045.	FMV
(F) OTHER CASH INVESTMENTS	36,480.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	399,389,819.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CHARITABLE TRUSTS RECEIVABLE	3,182,202.
(2) ASSETS WITH LIMITED USE	24,617,460.
(3) ASSETS HELD UNDER SPLIT-INTERE	6,900,393.
(4) NET INV IN DIRECT FINANCING	22,820,000.
(5) CAPITALIZED BOND ISSUANCE COST	1,446,443.
(6) OTHER ASSETS	944,207.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	59,910,705.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS UNDER SPLIT-INTEREST AG	3,458,564.
(3) UNREALIZED SWAP LIABILITY	10,394,594.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,853,158.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	140,044,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-11,156,346.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	25,469,456.	
e	Add lines 2a through 2d	2e		14,313,110.
3	Subtract line 2e from line 1		3	125,731,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,566,404.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		2,566,404.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		128,297,930.

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.

1	Total expenses and losses per audited financial statements		1	129,784,137.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	129,784,137.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,566,404.	
b	Other (Describe in Part XIII.)	4b	-20,278,564.	
c	Add lines 4a and 4b	4c		-17,712,160.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		112,071,977.

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") 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.

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 FUNDS

SCHEDULE D, PART V, LINE 4:

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

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2:

TAX POSITIONS RELATED TO THE FOUNDATION'S TAX-EXEMPT STATUS AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED. MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE FOUNDATION WOULD BE UPHELD UNDER EXAMINATION. ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2016, AND DOES NOT ANTICIPATE A SIGNIFICANT CHANGE FOR THE FOLLOWING TWELVE MONTHS. AS OF JUNE 30, 2016, THE FOUNDATION'S FISCAL YEARS 2012 THROUGH 2015 FOR THE FEDERAL AND 2011 THROUGH 2015 FOR ARIZONA TAX JURISDICTIONS REMAIN

Part XIII Supplemental Information (continued)

OPEN TO EXAMINATION.

RECONCILIATION OF REVENUES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 2D:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	\$ (162,010)
CHANGE IN ASSETS DUE OTHER ENTITIES	\$ 5,513,136
UNREALIZED GAIN ON LAND	\$ 67,481
BRICKYARD RENTAL EXPENSES	\$(1,456,240)
EXPENSE RECOVERY	\$19,801,974
REVENUES FROM SEPARATE ENTITIES INCLUDED IN FINANCIALS	\$ 1,705,115
TOTAL	\$25,469,456

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XII, LINE 4B:

EXPENSE RECOVERY	\$(19,801,974)
BRICKYARD RENTAL EXPENSES	\$ 1,456,240
EXPENSES FROM SEPARATE ENTITIES INCLUDED IN FINANCIALS	\$ (1,932,830)
TOTAL	\$(20,278,564)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
86-6051042

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		145,634,110.
(2) EUROPE			INVESTMENTS		7,927,869.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					153,561,979.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					153,561,979.

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

Schedule F (Form 990) 2015

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

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

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

3 Enter total number of other organizations or entities.

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V **Supplemental Information**

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Employer identification number
86-6051042

Part I

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					1,459,619.	631,069.	1,191,803.

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

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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
SNAVELY ASSOCIATES, LTD. 112 W. FOSTER AVE., SUITE 401 STATE COLLEGE PA 16804	CONSULTING	X		249,446.	
THE EUDY COMPANY 4200 MASSACHUSETTS AVE NW #312 WASHINGTON DC 20016	FUNDRAISER	X	1,124,619.	220,316.	904,303.
MARTS & LUNDY 1200 WALL STREET WEST LYNDHURST NJ 07071	CONSULTING	X		83,807.	
THE HALLISEY GROUP 38 EAST 85TH STREET NEW YORK NY 10028	FUNDRAISER	X	186,000.	37,500.	148,500.
CORPORATE CITIZEN 9820 E. THOMPSON PEAK PKWY LOT 289 SCOTTSDALE AZ 82555	FUNDRAISER	X		30,000.	

ATTACHMENT 1 (CONT'D)

VANDENBERG AND ASSOCIATES

3927 ELM AVENUE
LONG BEACH
CA 90807

FUNDRAISER

X

149,000.

10,000.

139,000.

**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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN SOCIETY FOR ENGINEERING IN EDUCATI 1818 N STREET NW #600 WASHINGTON, DC 20036	37-0730118	501(C)(3)	15,000.				COMMUNITY OUTREACH
(2) ARIZONA SCIENCE CENTER 600 E. WASHINGTON ST. PHOENIX, AZ 85004	86-0390558	501(C)(3)	20,000.				COMMUNITY OUTREACH
(3) ARIZONA STATE UNIVERSITY P.O. BOX 870502 TEMPE, AZ 85287	86-0196696	115	76,603,473.				PROGRAM SUPPORT
(4) ASU ALUMNI LAW GROUP 2 N. CENTRAL AVE #1600 PHOENIX, AZ 85004	46-4635819	501(C)(3)	280,000.				PROGRAM SUPPORT
(5) ASU PREPARATORY ACADEMY P.O. BOX 877304 TEMPE, AZ 85287	26-06664313	501(C)(3)	2,137,500.				PROGRAM SUPPORT
(6) ASU SUN DEVIL CLUB P.O. BOX 872205 TEMPE, AZ 85287	86-0138459	501(C)(3)	24,000.				PROGRAM SUPPORT
(7) CENTER FOR U.S. GLOBAL LEADERSHIP 1129 20TH STREET NW #600 COLLEGE SUCCESS ARIZONA	74-3093659	501(C)(3)	10,000.				COMMUNITY OUTREACH
(8) COLORADO STATE UNIVERSITY 4040 E. CAMELBACK RD. SUITE 220	20-2366755	501(C)(3)	11,158.				PROGRAM SUPPORT
(9) COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY, 555 S. HOWES ST.	84-6000545	115	18,000.				PROGRAM SUPPORT
(10) ELON UNIVERSITY 100 CAMPUS DRIVE ELON, NC 27244	56-05322303	501(C)(3)	8,000.				PROGRAM SUPPORT
(11) EXPECT MORE ARIZONA 2415 E. CAMELBACK RD. SUITE 500 GREATER PHOENIX ECONOMIC COUNCIL	45-3681012	501(C)(3)	100,000.				COMMUNITY OUTREACH
(12) GREATER PHOENIX ECONOMIC COUNCIL 2 N. CENTRAL AVE STE 2500 PHOENIX, AZ 85004	86-0539979	501(C)(3)	10,000.				COMMUNITY OUTREACH

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

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

Schedule I (Form 990) (2015)

**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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MAYO FOUNDATION FOR MEDICAL EDUCATION & RES 200 FIRST STREET SW ROCHESTER, MN 55905	41-1506440	501(C)(3)	45,000.				COMMUNITY OUTREACH
(2) MCCCD RIO SALADO 2419 W. 14TH STREET TEMPE, AZ 85281	86-0185552	115	5,313.				PROGRAM SUPPORT
(3) NATIONAL ACADEMY OF EDUCATION 500 FIFTH STREET NW WASHINGTON, DC 20001	77-0415802	501(C)(3)	7,500.				COMMUNITY OUTREACH
(4) NORTHERN ARIZONA UNIVERSITY P.O. BOX 4080 FLAGSTAFF, AZ 86011	74-2579628	115	31,069.				PROGRAM SUPPORT
(5) PHOENIX COMMITTEE ON FOREIGN RELATIONS 7949 E. ACOMA DRIVE, SUITE 207	86-0929211	501(C)(3)	10,500.				COMMUNITY OUTREACH
(6) SOCIETY FOR INTERNATIONAL DEVELOPMENT 1101 15TH STREET NW SUITE 300	52-1174165	501(C)(3)	10,000.				COMMUNITY OUTREACH
(7) TEXAS CHRISTIAN UNIVERSITY TCU BOX 297011 FORT WORTH, TX 76129	75-0827465	501(C)(3)	10,000.				PROGRAM SUPPORT
(8) THE WILLIAMS INSTITUTE 6615 NORTH SCOTTSDALE ROAD	86-0743467	501(C)(3)	8,500.				COMMUNITY OUTREACH
(9) UNIVERSITY OF GEORGIA 240A RIVERBEND ROAD BOX 5333	58-6001998	115	66,000.				PROGRAM SUPPORT
(10) UNIVERSITY OF NORTH TEXAS 1112 DALLAS DR. SUITE 4000 DENTON, TX 76205	75-6002149	115	46,000.				PROGRAM SUPPORT
(11) UNIVERSITY OF SOUTH CAROLINA 701 ASSEMBLY ST. COLUMBIA, SC 29208	57-6001153	115	10,000.				PROGRAM SUPPORT
(12) VALLEY LEADERSHIP 901 E. OSBORNE ROAD, SUITE A	86-0373283	501(C)(3)	10,000.				COMMUNITY OUTREACH

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

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ 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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) CHICANOS POR LA CAUSA, INC. 1112 E. BUCKLEY ROAD PHOENIX, AZ 85034	86-0227210	501(C)(3)	6,000.				COMMUNITY OUTREACH	
(2) ASU ALUMNI ASSOCIATION P.O. BOX 873702 TEMPE, AZ 85287	86-6053009	501(C)(3)	16,181.				COMMUNITY OUTREACH	
(3) CHILDSPLAY, INC. 900 S. MITCHELL DR. TEMPE, AZ 85281	86-0336473	501(C)(3)	10,000.				COMMUNITY OUTREACH	
(4) GOLDWATER INSTITUTE 500 E. CORONADO RD. PHOENIX, AZ 85004	86-0597661	501(C)(3)	10,000.				COMMUNITY OUTREACH	
(5) MARINE CORPS SCHOLARSHIP FOUNDATION 7047 E. GREENWAY PARKWAY, STE 250	22-1905062	501(C)(3)	20,000.				COMMUNITY OUTREACH	
(6) ASIAN CHAMBER OF COMMERCE 1402 S. CENTRAL AVE PHOENIX, AZ 85004	45-4740292	501(C)(3)	10,000.				COMMUNITY OUTREACH	
(7) THE AMERICAN IRELAND FUND 5910 GLOSTER ROAD BETHESDA, MD 20816	25-1306992	501(C)(3)	10,000.				COMMUNITY OUTREACH	
(8) THE NATIONAL FOOTBALL FOUNDATION 433 LAS COLINAS BLVD EAST, STE 1330	22-1508812	501(C)(3)	18,000.				COMMUNITY OUTREACH	
(9) LEAGUE OF ARIZONA CITIES AND TOWNS 1820 WEST WASHINGTON ST. PHOENIX, AZ 85007	86-0137589	115	10,000.				COMMUNITY OUTREACH	
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								33.
3 Enter total number of other organizations listed in the line 1 table								

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

Schedule I (Form 990) (2015)

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

Employer identification number
86-6051042

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 R.F. SHANGRAW, JR. DIRECTOR, PRESIDENT AND CEO	(i)	410,081.	77,000.	5,793.	111,250.	37,399.	641,523.
	(ii)	0.	0.	0.	0.	0.	0.
2 VIRGINIA DESANTO CFO AND TREASURER	(i)	216,905.	10,000.	552.	16,193.	18,793.	262,443.
	(ii)	0.	0.	0.	0.	0.	0.
3 MARCEL VALENTA GEN COUNSEL/VP ENT DEV, SECR.	(i)	213,369.	16,000.	366.	16,134.	26,997.	272,866.
	(ii)	0.	0.	0.	0.	0.	0.
4 AUGUSTINE CHENG MANAGING DIRECTOR - AZTE	(i)	379,055.	124,988.	51,442.	18,550.	17,934.	591,969.
	(ii)	0.	0.	0.	0.	0.	0.
5 DANIEL SAFTIG CHIEF DEVELOPMENT OFFICER	(i)	291,260.	20,000.	1,041.	18,550.	27,983.	358,834.
	(ii)	0.	0.	0.	0.	0.	0.
6 KENNETH POLASKO EXECUTIVE DIRECTOR - AZTE	(i)	250,235.	25,000.	1,325.	18,250.	26,188.	320,998.
	(ii)	0.	0.	0.	0.	0.	0.
7 JOSHUA FRIEDMAN EXEC. VP & MANAGING DIRECTOR	(i)	258,760.	20,000.	0.	18,432.	2,462.	299,654.
	(ii)	0.	0.	0.	0.	0.	0.
8 GRETCHEN BUHLIG EXEC. VP & MANAGING DIRECTOR	(i)	256,758.	10,000.	0.	18,550.	783.	286,091.
	(ii)	0.	0.	0.	0.	0.	0.
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to 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

Complete this part to 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).

HEALTH OR SOCIAL CLUB DUES

SCHEDULE J, PART I, LINE 1A:

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

SEVERANCE ARRANGEMENTS

SCHEDULE J, PART I, LINE 4A:

THE PRESIDENT AND CEO HAS A SEVERANCE ARRANGEMENT AS A PART OF HIS EMPLOYMENT AGREEMENT, WHICH PROVIDES FOR A PAYMENT OF HIS BASE SALARY PAYABLE FOR THE REMAINDER OF THE TERM FOR HIS EMPLOYMENT AGREEMENT UPON TERMINATION WITHOUT CAUSE.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B:

ASUF HAS SET-UP A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN FOR THE

Part III Supplemental Information

Complete this part to 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.

PRESIDENT AND CEO, IN WHICH ASUF PROVIDES AN ANNUAL CONTRIBUTION TO THE NONQUALIFIED PLAN IN AN AMOUNT EQUAL TO 18% OF HIS ANNUAL BASE SALARY. DEFERRALS INTO THIS PLAN FOR THE 2015 CALENDAR YEAR TOTALED \$74,700 AND ARE REPORTED AS COMPENSATION ON SCHEDULE J, PART II, COLUMN (C).

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. FOR AZTE, A SINGLE MEMBER LIMITED LIABILITY COMPANY OF ASUF, THE COMPENSATION CONTRACT FOR THE MANAGING DIRECTOR ALLOWS FOR THE BOARD OF DIRECTORS OF AZTE TO APPROVE DISCRETIONARY BONUSES WITHOUT FIXED AMOUNT CALCULATIONS BASED ON THE BOARD'S OVERALL SATISFACTION OF THE MANAGING DIRECTOR'S PERFORMANCE.

QUESTIONS REGARDING COMPENSATION

SCHEDULE J, PART II:

ASUF'S FIVE HIGHEST PAID EMPLOYEES INCLUDE TWO MEMBERS OF THE MANAGEMENT TEAM OF ITS SUBSIDIARY, AZTE, WHICH PROVIDES TECHNOLOGY TRANSFER SERVICES FOR ARIZONA STATE UNIVERSITY. AS ITS SOLE MEMBER, ASUF HAS DELEGATED

Part III Supplemental Information

Complete this part to 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 K
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

ASU FOUNDATION

Supplemental Information on Tax-Exempt Bonds
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number
86-6051042

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A THE INDUSTRIAL DEV. AUTH. OF THE CITY OF TEMPE, AZ	86-0439481	87972MAB8	07/01/2004	22,420,000	ACQUIRE, IMPROVE, & EQUIP FACILITY		X		X		X
B THE INDUSTRIAL DEV. AUTH. OF THE CITY OF TEMPE, AZ	86-0439481	NONE	04/22/2014	39,050,000	REFUND ISSUE		X		X		X
C THE INDUSTRIAL DEV. AUTH. OF THE CITY OF TEMPE, AZ	86-0439481	NONE	12/16/2014	31,390,000	ACQUIRE, IMPROVE, & EQUIP FACILITY		X		X		X
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		22,476,162		39,050,000		31,436,290		
4 Gross proceeds in reserve funds		651,168						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows				499,252				
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		21,547,254		15,443,647				
11 Other spent proceeds				38,550,748				
12 Other unspent proceeds						15,992,643		
13 Year of substantial completion		2004		2004				
14 Were the bonds issued as part of a current refunding issue?		X		X		X		
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?		X		X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

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Part III Private Business Use (Continued) ASU FOUNDATION

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	BANK OF AMERICA							
c Term of hedge.	30.000							
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

SCHEDULE K, PART I, BOND B:

THE BOND ISSUED 04/22/2014 WAS USED TO REFUND A BOND ORIGINALLY ISSUED ON 10/28/2003.

SCHEDULE K, PART II, LINE 3, BOND A AND BOND C:

THE DIFFERENCE BETWEEN THE ISSUE PRICE LISTED IN PART I, COLUMN (E) AND THE TOTAL PROCEEDS OF ISSUE IN PART II, LINE 3 FOR BOND A AND BOND C REPRESENTS ACCRUED INTEREST INCOME.

SCHEDULE K, PART IV, LINE 2C:

THE REBATE COMPUTATION FOR THE 2004 BOND IN COLUMN A WAS LAST PERFORMED ON 6/30/2014.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

Employer identification number
86-6051042

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	SYBIL FRANCIS	FAMILY MEMBER OF DIRECTOR	209,365.	COMPENSATION FOR EMPLOYMENT		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
86-6051042

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	57.	13,547,415.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

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

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

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Schedule M (Form 990) (2015)

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Part II **Supplemental Information.** Complete this part to 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 TO NUMBER OF CONTRIBUTIONS IN COLUMN (B).

SCHEDULE M, PART I, LINE 32B:

THE FOUNDATION USES A VARIETY OF BROKERAGES 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)

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.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

FUNDRAISING EVENTS

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

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

FORM 990 REVIEW PROCESS

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

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

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

WITH THE AUDIT COMMITTEE. ONCE APPROVED AND ACCEPTED BY THE AUDIT COMMITTEE, THE FORM 990 IS SIGNED BY THE CFO AND SUBMITTED ELECTRONICALLY TO THE IRS AND THE BOARD OF DIRECTORS.

PROCESS FOR MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 12C:

UPON HIRE AND ON AN ANNUAL BASIS, OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS RELATING TO THEIR INVOLVEMENT WITH ASUF. IN ADDITION, ANY TIME THE INDIVIDUALS REFERRED TO ABOVE BECOME AWARE OF A NEW CONFLICT, THEY ARE REQUIRED TO SUBMIT AN UPDATED CONFLICT OF INTEREST/COMMITMENT FORM TO THE ASUF CFO. ANY IDENTIFIED CONFLICTS WOULD BE REVIEWED BY THE BOARD CHAIR AND THE CEO TO DETERMINE ANY MITIGATION ACTIONS NEEDED.

PROCESS FOR ESTABLISHING COMPENSATION OF PRESIDENT/CEO AND KEY EMPLOYEES
FORM 990, PART VI, LINES 15A AND 15B:

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

FOR ARIZONA SCIENCE AND TECHNOLOGY ENTERPRISES ("AZTE"), A SINGLE MEMBER

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

LIMITED LIABILITY COMPANY CONTROLLED BY ASUF, THE CEO'S COMPENSATION CONTRACT WAS REVIEWED BY THE GENERAL COUNSEL OF ASUF AND THE CFO OF ASU. IT INCLUDED A COMPENSATION COMPARISON PERFORMED BY A THIRD-PARTY SERVICE PROVIDER AND WAS APPROVED BY AZTE'S BOARD OF DIRECTORS.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, SECTION C, LINE 19:

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

ADDITIONAL INFORMATION REGARDING INDEPENDENT SERVICE PROVIDERS
FORM 990, PART VII, SECTION B, LINE 1:

ALL OF THE LEGAL SERVICES DISCLOSED IN FORM 990, PART VII, SECTION B, LINE 1 (AND THE RELATED ATTACHMENT) WERE PERFORMED IN SUPPORT OF AZTE'S TECHNOLOGY TRANSFER SERVICES TO THE UNIVERSITY AND ARE NOT RELATED TO THE PRIMARY FUNDRAISING SERVICES OF THE FOUNDATION.

ADDITIONAL INFORMATION REGARDING FUNDRAISING
FORM 990, PART VIII AND FORM 990, PART IX:

IN ITS EFFORT TO SUPPORT ASU, ASUF AND ITS AFFILIATES PERFORM A BROAD SCOPE OF SERVICES THAT INCLUDE: FUNDRAISING, INVESTMENT MANAGEMENT, TECHNOLOGY TRANSFER, ADVOCACY, AND MARKETING, EDUCATIONAL AWARENESS, AND PROPERTY FINANCING AND MANAGEMENT. CERTAIN ELEMENTS OF EXPENSES CODED AS MANAGEMENT AND GENERAL ARE DRIVEN BY THE BROAD SCOPE OF THE FOUNDATION'S ROLE IN SUPPORT OF ASU. ASUF'S FUNDRAISING EXPENSES SUPPORT ACTIVITIES

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

Employer identification number
86-6051042

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.

REVISION TO PRIOR YEAR BALANCE SHEET
FORM 990, PART X:

THE PRIOR YEAR BALANCE SHEET FOR LINE 17, "ACCOUNTS PAYABLE AND ACCRUED
EXPENSES" AND LINE 19, "DEFERRED REVENUE" HAS BEEN REVISED FROM THE
ORIGINAL FORM 990 TO ACCURATELY REPORT DEFERRED REVENUE, WHICH HAS BEEN
MOVED FROM LINE 17 TO LINE 19. THERE HAS BEEN NO CHANGE TO TOTAL ASSETS,
LIABILITIES, OR NET ASSETS AS A RESULT OF THIS REVISION.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9:

CHANGE IN ASSETS DUE TO OTHER ORGANIZATIONS: \$5,513,136

CHANGE IN UNREALIZED SWAP VALUE: \$(2,097,434)

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS: \$(162,010)

UNREALIZED GAIN ON LAND: \$67,481

AZTE VENTURES, CO. EXPENSES: (\$5,551)

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>
PERELLA WEINBERG PARTNERS 757 5TH AVENUE NEW YORK, NY 10153	INVESTMENT MGMT.	2,036,054.
IRELL AND MANELLA LLP 1800 AVENUE OF THE STARS, SUITE 900 LOS ANGELES, CA 90067	LEGAL - AZTE	1,531,024.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TRINITY WORKS LLC P.O. BOX 12206 FT. WORTH, TX 76110	CONSULTING	720,000.
DUFF & PHELPS LLC 55 E. 52ND STREET, 31ST FLOOR NEW YORK, NY 10055	LEGAL - AZTE	478,340.
WORLDWIDE JET CHARTER 22601 NORTH 17TH AVENUE, SUITE 220 PHOENIX, AZ 85027	BUSINESS TRAVEL	416,011.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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.

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

Employer identification number
86-6051042

OMB No. 1545-0047
2015

Open to Public Inspection

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) AZ SCIENCE & TECHNOLOGY ENTERPRISES LLC P.O. BOX 2260 TEMPE, AZ 85280	INTELLEC PROP	AZ	8,286,866.	11,907,635.	ASUF
(2) ASUF, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	4,276,474.	39,510,109.	ASUF
(3) ASUF BRICKYARD, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	2,817,278.	51,572,055.	ASUF
(4) ASUF SCOTTSDALE, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	535,239.	12,361,099.	ASUF
(5) ASUF DUPONT, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	236,063.	17,328.	ASUF
(6) ISW TECHNOLOGIES, LLC P.O. BOX 2260 TEMPE, AZ 85280	INTELLEC PROP	AZ	0.	0.	AZTE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TAYLOR TRUST FBO ASU FOUNDATION P.O. BOX 2260 TEMPE, AZ 85280	SUPPORT	AZ	501(C)(3)	11-I	ASUF	X	
(2) ASU RESEARCH ENTERPRISE P.O. BOX 2260 TEMPE, AZ 85280	SUPPORT	AZ	501(C)(3)	09	ASUF	X	
(3) RESEARCH COLLABORATORY AT ASU P.O. BOX 2260 TEMPE, AZ 85280	SUPPORT	AZ	501(C)(3)	07	ASUF	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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.

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

Employer identification number
86-6051042

Open to Public
Inspection

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) RH TECHNOLOGIES, LLC P.O. BOX 2260 TEMPE, AZ 85280	INTELLEC PROP	AZ	0.	0.	AZTE
(2) 3D CELL TECHNOLOGIES, LLC P.O. BOX 2260 TEMPE, AZ 85280	INTELLEC PROP	AZ	0.	0.	AZTE
(3) ASUF REALTY, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	0.	0.	ASUF
(4) ASUF DC, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	1,219,334.	37,102,015.	ASUF
(5) UNIVERSITY REALTY, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	0.	0.	ASUF
(6) MCDOWELL WAREHOUSE, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	0.	0.	UR

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) 2015

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
86-6051042

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.

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

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) MIRABELLA ASU TEMPE, LLC P.O. BOX 2260 TEMPE, AZ 85280	REAL ESTATE	AZ	0.	0.	UR
(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) 2015

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 1475 N. SCOTTSDALE RD. STE. 200 SCOTTSDALE, AZ 85257 27-0151042	SOLAR ENERGY	AZ	ASUF	C CORP	-133,216.	12,463.	100.0000	X
(2) CHARITABLE REMAINDER TRUST (20)	CHARIT REM TR	AZ	ASUF	TRUST	0.	0.	0.	X
(3) HARD ASSETS 2X FUND, LTD. 355 MADISON AVE NEW YORK, NY 10017	INVESTING	CJ	ASUF	C CORP	0.	0.	0.	X
(4) RCASU HONG KONG LIMITED RM 502-3 COMM. HOUSE 35 QUEEN'S RD. HONG KONG, HK	HOLDING CO.	HK	RCASU	C CORP	0.	0.	0.	X
(5) TEOTIHUACAN HOLDINGS, LLC P.O. BOX 2260 TEMPE, AZ 85280 81-1792379	HOLDING CO.	AZ	RCASU	C CORP	0.	0.	0.	X
(6) GLOBAL UNIVERSITY ASSOCIATE I, LLC P.O. BOX 2260 TEMPE, AZ 85280 36-4831153	EDUCATION	AZ	TEOTIHUACAN	C CORP	0.	0.	0.	X
(7) GLOBAL UNIVERSITY ASSOCIATE II, LLC P.O. BOX 2260 TEMPE, AZ 85280 36-4831242	EDUCATION	AZ	TEOTIHUACAN	C CORP	0.	0.	0.	X

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) ASUF MEXICO, A.C. P.O. BOX 2260 TEMPE, AZ 85280	EDUCATION	MX	GLOBAL I / II	C CORP	0.	0.	0.		X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.

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.
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	ASU RESEARCH ENTERPRISE	D	895,383.	COST		X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

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**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE R, PART IV, COLUMN C

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