DLN: 93493320141495

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

A F	or the :	2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
B CI	neck ıf a	pplicable C Name of organization		D Employ	yer ider	itification number
	ldress ch	Alizona State University Foundation For A New		86-60	51042)
	ame cha	% VIRGINIA DESANTO nge Doing business as		00 00	31012	•
	ıtıal retu	ASIL Foundation				
		Number and street (or P O box if mail is not delivered to street address) Room/suite	e	E Telepho	ne num	per
┌ re	nal turn/terr			(480)	965-3	759
┌ Ar	nended	return City or town, state or province, country, and ZIP or foreign postal code				
		Tempe, AZ 85280		G Gross re	eceipts \$	1,127,089,283
, ,,	plication					
		F Name and address of principal officer RF Shangraw Jr	H(a) Is the	s a group dinates?	return	for
		300 E University Dr	Subor	umates) Tes • No
		Tempe,AZ 85281	H(b) Are a	l subordı	nates	┌ Yes ┌ No
			includ			
I 1	ax-exem	pt status	If "No	," attach	a list	(see instructions)
J V	/ ebsite	œ: ► www asufoundation org	H(c) Grou	p exempti	on nun	nber ►
		ganization 🔽 Corporation 🦷 Trust 🦷 Association 🦳 Other 🕨	L Year of for	mation 195	55 M	State of legal domicile AZ
Pá	art I	Summary				
Governance		Briefly describe the organization's mission or most significant activities To ensure the success of Arizona State University as a new American university				
<u>ş</u>	2	Check this box দ if the organization discontinued its operations or disposed of	more than 2	5% of its	net as	sets
ŝ				ı		
	3	Number of voting members of the governing body (Part VI, line 1a)		.	3	20
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)		.	4	18
5		Total number of individuals employed in calendar year 2014 (Part V, line 2a) .			5	569
च् च		Total number of volunteers (estimate if necessary)			6	20
		Total unrelated business revenue from Part VIII, column (C), line 12			7a	306,903
	b	Net unrelated business taxable income from Form 990-T, line 34			7b	
				Year		Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		59,971,2		108,590,354
Revenue	9	Program service revenue (Part VIII, line 2g)		5,652,0		5,196,033
Ä.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		88,749,3		47,035,689
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,126,0	100	4,011,291
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	65,498,5	89	164,833,367
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66,388,5	88	72,286,298
	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		8,139,8	60	9,303,464
8		5-10)				
₹	16a	Professional fundraising fees (Part IX, column (A), line 11e)		249,7	14	378,166
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,408,406				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23,172,9	27	23,325,503
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		97,951,0	_	105,293,431
	1					59,539,936
	19	Revenue less expenses Subtract line 18 from line 12		67,547,5	100	
X 68		Revenue less expenses Subtract line 18 from line 12	Beginning	of Currer		End of Year
sets or stances			Beginning Ye	of Currer ear	nt	
Assets or d Balances		Total assets (Part X, line 16)	Beginning Yo	of Currer ear 40,081,1	41	994,921,475
Net Assets or Fund Balances	20 21	Total assets (Part X, line 16)	Beginning Ye 9	of Currer ear 40,081,1 27,889,2	41	994,921,475 258,404,615
Not Assets or Fend Balances	20 21 22	Total assets (Part X, line 16)	Beginning Ye 9	of Currer ear 40,081,1	41	994,921,475
Pa Und my k	20 21 22 er pena	Total assets (Part X, line 16)	Beginning You 9 2 7	of Currer ear 40,081,1 27,889,2 12,191,8	41 96 45 tement	994,921,475 258,404,615 736,516,860 ss, and to the best of
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✓ Yes ☐ No

Form	990 (2014)					Page 2
Par		nt of Program Servichedule O contains a res			II	٠
1	Briefly describe t	he organization's missio	n			
Тое	nsure the success	of Arızona State Unıvers	ıty as a new Ar	merican university		
2	_	on undertake any signifi 0 or 990-EZ?		<u>-</u>	which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on S	Schedule O			
3	_	on cease conducting, or	_	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sche	dule O			
4	expenses Section		4) organization	s are required to report	ree largest program services, as the amount of grants and alloc	•
4a	(Code) (Expenses \$	22,427,892	ıncludıng grants of \$	18,572,234) (Revenue \$	1,828,631)
					of sustainability and education activitie ation provided over \$20 6 million in co	
	(Code) (Expenses \$	12,869,334	including grants of \$	12,354,002) (Revenue \$	1,049,286)
	ASU Foundation prov		f contribution reve	nue to ASU in support of res	or ASU In addition to the over \$1 millic earch in information privacy and securi	
4c	(Code) (Expenses \$	11,902,675	ıncludıng grants of \$	11,695,829) (Revenue \$	970,470)
					s that assist undergraduate and gradu intribution revenue to support faculty r	

29,664,233) (Revenue \$

4d

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses ▶

45,567,752 including grants of \$

92,767,653

3,953,881)

art TV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23	Yes	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	
		F	orm 99 0	(2014)

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			厂_
_	Estantia sumban nanatal in Day 2 of Familia 2005 Fatin 0 of Saturday 11 1 1 1 2 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 204 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		No
ъ 7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
d	file Form 8282?	7c		No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a b	Gross income from members or shareholders	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

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

Check if Schedule O	contains a re	enonea or	note to any	line in th	ic Part \/T									
Check if Schedule O	contains are	sponse or	note to any	iiiie iii tii	is rait vi			•	•	•		•	•	.,, ~

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c	Yes	
13		12c 13	Yes Yes	
13 14	ın Schedule O how this was done			
	In Schedule O how this was done	13	Yes	
14 15	In Schedule O how this was done	13	Yes	
14 15 a	In Schedule O how this was done	13 14	Yes Yes	
14 15 a	In Schedule O how this was done	13 14 15a	Yes Yes Yes	
14 15 a b	In Schedule O how this was done	13 14 15a 15b	Yes Yes Yes Yes	
14 15 a b	In Schedule O how this was done	13 14 15a	Yes Yes Yes	
14 15 a b	In Schedule O how this was done	13 14 15a 15b	Yes Yes Yes Yes	

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
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
- ✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

 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

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
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Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n is	ne l both	box, ∣an d	officer stee)	1	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	•			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	2,175,546	0	286,461

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►39

			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>	,						
	on the factor respectively of such marviaga.	3		No				
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? If "Yes," complete Schedule I for such							
	ındıvıdual	4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No				

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
Perella Weinberg Partners, 767 5th Ave NEW YORK, NY 10153	Investment Mgmt	2,035,378
Core Group PC, 1010 Wisconsin Ave NW WASHINGTON, DC 20007	Architect	608,866
Trinity Works LLC, PO Box 12206 FT WORTH, TX 76110	Consulting	480,000
Irell and Manella LLP, 1800 Avenue of the Stars Suite 900 LOS ANGELES, CA 90067	Legal - AzTE	464,814
Quarles Brady LLP, Two N Central Ave PHOENIX, AZ 850042391	Legal - AzTE	433,097
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check If Schedi	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
nts nts	1a	Federated cam						312-314				
irat Iou	b	·										
s, G Am	С	Fundraising eve	ents 1c									
iffs ar	d	Related organiz	zations 1d	288,439								
s, G mil	e	Government grants	s (contributions) 1e									
Contributions, Gifts, Grants and Other Similar Amounts	f		ons, gifts, grants, and 1f	108,301,915								
but the		similar amounts no			ļ							
ıtril 1 O	g	1a-1f \$	ons included in lines	1,149,926								
Cor anc	h	Total. Add lines	s 1 a - 1 f	🗼	108,590,354							
				Business Code								
enuk	2a	PROGRAM SUPPOR	RT	541800	2,377,799	2,377,799						
λe νε	ь	BRICKYARD RENTA	AL	531120	2,818,234	2,818,234						
Se F	С	-	_									
er vi	d											
Program Serwde Revenue	e											
Iran	f	All other progra	am service revenue									
¥ં		-		L .								
	g		s 2a-2f		5,196,033							
	3		ome (including dividen ar amounts)		9,681,845		306,903	9,374,942				
	4		stment of tax-exempt bond		0							
	5	Royalties		🕨	0							
			(ı) Real	(II) Personal								
	6a	Gross rents	1,405,056									
	Ь	Less rental expenses										
	С	Rental income	1,405,056	0								
	d	or (loss) Net rental inco	Me or (loss)		1,405,056			1,405,056				
	_		(ı) Securities	(II) O ther								
	7a	Gross amount from sales of assets other than inventory	991,930,266	7,679,494								
	b	Less cost or other basis and sales expenses	954,339,519	7,916,397								
	С	Gain or (loss)	37,590,747	-236,903								
	d	Net gain or (los	ss)		37,353,844			37,353,844				
₩ue	8a	Gross income f events (not inc \$	luding									
Other Revenue		See Part IV, lin	a									
둦	b		penses b	L								
)	c 9a			events	, , , , , , , , , , , , , , , , , , ,							
	ı.	1	a									
	b c		penses b (loss) from gamıng actı	vities	0							
	10a	Gross sales of returns and allo	inventory, less owances .	vides								
	ь	less sost of -	a oods sold b									
	C		oods sold D (loss) from sales of Inv	entory 🌬	ol							
	<u> </u>	Miscellaneous		Business Code								
	11a	ASSET MANAC		900099	1,531,255	1,531,255						
	ь	MISCELLANEO		900099	1,074,980	1,074,980						
	c	MISCELLANEC			, .,	, , , = = -						
	d	All other reven		+								
	a e	Total. Add lines		▶								
				· · · · •	2,606,235							
	12	Total revenue.	See Instructions .	🕨	164,833,367	7,802,268	306,903	48,133,842				

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must come

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			<u> </u>					
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 expenses										
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	72,286,298	72,286,298							
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	339,886	148,778	117,032	74,076					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	205,152			205,152					
7	Other salaries and wages	6,871,766	1,364,771	2,197,603	3,309,392					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	380,249	73,755	111,596	194,898					
9	Other employee benefits	1,036,609	214,506	300,824	521,279					
10	Payroll taxes	469,802	86,958	139,395	243,449					
11	Fees for services (non-employees)	,	,	,	, , , , , , , , , , , , , , , , , , ,					
а	Management	37,200	24,800	12,400						
ь	Legal	3,327,641	3,257,185	59,690	10,766					
С	Accounting	140,096	41,504	98,592	,					
d	Lobbying	249,780	249,780	,	_					
e	Professional fundraising services See Part IV, line 17	378,166	,		378,166					
f	Investment management fees	3,273,870	2,791,349	482,521						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,234,499	2,487,847	527,661	218,991					
12	Advertising and promotion	236,017	35,739	19,724	180,554					
13	Office expenses	2,448,293	1,830,300	344,935	273,058					
14	Information technology	362,233	27,318	313,722	21,193					
15	Royalties	0								
16	Occupancy	366,966	266,299	100,667						
17	Travel	1,426,625	1,212,649	50,568	163,408					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	193,834	84,809	46,775	62,250					
20	Interest	1,591,775	1,061,183	530,592						
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	717,952	361,932	356,020						
23	Insurance	214,042	108,814	105,212	16					
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)									
а	MEALS AND CULTIVATION	3,301,086	2,871,266	51,335	378,485					
b	BRICKYARD RENTAL EXPENSES	1,495,654	1,495,654							
С	FEES & SUBSCRIPTIONS	566,224	275,437	117,514	173,273					
d	BAD DEBT EXPENSE	42,317	42,317							
e	All other expenses	99,399	66,405	32,994						
25	Total functional expenses. Add lines 1 through 24e	105,293,431	92,767,653	6,117,372	6,408,406					
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 ► ☐ if following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in	n this f	Ρa	rt X			
						(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				6,801,509	1	14,964,765
	2	Savings and temporary cash investments				2,021,853	2	638,175
	3	Pledges and grants receivable, net				105,523,509	3	112,160,376
	4	Accounts receivable, net			•	1,713,774	4	2,637,173
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete F Schedule L	f	o	5	0		
ts	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(9) beneficiary organizations (see instructions) Complete Part II	l contributing ry employees'	0		0		
Assets	7	Notes and loans receivable, net				0	7	0
AS	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	1	ï				
	104	Complete Part VI of Schedule D	10a		75,311,998			
	ь	Less accumulated depreciation	10b		11,876,475	59,743,488	10 c	63,435,523
	11	Investments—publicly traded securities	•			395,006,355	11	340,250,947
	12	Investments—other securities See Part IV, line 11	318,216,858	12	394,853,176			
	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				51,053,795	15	65,981,340
	16	Total assets. Add lines 1 through 15 (must equal line 34) .				940,081,141	16	994,921,475
	17	Accounts payable and accrued expenses				4,869,213	17	8,295,826
	18	Grants payable				0	18	0
	19	Deferred revenue				0	19	0
	20	Tax-exempt bond liabilities				61,470,000	20	92,860,000
S	21	Escrow or custodial account liability Complete Part IV of Sch	hedule	e C		130,503,305	21	132,665,676
Liabilitie	22	Loans and other payables to current and former officers, direckey employees, highest compensated employees, and disqua		trı	stees,			
jab		persons Complete Part II of Schedule L	•			0	22	0
–	23	Secured mortgages and notes payable to unrelated third parti	es .		•	11,820,000	23	12,830,000
	24	Unsecured notes and loans payable to unrelated third parties	•	•		0	24	0
	25	Other liabilities (including federal income tax, payables to reland other liabilities not included on lines 17-24) Complete PD	art X o			19,226,778	25	11,753,113
	26	Total liabilities. Add lines 17 through 25				227,889,296	26	258,404,615
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ an	nd	complete			
สม	27	Unrestricted net assets				36,515,784	27	32,987,954
Bal	28	Temporarily restricted net assets				277,821,438	28	286,794,369
56	29	Permanently restricted net assets		397,854,623	29	416,734,537		
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	-	┌─ and			
) <u>(</u> 2	30	Capital stock or trust principal, or current funds					30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other	funds	5			32	
Net	33	Total net assets or fund balances			•	712,191,845	33	736,516,860
	34	Total liabilities and net assets/fund balances				940,081,141	34	994,921,475
								Form 990 (2014)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			,	F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		164,8	333,367
2	Total expenses (must equal Part IX, column (A), line 25)	2		105,2	293,431
3	Revenue less expenses Subtract line 2 from line 1	3		59,!	539,936
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		712,1	191,845
5	Net unrealized gains (losses) on investments	5		-33,7	233,364
6	Donated services and use of facilities	6		- 1	184,578
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1,7	796,979
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		736,5	516,860
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	9	3a		No
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		3b		

Software ID: **Software Version:**

EIN: 86-6051042

Name: Arizona State University Foundation For A New

American University

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and related organizations	
	for related organizations below dotted line)	anizations of the last of the		2/1099-MISC)	2/1099-MISC)						
(1) William Post	1 0	x		x				0	0	0	
Chair (1) Juanita Francis	0 0										
		Х		х				0	0	0	
Vice Chair (2) Michael M Crow	0 0										
Director	3 0	Х						0	0	0	
(3) Angela Yın Cesal	1 0	V							0	0	
Director	0 0	Х						0	0	0	
(4) Tony Corey	1 0	×						0	0	0	
Director	0 0								_		
(5) Wayne S Doran	1 0	Х						0	0	0	
Oirector (6) Stephen O Evans	0 0										
Director	0 0	Х						0	0	0	
(7) Ira A Fulton	1 0	l						_			
Director	0 0	Х						0	0	0	
(8) John W Graham	1 0	X						0	0	0	
Director	0 0							, and the second	Ů	,	
(9) Jay Heiler	1 0	х						0	0	О	
Director (10) Bob Johnson	0 0										
Director	1 0	Х						0	0	0	
(11) Anne L Mariucci	1 0	.									
Director	0 0	Х						0	0	0	
(12) Morgan Olsen	1 0	l x						0	0	0	
Director	0 0										
(13) Harry Papp	1 0	Х						0	0	0	
Director (14) Gary L Trujillo	0 0										
Director	0 0	Х						0	0	0	
(15) Kenneth Van Winkle	1 0	V							0	0	
Director	0 0	Х						0	0	0	
(16) Gregory J Vogel	1 0	X						0	0	0	
Director (17) Scott Wald	0 0										
		х						0	0	0	
Director (18) Roger Wittlin	0 0										
Director	0 0	Х						0	0	0	
(19) RF Shangraw Jr	60 0	,,		,,				277.002		112.120	
Director, President and CEO	3 0	Х		Х				377,893	0	113,120	
(20) Jose Cardenas	1 0	X						0	0	0	
Director (21) Virginia DeSanto	0 0 50 0						_		_		
				х				223,227	0	27,285	
VP, CFO, Secretary & Treasurer (22) Daniel Saftig	5 0 40 0										
Chief Development Officer	0 0					Х		298,017	0	35,635	
(23) Joshua Friedman	40 0					x		240.962	0	22.066	
Sr Vice President Development	0 0							240,863	0	22,866	
(24) Gretchen Buhlig	40 0					x		234,319	0	19,839	
Sr Vice President Development	0 0			<u> </u>	1		<u> </u>	1		1	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit the position of the personal individual trustae	ion (d ian o n is b	ne b	ox, ui an off trust	nless ficer :ee)	Forme	(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
(26) Augustine Cheng Managing Director - AzTE	40 0					х		521,029	0	34,267
(1) Kenneth Polasko Executive Director - AzTE	40 0					х		280,198	0	33,449

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As Filed Data -

DLN: 93493320141495

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Arızona America		University Foundation For A versity	86-6051042									
Par	tΙ	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ons.				
		zation is not a private fo		<u> </u>		<u> </u>						
1	Г	A church, convention	of churches. o	r association of churc	hes described i	n section 170(b)(1)(A)(i).					
2	<u></u>	A school described in				•	- / (- / (- / (- / - / - / - / - / -					
3	<u>'</u>					tion 170(b)(1)	(A)(iii)					
	<u>'</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the										
4	1	hospital's name, city, and state										
5	굣			refit of a college or uni	versity owned o	or operated by	a governmental jinit d	escribed in				
•		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)										
•	_				d	-tion 170(b)(1	1)(A)()					
6	<u> </u>	A federal, state, or loc						1 11				
7	1	An organization that n described in section 1	•	·	• •	om a governme	ental unit or from the g	jenerai public				
8	\Box	A community trust de				+ II)						
9	<u></u>	An organization that n					hutions membershin	fees and aross				
•	'	receipts from activitie										
		its support from gross										
						•	•	Dusillesses				
10	_	acquired by the organ										
10	<u> </u>	An organization organ	· ·	•		· ·						
11	ı	An organization organ one or more publicly s										
		the box in lines 11a th										
а	\Box	Type I. A supporting of										
		supported organizatio	n(s) the power	to regularly appoint o	r elect a majori							
	_	organization You mus										
b	ı	Type II. A supporting	_	•								
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You				
С	\vdash	must complete Part IV Type III functionally	•		n operated in c	onnection with	and functionally inter	grated with its				
•	•	supported organization	_		•			gracea with, its				
d	\Box	Type III non-function						anızatıon(s) that ıs				
		not functionally integr					ement and an attentiv	eness requirement				
	_	(see instructions) Yo										
е	1	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally				
f		Enter the number of si										
		Provide the following i										
g		Trovide the following r	mormation abo	out the supported orga	inizacion(3)							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the ord	anızatıon	(v) A mount of	(vi) Amount of				
		organization		organization	listed in your	governing	monetary support	other support (see				
				(described on lines	docume	nt?	(see instructions)	ınstructıons)				
				1-9 above or IRC								
				section (see								
				instructions))	Yes	No						
					162	140						
Total			I	I	l	l	l	l				

supported organization

instructions

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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 54,069,576 92,735,382 82,237,898 59,971,207 108,590,354 397,604,417 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 54,069,576 92,735,382 82,237,898 59,971,207 108,590,354 397,604,417 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 50,801,824 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 346,802,593 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 92,735,382 59,971,207 397,604,417 Amounts from line 4 54,069,576 82,237,898 108,590,354 Gross income from interest, dividends, payments received on securities loans, rents, 9,125,862 15,861,681 12,309,729 12,547,137 11,086,901 60,931,310 rovalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 0 capital assets (Explain in Part VI) 11 Total support Add lines 7 458,535,727 through 10 12 Gross receipts from related activities, etc (see instructions) 37,460,634 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 75 633 % Public support percentage for 2013 Schedule A, Part II, line 14 15 65 401 % 16a 33 1/3% support test - 2014. 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 b 33 1/3% support test—2013. 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 17a 10%-facts-and-circumstances test - 2014. 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 b 10%-facts-and-circumstances test - 2013. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. 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%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 on 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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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? 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.	2		
S	ection 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)? 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).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	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? 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.	2b		
3				
	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? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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
ype	[]	II 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)	1				
а	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				
0	Minimum Assat Amount (add line 7 to line 6)	Q				

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	ICTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
 h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			1
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493320141495

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

If the organization answered "Yes" to 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" to 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" to 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 **Employer identification number** Name of the organization Arizona State University Foundation For A New American University Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

1a

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

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)	

3 Check ► Tif the filing organization checked box A and "limited control" provisions apply

	Check 🕨 🗀 if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing organization's totals	(b) Affiliated group totals
a	Total lobbying expenditures to influence public of	ppinion (grass roots lobbying)		0
Ь	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		249,780
С	Total lobbying expenditures (add lines 1a and 1	b)		249,780
t	Other exempt purpose expenditures			101,391,615
е	Total exempt purpose expenditures (add lines 1	c and 1d)		101,641,395
F	Lobbying nontaxable amount Enter the amount columns	from the following table in both		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		
_ J	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form 472	0 reporting	┌ Yes ┌ 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) 2011	(b) 2012	(c) 2013	(d) 2014	(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	345,032	124,890	249,780	249,780	969,482
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	0	0	0	0 Iulo C (Form 900 d	0

Pa		nization is exempt under section 501(c)(3) and has letion under section 501(h)).	NOT				<u> </u>
	-		(a	1)	((b)	
ror e activ	=	below, provide in Part IV a detailed description of the lobbying	Yes	No	An	nount	
1 a		ation attempt to influence foreign, national, state or local nfluence public opinion on a legislative matter or referendum,	ı				
b c		mpensation in expenses reported on lines 1c through 1i)?					
d	Mailings to members, legislators, or t	he public?					
е	Publications, or published or broadca	st statements?					
f	Grants to other organizations for lobb	ying purposes?					
g	Direct contact with legislators, their s	staffs, government officials, or a legislative body?					
h							
i	O ther activities?						
j	Total Add lines 1c through 1i						
2a		organization to be not described in section 501(c)(3)?					
Ь	If "Yes," enter the amount of any tax						
С	•	incurred by organization managers under section 4912					
		ction 4912 tax, did it file Form 4720 for this year?					
Par		nization is exempt under section 501(c)(4), section !	501(c))(5), o	r sec	ction	1
	501(c)(6).					es	No
1	Were substantially all (90% or more)	dues received nondeductible by members?		Г	1		-110
2		use lobbying expenditures of \$2,000 or less?		-	2	_	
3	- · · · · · · · · · · · · · · · · · · ·	ver lobbying and political expenditures from the prior year?			3		
Par		nization is exempt under section 501(c)(4), section	501(c))(5), o	r sec	tion	1
	501(c)(6) and if eithe	er (a) BOTH Part III-A, lines 1 and 2, are answered "					
	line 3, is answered "Y						
1	Dues, assessments and similar amou		1				
2	expenses for which the section 527(f	ng and political expenditures (do not include amounts of political) tax was paid).					
a	Current year		2a				
b	Carryover from last year		2b 2c				
	Total	n 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
3 4		on line 2c exceeds the amount on line 3, what portion of the excess	3				
~		ver to the reasonable estimate of nondeductible lobbying and					
	political expenditure next year?		4				
5	Taxable amount of lobbying and politi	cal expenditures (see instructions)	5				
Pa	art IV Supplemental Inform	ation					
		I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Also, complete this part for any additional information	up list),	Part II	-A, line	es 1 a	and
	Return Reference	Explanation					
	vities and	edule C, Part II-A As a part of its mission, ASU Foundation contrib advocacy activities that support higher education in Arizona and th vide excellent educational opportunities for Arizona residents					

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

DLN: 93493320141495

TY 2014 Affiliated Group Schedule

Name: Arizona State University Foundation For A New

American University

EIN: 86-6051042

Affiliated Group Business Name: AzTE Ventures CO

Address. Either US or Foreign Type: 1475 N Scottsdale Rd Ste 200

Scottsdale, AZ 85257

EIN: 27-0151042

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures:

Total Exempt Purpose Expenditures: 0

Lobbying Nontaxable Amount: 0

Grassroots Nontaxable Amount: 0

Tot Lobbying Grassroot Minus Non 0

Tot Lobbying Grassroot Minus Non-Tx:

Tot Lobby Expend Mns Lobbying Non

Tx:

Share Of Excess Lobbying: 0

Affiliated Group Business Name: ASU Foundation for a New Ame

Address. Either US or Foreign Type: PO Box 2260

Tempe, AZ 852802260

EIN: 86-6051042

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 249,780

Total Lobbying Expenditures: 249,780 **Other Exempt Purpose Expenditures:** 101,391,615

Other Exempt Purpose Expenditures: 101,391,615
Total Exempt Purpose Expenditures: 101,641,395

Lobbying Nontaxable Amount: 1,000,000
Grassroots Nontaxable Amount: 250,000

Grassroots Nontaxable Amount: 250,000 **Tot Lobbying Grassroot Minus Non** 0

Tot Lobby Expend Mps Lobbying Non

Tot Lobby Expend Mns Lobbying Non 0
Tx:

Share Of Excess Lobbying:

Tx:

0

0

Affiliated Group Business Name:	ASU Research Enterprise
Address. Either US or Foreign Type:	300 E University Dr
Address. Littler 03 of Foreign Type.	Tempe, AZ 85281
EIN:	90-0868685
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Taylor Trust FBO ASU Foundat
Address. Either US or Foreign Type:	PO Box 2260
	Tempe, AZ 852802260
EIN:	86-6252445
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name: Address. Either US or Foreign Type:	Research Collaboratory at AS PO Box 2260 Tempe, AZ 852802260
EIN:	45-3815674
Electing Organization Checkbox:	Г
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

DLN: 93493320141495

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public **Inspection**

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** Arizona State University Foundation For A New American University 86-6051042 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶__ Number of states where property subject to conservation easement is located **\(\big_**_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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" to Form 990, Part IV, line 8. 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 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 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 Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	torical ⁻	<u> Treasi</u>	ures, or Ot	<u>ther Similar</u>	<u>Asset</u>	S (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck any o	f the fol	lowing that a	re a significant	use of it	ts
а	Public exhibition		d	┌ Loa	norexo	hange progra	ams		
b	Scholarly research		e	┌ Oth	er				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	v they furt	her the	organızatıon'	's exempt purpo	ose in	
5	During the year, did the organization solicit	or receive donations	ofar	t, historic	al treas	ures or other	sımılar		_
	assets to be sold to raise funds rather than								•
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	l "Yes" to For	m 990, ———	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	diary	for contri	butions	or other ass	ets not	V Y	es
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ving table		_			
						_		Amount	<u>t </u>
C	Beginning balance					<u> </u>	lc		1,368,590
d	Additions during the year					<u> </u>	Ld		20,516
e	Distributions during the year					1	le		60,129
f	Ending balance					1	Lf		1,328,977
2a	Did the organization include an amount on F	orm 990, Part X, line	21,	for escrow	orcust	todıal accour	nt liability?	₽ Y	es
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anation ha	s been	provided in P	art XIII		় ত
Pa	rt V Endowment Funds. Complete					•			
	•	(a)Current year		rior year			(d)Three years b		our years back
1a	Beginning of year balance	489,045,695		435,282,92	4	394,228,823	403,582,	918	337,853,340
b	Contributions	29,576,062		14,310,74	2	13,841,369	17,233,	377	20,682,854
c	Net investment earnings, gains, and losses	5,637,603		62,628,14	3	49,318,255	-6,355,	550	65,270,036
d	Grants or scholarships								
е	Other expenditures for facilities and programs	16,477,278		15,643,81		15,285,635	13,688,		12,769,824
f	Administrative expenses	5,733,227		7,532,29		6,819,888	6,543,		7,453,488
g	End of year balance	502,048,855		489,045,69	-	435,282,924	394,228,	823	403,582,918
2	Provide the estimated percentage of the cur	rent year end baland	e (lın	e 1g, colu	mn (a))	held as			
а	Board designated or quasi-endowment 🕨	1 690 %							
b	Permanent endowment ► 74 807 %								
C	Temporarily restricted endowment > 23 The percentages in lines 2a, 2b, and 2c sho	503 % uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	that are he	eld and	admınıstered	for the	_	
	organization by						1		Yes No
	(i) unrelated organizations							3a(i)	No
h	(ii) related organizations							3a(ii)	No
ь 4	Describe in Part XIII the intended uses of t	·			•				
	t VI Land, Buildings, and Equipme				on ans	wered 'Yes'	to Form 990	. Part I	V. line
	11a. See Form 990, Part X, line			gamzan					• • • • • • • • • • • • • • • • • • • •
	Description of property			(a) Cost of basis (inve		(b)Cost or other basis (other			(d) Book value
1a	and			10	,099,461			-+	10,099,461
	Buildings				,108,854	19,516,	052 6,43	33,979	53,190,927
	Leasehold improvements				, ,	-,,	-7.0		, -,
	Equipment					5,587,	631 5.44	12,496	145,135
	Other					-,,	-,	·	
	I. Add lines 1a through 1e <i>(Column (d) must c</i>		K, colu	mn (B), lin	e 10(c).)			63,435,523
	, , , , , , , , , , , , , , , , , , , ,			. ,,	. , , -	•			orm 990) 2014

See Form 990, Part X, line 12.	lete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(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	138,029,289	F
(B) GLOBAL FIXED INCOME	31,799,227	F
(C) ABSOLUTE RETURN	97,891,863	F
(D) REAL ASSETS	85,675,422	F
(E) PRIVATE CAPITAL	41,404,014	F
		F
(F) OTHER CASH INVESTMENTS	53,361	'
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	394,853,176	
Part VIII Investments—Program Related. Com See Form 990, Part X, line 13.	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11c
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
		, Part IV, line 11d See Form 990, Part X, line 15
(a) Descript	ion	(b) Book value
(1) CHARITABLE TRUSTS RECEIVABLE		3,669,649
(2) ASSETS WITH LIMITED USE		28,817,592
(3) ASSETS HELD UNDER SPLIT-INTERE		7,019,938
(4) NET INV IN DIRECT FINANCING		23,690,000
(5) CAPITALIZED BOND ISSUANCE COST (6) OTHER ASSETS		1,527,852 1,256,309
(0) 0 1112111100210		2,200,000
Part X Other Liabilities. Complete if the organi Form 990, Part X, line 25.	zation answered 'Yes' to	▶ 65,981,340 Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes OBLIGATIONS UNDER SPLIT-INTEREST	0	
AGREEMENTS	3,455,953	
UNREALIZED SWAP LIABILITY	8,297,160	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	11,753,113	
2. Liability for uncertain tax positions. In Part XIII, provide t	He text of the foothote to the	e organization s financial statements that reports the

Reconciliation of Revenues per

Reconciliation of Expenses per

Audited Financial Statements with

Return

Return

Audited Financial Statements with

\$18,761,667

\$(19,378,871)

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		nts With Revenue p	er R	eturn Complete If	
1		r support per audited financial statements			1	147,087,801	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) o	on investments	2a	-33,233,363			
ь	= '	acilities	2b				
С			2c				
d	• • •		2d	18,761,667			
e	Add lines 2a through 2d .		<u> </u>		2e	-14,471,696	
3	_				3	161,559,497	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				, ,	
а		uded on Form 990, Part VIII, line 7b	4a	3,273,870			
b	•		4b	, ,			
С			<u>. </u>	<u> </u>	4c	3,273,870	
5		4c. (This must equal Form 990, Part I, line			5	164,833,367	
Par	Reconciliation of E	xpenses per Audited Financial Stasswered 'Yes' to Form 990, Part IV, line	atem	ents With Expenses	per		
1		audited financial statements			1	121,583,012	
2		t not on Form 990, Part IX, line 25	•		-	121,000,012	
– a		icilities	2a	184,580			
b			2b	101,000			
c	, ,		2c				
d			2d				
e					2e	184,580	
3	_				3	121,398,432	
4		D, Part IX, line 25, but not on line 1:	•		ب	121,330,132	
a		ided on Form 990, Part VIII, line 7b	4a	3,273,870			
b	·		4b				
c	· · · · · · · · · · · · · · · · · · ·			13,370,071	4c	-16,105,001	
5		nd 4c. (This must equal Form 990, Part I, Iir	 18)		5	105,293,431	
	Supplemental Inf		10 10)			103,233,431	
P rov P art	ride the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional	
	Return Reference	Explanation					
Escro	ow and Custodial Arrangements	Schedule D, Part IV, Line 1b Arizona Sta ("ASUF") is the sole trustee of Taylor Tru mission is to establish and maintain the F Arizona State University WP Carey Scho assets as the trustee of a grantor trust for the ASU Alumni Association	st FBO red E ol of B	ASU Foundation ("Taylo Taylor Chaired Professor usiness Schedule D, Par	or Trus ship i t IV, l	st") Taylor Trust's n Real Estate at the Line 2b ASUF holds	
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, 2015, and does not anticipate a significant change for the following twelve months. As of June 30, 2015, the Foundation's fiscal years 2011 through 2014 for the federal and 2010 through 2014 for Arizona tax jurisdictions remain open to examination.					

Schedule D, Part XI, Line 2d Change in Value of Split-Interest Agreements \$136,586 Change in

Assets Due Other Entities \$(1,210,183) Brickyard Rental Expenses \$(1,495,654) Expense Recovery \$19,486,551 Revenues from Separate Entities Included in Financials \$1,844,367 Total

Schedule D, Part XII, Line 4b Expense Recovery \$(19,486,551) Brickyard Rental Expenses

\$1,495,654 Expenses from Separate Entities Included in Financials \$(1,387,974) Total

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

Arizona State University Foundation For A New

As Filed Data -

DLN: 93493320141495

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

American University

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

Open to Public **Inspection**

Employer identification number

86-6051042

Timeneum omiterate;				00 0001012					
Part I General Information "Yes" to Form 990, Part 10 (1997)			he United States. Co	omplete if the organiz	ation answered				
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?									
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 Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional spa	ace 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 and the Caribbean		-	Investments		153,483,321				
(2) Europe (Including Iceland and Greenland)			Investments		5,034,844				
(3)									
(4)									
(5)									
3a Sub-total b Total from continuation sheets to Part I					158,518,165				
c Totals (add lines 3a and 3b)					158,518,165				
For Paperwork Reduction Act Notice, see	the Instructions	for Form 990.	Cat	No 50082W Schedu	ıle F (Form 990) 2014				

Pā						ited States. Compl duplicated if additior			to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
2						les by the foreign co (c)(3) equivalency l			
3	Enter total number of other organizations or entities								

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	<u>e duplicated if addit</u>	cional space is no	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					7		1
(2)		+			<u> </u>		<u> </u>
(3)		+ +			<u> </u>		<u>'</u>
(4)		+ +					<u> </u>
(5)		+ +			†		
(6)		+ +	·		+		
(7)		+ +			+		
(8)	+				+		+
(9)					 		
(10)	+				+		-
(11)	+	+			+		
(12)					 		
(13)					 		
(14)					 		
(15)	+	+	·		 		
(16)		+	1				
(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	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Γ	Yes	∀	Νo
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)	দ	Yes	Γ	Νo
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)	্ব	Yes	Γ	Νo
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)	্ব	Yes	Г	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 file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Г	Yes	অ	No

Schedule F (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 86-6051042

Name: Arizona State University Foundation For A New

American University

Schedule F (Form 990) 2014

Page **5**

Part V Supplemental Information

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

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

DLN: 93493320141495

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

Mail solicitations

Phone solicitations

✓ Internet and email solicitations

SCHEDULE G

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

Inspection

Internal Revenue Service

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.

Supplemental Information Regarding

Name of the organization		
Arizona State University	Foundation For A New	
American University		

Employer identification number

86-6051042

e 🔽 Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

art I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-	-E2
	filers are not required to complete this part.	

✓ In-person solicitations						
						┌ Yes ┌ M
			fundraise	rs) pursuant to agreeme	nts under which the fun	draiser is
i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	<u>_</u> .	Yes				
The Eudy Company LTD 4200 Massachusetts Ave NW 312	Fundraiser		No	1,765,667	220,436	1,545,23
Washington, DC 20016						
The Hallisey Group 38 E 85th St	Fundraiser		No	485,000	30,000	455,000
New York, NY 10028						
Marts Lundy 1200 Wall Street West	Consulting		No	0	30,076	
Lyndhurst, NJ 07071						
Snavely Associates Ltd 112 W Foster Ave Ste 401	Consulting		No	0	94,404	(
State College, PA 16804						
			▶	2,250,667	374,916	2,000,23
	Did the organization have a or key employees listed in I If "Yes," list the ten highes to be compensated at least i) Name and address of individual or entity (fundraiser) The Eudy Company LTD 4200 Massachusetts Ave NW 312 Washington, DC 20016 The Hallisey Group 38 E 85th St New York, NY 10028 Marts Lundy 1200 Wall Street West Lyndhurst, NJ 07071 Snavely Associates Ltd 112 W Foster Ave Ste 401	Did the organization have a written or oral agree or key employees listed in Form 990, Part VII If "Yes," list the ten highest paid individuals of to be compensated at least \$5,000 by the org i) Name and address of individual or entity (fundraiser) The Eudy Company LTD 4200 Massachusetts Ave NW 312 Washington, DC 20016 The Hallisey Group 38 E 85th St New York, NY 10028 Marts Lundy 1200 Wall Street West Lyndhurst, NJ 07071 Snavely Associates Ltd 112 W Foster Ave Ste 401 State College, PA 16804	Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity If "Yes," list the ten highest paid individuals or entities (to be compensated at least \$5,000 by the organization in the compensation or entity (fundraiser) (ii) Name and address of individual or entity (fundraiser) The Eudy Company LTD 4200 Massachusetts Ave NW 312 Washington, DC 20016 The Hallisey Group 38 E 85th St New York, NY 10028 Marts Lundy 1200 Wall Street West Lyndhurst, NJ 07071 Snavely Associates Ltd 112 W Foster Ave Ste 401 State College, PA 16804	Did the organization have a written or oral agreement with any indior key employees listed in Form 990, Part VII) or entity in connect of the compensated at least \$5,000 by the organization. If "Yes," list the ten highest paid individuals or entities (fundraise to be compensated at least \$5,000 by the organization. I) Name and address of individual or entity (fundraiser) I) Name and address of individual or entity (fundraiser) I) Name and address of individual or entity (fundraiser) I) Activity I(iii) Did fundraiser have custody or control of contributions? Yes No The Eudy Company LTD 4200 Massachusetts Ave NW 312 Washington, DC 20016 The Hallisey Group 38 E 85th St New York, NY 10028 Marts Lundy 1200 Wall Street West Lyndhurst, NJ 07071 Snavely Associates Ltd 112 W Foster Ave Ste 401 State College, PA 16804	Did the organization have a written or oral agreement with any individual (including officers or key employees listed in Form 990, Part VII) or entity in connection with professional fulf "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreeme to be compensated at least \$5,000 by the organization i) Name and address of individual or entity (fundraiser) i) Name and address of individual or entity (fundraiser) The Eudy Company LTD 4200 Massachusetts Ave NW 312 Washington, DC 20016 The Hallisey Group 38 E 85th St New York, NY 10028 Marts Lundy 1200 Wall Street West Lyndhurst, NJ 07071 Snavely Associates Ltd 112 W Foster Ave Ste 401 State College, PA 16804 Consulting No 0	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? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fund to be compensated at least \$5,000 by the organization i) Name and address of individual or entity (fundraiser) i) Name and address of individual or entity (fundraiser) ii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entity (fundraiser) iii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser) iii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser) iii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser (iv) Or Amount paid to (or retained by) fundraiser (or retained by) fundraiser (or fundraiser) iii) No individual or entity (iv) Amount paid to (or frained by) fundraiser (or fundraiser) iii) No individual or entity (iv) Amount paid to (or fundraiser) iii) No individual or entity (iv) Amount paid to (or fundraiser) iii) No individual or entity (iv) Amount paid to (or fundraiser) iii) No individual or entity (iv) Amount paid to (or fundraiser) iii) No individual or entity (iv) Amount paid to (or fundraiser) iii) No individual or entity (iv) Amount paid to (or fundraiser) iii) No i

registration or licensing

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut							
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))				
			(event type)	(event type)	(total number)	331 (3)				
Revenue	1	Gross receipts								
⊕ ege	2	Less Contributions								
<u>~</u>	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
မာ	5	Noncash prizes								
Expenses	6	Rent/facility costs								
ă	7	Food and beverages .								
Direct	8	Entertainment								
₫	9	Other direct expenses .								
	10	Direct expense summary Add lin	es 4 through 9 in colum	n (d)		()				
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)						
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than				
Ф		\$13,000 OH FOHH \$30-LZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add				
Revenue			., ,	bingo/progressive bingo		col (a) through col				
<u>~</u>	1	Gross revenue								
Ses	2	Cash prizes								
Expenses	3	Non-cash prizes								
	4	Rent/facility costs								
Drea	5	Other direct expenses								
	6	Volunteer labor	┌ Yes % % No	│ Yes % % %	│ Yes					
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)						
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)						
9	Ent	er the state(s) in which the organiza	ation conducts gaming a	ctivities						
а										
b	If"	No," explain								
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspe	nded or terminated during	the tax year?					

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3					
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
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	,,		Г _{Yes} Г	— No					
13	Indicate the percentage of gaming acti		1 1	, , , ,						
а	The organization's facility		13a		%					
b	An outside facility				%					
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records							
	Name ▶									
	Address ►									
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming							
154				┌ Yes 「	– _{No}					
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the							
С	If "Yes," enter name and address of the	e third party								
	Name ►									
	Address 🏲									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation 🕨 \$		······							
	Description of services provided									
	Director/officer	_ Employee	☐ Independent contractor							
17	Mandatory distributions									
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to							
	retain the state gaming license?	retain the state gaming license?								
b	Enter the amount of distributions requi	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
	ın the organization's own exempt activi		·							
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr							
	Return Reference		Explanation							

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493320141495 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization Arizona State University Foundation For A New 86-6051042 American University Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes 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" to 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. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance grant or assistance or government assistance (book, FMV, appraisal, other) See Additional Data Table

Schedule I (Form 990) 2014							
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
Procedure for Monitoring Use of	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
Grant Funds Inside U S	initiatives, which are accounted for and monitored through the use of accounts and account purposes at the time of each disbursement

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 86-6051042

Name: Arizona State University Foundation For A New

American University

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arizona State UniversityPO Box 870502 Tempe,AZ 85287	86-0196696	115	70,519,951				Program Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THORN200 Park Ave South 8th Fl New York, NY 10003	27-0943677	501(c)(3)	252,834				Program Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASU Alumnı Law Group2 N Central Ave 1600 Phoenix,AZ 85004	46-4635819	501(c)(3)	203,305				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Sparky's Kıdz9119 E Camıno Del Santo Scottsdale,AZ 85620	45-4177614	501(c)(3)	101,068				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
The Pennsylvania State University110 Technology Center Building University Park,PA 16802	24-6000376	115	61,825				Program Support			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
College Success Arizona 4040 E Camelback Rd Ste 220 Phoenix,AZ 85018	20-2366755	501(c)(3)	34,317				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Sun Devil ClubPO Box 872205 Tempe,AZ 85287	86-0138459	501(c)(3)	25,000				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Central Michigan University Accounting WA 304 Mt Pleasant, MI 48859	38-6004447	115	18,000				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Research Collaboratory at ASUPO Box 2260 Tempe,AZ 85280	46-3816574	501(c)(3)	12,117				Program support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASU Research EnterprisePO Box 2260 Tempe,AZ 85280	90-0868685	501(c)(3)	11,463				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ASU Alumni AssociationPO Box 873702 Tempe,AZ 85287	86-6053009	501(c)(3)	12,000				Program Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
University of South Carolina 701 Assembly Street Columbia, SC 29208	57-6001153	115	10,000				Program Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
University of Oklahoma395 W Lindsey St Ste 3000 Norman,OK 73019	73-6017987	115	9,664				Program Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
American Society for Engineering Education1818 N Street NW 600 Washington, DC 20036	37-0730118	501(c)(3)	15,000				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Arızona Food Marketing Alliance120 East Pierce St Phoenix,AZ 85004	86-0069988	501(c)(6)	5,400				Community Outreach		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Arizona Foundation for Women2828 N Central Ave Ste 1125 Phoenix,AZ 85004	86-0789956	501(c)(3)	7,000				Community Outreach				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Arizona Super Bowl Host Committee2 North Central Ave Phoenix, AZ 85004	20-2647426	501(c)(6)	200,000				Community Outreach				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Center for US Global Leadership1129 20th Street NW Washington, DC 20036	74-3093659	501(c)(3)	6,000				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Council on Competitiveness 900 17th St NW 700 Washington, DC 20006	52-1872849	501(c)(3)	15,000				Community Outreach		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Earth School Educational Foundation Inc555 N Central Ave Ste 402P Phoenix,AZ 85004	26-1204422	501(c)(3)	333,308				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Expect More Arizona2415 E Camelback Rd Ste 500 Phoenix,AZ 85016	45-3681012	501(c)(3)	100,000				Community Outreach		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Greater Phoenix Economic Council2 N Central Ave Ste 2500 Phoenix, AZ 85004	86-0539979	501(c)(3)	15,000				Community Outreach			

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
League of Arizona1820 W Washington St Phoenix, AZ 85007	86-0137589		10,000				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Mayo ClinicPO Box 1658 Minneapolis,MN 55480	41-6011702	501(c)(3)	25,000				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HIMSS6923 Eagle Way Chicago,IL 60678	36-3906745	501(c)(3)	25,000				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NASPAA1029 Vermont Ave NW 1100 Washington, DC 20005	52-1080991	501(c)(3)	9,000				Community Outreach			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
O'Connor House4455 E Camelback Rd Phoenix,AZ 85018	26-3521510	501(c)(3)	8,750				Community Outreach				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Phoenix Sister Cities Inc200 W Washington St 20th Floor Phoenix,AZ 85003		501(c)(3)	15,500				Community Outreach				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Society for International Development1101 15th Street NW Ste 300 Washington, DC 20005	52-1174165	501(c)(3)	20,600				Community Outreach					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Sustainable Visions LLC20 Maple Avenue Cambridge, MA 02139	46-1994595		20,010				Community Outreach					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
The Natl Ctr for MissingExploited Children 699 Prince St Alexandria,VA 22314	52-1328557	501(c)(3)	10,000				Community Outreach					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
The Williams Institute6615 N Scottsdale Rd Scottsdale,AZ 85250	86-0743467	501(c)(3)	6,700				Community Outreach				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Valley of the Sun United Way PO Box 10748 Phoenix,AZ 85064	86-0104419	501(c)(3)	18,000				Community Outreach					

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Western Society of Criminology1250 Bellflower Blvd Long Beach, CA 90840	95-3141516	501(c)(3)	8,000				Community Outreach					

DLN: 93493320141495

OMB No 1545-0047

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" to 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.

Open to Public Inspection

Name of the organization Arizona State University Foundation For A New American University

Employer identification number

86-6051042

Pa	Tt Questions Regarding Compensatio	n				
					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	ᅜ	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2	Yes	
	,,,,				165	
3	Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens	hat apply	·			
	Compensation committee	굣	Written employment contract			
	✓ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
С	c Participate in, or receive payment from, an equity-based compensation arrangement?					No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	itions mu	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described i					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$?	e rebutta	able presumption procedure described in Regulations	9		

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 in 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	\Box	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
ſ		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
RF Shangraw Jr, Director, President and CEO	(i) (ii)	377,893 0	0	0	87,500 0	25,620 0	491,013	0
2 Virginia DeSanto, VP, CFO, Secretary & Treasurer	(i) (ii)	212,675 0	10,000	552	15,889 0	11,396 0	250,512	0
3 Daniel Saftig, Chief Development Officer	(i) (ii)	261,017 0	2,500	34,500	18,200	17,435 0	333,652	0 0
4 Joshua Friedman, Sr Vice President Development	(i) (ii)	230,863	10,000	0	16,927 0	5,939 0	263,729	0
5 Gretchen Buhlig, Sr Vice President Development	(i) (ii)	229,319 0	5,000	0	16,577 0	3,262	254,158	0
6 Augustine Cheng, Managing Director - AzTE	(i) (ii)	361,231 0	118,243	41,555	18,200	16,067	555,296	0
7 Kenneth Polasko, Executive Director - AzTE	(i) (ii)	247,606 0	25,000	7,592 0	17,753 0	15,696 0	313,647	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
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 and taxable spousal travel. The gross-ups are treated as taxable compensation on Form W-2 and reported on Schedule J, Part II, 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)
Discretionary Spending Account	Schedule J, Part I, Line 4a The Chief Development Officer receives a discretionary spending account in the form of an auto allowance, which is treated as taxable compensation on Form W-2 and reportable on Schedule J, Part II, column (b)(iii)
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 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 2014 calendar year totalled \$69,300 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 responsibility for management of AzTE to the seven-member Board of Directors for AzTE, including operational activities and compensation

DLN: 93493320141495

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ► Attach to Form 990.

Open to Public

Employer identification number

86-6051042

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Arizona State University Foundation For A New

American University

Part I Bond Issues

_	Don't look of											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		behalf of issuer		1	Pool ncing
							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
В	The Industrial Dev Auth of the City of Tempe AZ	86-0439481		04-22-2014	39,050,000	Refund Issue		Х		X		X
С	The Industrial Dev Auth of the City of Tempe AZ	86-0439481		12-16-2014	31,390,000	A cquire, Improve, & Equip Facility		X		X		X

Part III Proceeds

		Α	В	С	D
1	A mount of bonds retired	0	0	0	
2	A mount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	22,475,006	39,050,000	31,404,122	
4	Gross proceeds in reserve funds	650,012	0	0	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	277,740	499,252	0	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	21,547,254	0	11,988,651	
11	O ther spent proceeds	0	38,550,748	0	
12	O ther unspent proceeds	0	0	19,415,471	
13	Year of substantial completion	2004	2004		

13	Year of substantial completion	20	04	20	04		No Yes		
		Yes	No	Yes	No	Yes	No	Yes	No
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?		Х		Х		Х		
16	Has the final allocation of proceeds been made?	Х		Х		х			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х		Х			
Dog	- Hit Drivete Pusiness Hee								

Part IIII Private Business Use

		Α		В		С		1)
		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?		х		х		х		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

Fell	Private Business Use (Continued)								
			4		В		С)
		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?		х		х		×		
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?								
с	Are there any research agreements that may result in private business use of bond-financed property?		х		Х		Х		
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		0 % 0 %						
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		0 %	0 %					
6	Total of lines 4 and 5		0 %		0 %				
7	Does the bond issue meet the private security or payment test?		Х		Х		Х		
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?		х		х		х		
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				_		_	_	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		х		Х		Х		
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?	Х		X		X			

Part IV Arbitrage

	1.1.2.1.1.2.9	Α		В		С		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?								
а	Rebate not due yet?		Х		Х		Х		
ь	Exception to rebate?	Х			X		Х		
С	No rebate due?	Х			Х		Х		_
	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?	Х			Х		Х		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х			X		X		_
ь	Name of provider	Bank of Ameri	ca	0		0		·	
С	Term of hedge	30							
d	Was the hedge superintegrated?	Х							
е	Was the hedge terminated?		Х						
							Scl	nedule K (Forn	1 990) 2014

		А	A B C		D				
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		Х		X		
b	Name of provider	0 0		0		0			
С	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?	Х		×		X			

Part V Procedures To Undertake Corrective Action

	Α		В		С		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	ee instructions).
	Cappionici and included in a contract additional information for accordance to questions on semedate it (see	ce modactions,

Return Reference	Explanation

Schedule K, Part I, Bond B

The bond issued 04/22/2014 was used to refund a bond originally issued on 10/28/2003

Return Reference	Explanation
Schedule K, Part II, Line 3, Bond A	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
ı	

Return Reference	Explanation
Schedule K, Part IV, LIne 2c	The rebate computation for the 2004 bond was last performed on 6/30/2014

DLN: 93493320141495

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Open to Public Inspection

Name of the o Arizona State Uni	rganızatıon versity Foundatio	on For A New						1	Employ	er ident	ificatio	n numbe	er
American Univers								8	36-60	51042			
						section 501(c							
			_			, Part IV, line							
1 (a) Nan	ne of disqualif	ied person	(B) F		nip between and organiza		(c) Desc	cription	or tra	nsaction	' -		
			+	- PC13011		2011					-+	ganization (i)Writtel agreemen Yes	No
4958 . 3 Enter the Part II Loans to a	amount of tax nd/or From ne organizatio	 (, if any, on m Intere n answered	ested P	ersons	mbursed by	isqualified per • • • • the organizati t V, line 38a, o	on	 	· ·	▶ \$		anızatıo	n
(a) Name of interested person	(b) Relation with organiz	zation Pur	(c) rpose of loan	(d) Loar or from organizat	the	(e)Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
				То	From			Yes	No	Yes	No	Yes	No
Total		•	\$										
	ants or As					Persons. Form 990, Pa	art IV Juno 3	7					
(a) Name of		(b) Relati				t of assistance			ustano	e (e)) Purno	se of as	sistance
perso	1	ınterested		and the	(S) Amoun		(a) Type				, i dipo:		

Part IV	Business Transactions I	nvolving Interested	d Persons.
	Complete if the organization	n answered "Yes" on I	Form 990, Part IV, l

Complete if the organizat	<u>ion answered "Yes" on </u>	<u>Form 990, Part IV, lır</u>	<u>ie 28a, 28b, or 28c. </u>		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
(1) Sybil Francis	Family Member of	205,152	Compensation for Employment		No

Part V	Supplemental Ir	nformation

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

Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493320141495

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE M

(Form 990)

▶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.

Noncash Contributions

Inspection **Employer identification number**

Arızoı		University Foundation For A New ersity				96 60	251042			
	rt I	<u>'</u>				86-60	051042			
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method of o oncash contri			ts
		orks of art				<u> </u>				
_		istorical treasures .				<u> </u>				
3		ractional interests				<u> </u>				
4		and publications								
5		ng and household								
6	_	nd other vehicles				 				
7		and planes				 				
		ctual property				 				
9		ties—Publicly traded .	X	50	1 061 926	Fair N	Market Value			
10		ties—Closely held stock .		30	1,001,520	1 411 1	Tarket Value			
	Securi	ties—Partnership, LLC,								
12		ties—Miscellaneous								
13	contrib	ed conservation oution—Historic ures								
14	Qualıfı	ed conservation oution—Other								
15	Real e	state—Residential .	Х	1	88,000	Fair N	Market Value			
16	Real e	state—Commercial								
17	Real e	state—Other								
18	Collec	tibles								
19	Food I	nventory								
20	Drugs	and medical supplies .								
21	Taxıde	ermy								
22	Histor	ıcal artıfacts								
		ific specimens								
24	Arche	ological artifacts				<u> </u>				
		► ()				<u> </u>				
		• ()				<u> </u>				
27		► ()				<u> </u>				
28		• ()								
29				nization during the tax yea 283, Part IV, Donee Ackno		29				0
	TOT WITH	ch the organization comple	iteu i oiiii o	205, Fait IV, Dollee Ackin	owiedgement [Yes	No
30a	Durin	g the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1 thre	ough 28, that		103	
					ition, and which is not requi					
								30a		No
h		s," describe the arrangeme				•		30a		<u>No</u>
31		-			review of any non-standard	contri	ıbutıons?	31	Yes	
32a					to solicit, process, or sell			1		
	contri	butions?	• • • •	=		•		32a	Yes	
b	If"Ye	s," describe in Part II								
33		organızatıon dıd not report ıbe ın Part II	an amount	ın column (c) for a type of	property for which column (a) is c	checked,			

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.				
Return Reference	Explanation			
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 M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493320141495

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization Arizona State University Foundation For A New	Employer identification number
Am arran Hausaratu	86-6051042

Return Reference	Explanation
Other Program Services	Form 990, Part III, Line 4d. The ASU Foundation provided over \$45 million to support the education, public service and other activities of Arizona State University. In addition to the near \$4 million of program revenue, ASU Foundation provided over \$41 million of contribution revenue in support of these activities.

Return Reference	Explanation
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.

Return Reference	Explanation
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 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.

Return Reference	Explanation
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/Committment form to the ASUF CFO. Any identified conflicts would be reviewed by the Board Chair and the CEO to determine any mitigation actions needed.

Return Reference	Explanation
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 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.

Return Reference	Explanation
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.

Return Reference	Explanation
Regarding Independent	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 AzTEs technology transfer services to the University and are not related to the primary fundraising services of the Foundation

Return Reference	Explanation
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, university branding 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 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

Return Reference	Explanation
Other Changes in Net Assets	Form 990, Part XI, Line 9 Change in Assets Due to Other Organizations \$(1,210,183) Change in Unrealized Swap Value \$(723,382) Change in Value of Split-Interest Agreements \$136,586

DLN: 93493320141495

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

See Additional Data Table

Name of the organization Arizona State University Foundation For A New American University

Employer identification number

86-6051042

identification of disregarded entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.						
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	

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))		Section (13) co ent	512(b) ntrolled
						Yes	No
(1) Taylor Trust FBO ASU Foundation PO Box 2260 Tempe, AZ 85280 86-6252445	Support	AZ	501(c)(3)	11 Type 1	ASUF	Yes	
-	C	AZ	F01/-1/21	0	ASUF	Yes	
(2) ASU Research Enterprise PO Box 2260	Support	AZ	501(c)(3)	9	IASUF	res	
Tempe, AZ 85280 90-0868685							
(3) Research Collaborative at ASU PO Box 2260	Support	AZ	501(c)(3)	7	ASUF	Yes	
Tempe, AZ 85280 46-3815674							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	,	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing ownersl	_
				311,			Yes	No		Yes	No	
	·		·									

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 (b)(contro enti	n 512 13) olled
								Yes	No
(1) AzTE Ventures Co 1475 N Scottsdale Rd Ste 200 Scottsdale, AZ 85257 27-0151042	Solar Energy	AZ	ASUF	C Corp	-58,298	133,465	100 000 %	Yes	
(2) Charitable Remainder Trust (19)	Chantable Rem Tr	AZ	ASUF	Trust				Yes	
(3) Hard Assets 2X Fund Ltd 355 Madison Ave New York, NY 10017	Investing	СЈ	ASUF	C Corp				Yes	

No

No

No

No

No

No No

1k

11

1m

10

1r

1n Yes

Yes

Yes

спе	dule R (Form 990) 2014		P	age 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	s No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	,
С	Gift, grant, or capital contribution from related organization(s)	1 c	Yes	;
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	; 🗍
e	Loans or loan guarantees by related organization(s)	1 e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No

k	Lease of facilities,	equipment, or	rotherassets	from related	organization(s)
••	Leade of facilities,	equipinent, or	i other abbets	ii oiii i ciacca	organizacion(5)

j Lease of facilities, equipment, or other assets to related organization(s)

- I 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)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- 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 cover	ed relationships and transaction thresholds
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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Research Collaboratory at ASU	С	238,151	Cost
(2) ASU Research Enterprise	d	790,626	Cost

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

I																	
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	se 501 orgar	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	ear allocations?		Share of Disproprtionate d-of-year allocations?		Share of Disproprtionate allocations?	Disproprtionate allocations?		(j) General or managing partner?		(k) Percentage ownership
	1 '	1	sections 512-	1	,	1 '	1	1	,	1 '	1	J	1				
	<u> </u>	<u> </u>	514)	Yes	No	<u> </u>	<u> </u>	Yes	No	<u> </u>	Yes	No					
			,														

Part VII Supplemental Information

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

Return Reference	Explanation	
Schedule R, Part IV, Column C	There are 17 charitable trusts with legal domicile in Arizona and 2 charitable trusts with legal domicile in Nevada	
-	Calcalula P (Farm 200	

Schedule R (Form 990) 2014

Software ID: Software Version:

EIN: 86-6051042

Name: Arizona State University Foundation For A New

American University

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
AZ Science & Technology Enterprises LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Intellec Prop	AZ	7,687,818	7,613,736	ASUF
ASUF LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	4,076,582	40,591,676	ASUF
ASUF Brickyard LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	2,778,778	40,288,218	ASUF
ASUF Scottsdale LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	7,257,067	18,321,993	ASUF
ASUF Dupont LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	0	17,824	ASUF
ISW Technologies LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Intellec Prop	AZ	0	0	AZTE
RH Technologies LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Intellec Prop	AZ	0	0	AZTE
3D Cell Technologies LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Intellec Prop	AZ	0	0	AZTE
ASUF Realty LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	0	0	ASUF
ASUF DC LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	684,669	35,777,343	ASUF
University Realty LLC PO Box 2260 Tempe, AZ 85280 86-6051042	Real Estate	AZ	0	0	ASUF