Form **990**

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.

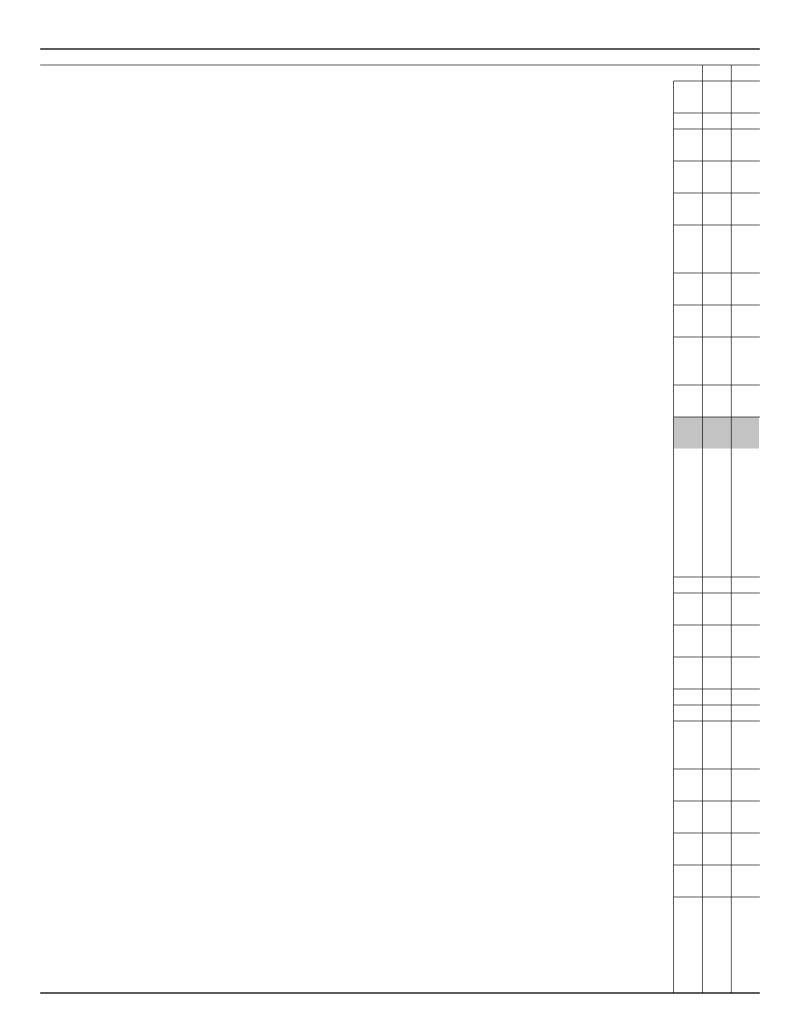
Information about Form 990 and its instructions is at www.irs.gov/form990.



B Check if applicable:	C Name of organ	nization									١٣	⊏mpio;	yer iden	ntification i	number	
Address	Doing Pusings	ο Δο									\dashv					
change	Doing Business Number and s		box if mail is r	not deliver	red to street ad	dress)	R	loom/	/suite	e	E	Teleph	none nun	nber		
Name change Initial return	l			4011101		,	'`	. 5 5111/	· Juil	-	٦	. 5.5pii				
Terminated	City or town, s	state or provin	ce, country, a	and ZIP or	foreign postal	code					+					
Amended			,,,		g p						G	Gross	receipts	\$		
return Application	F Name and add	dress of princip	oal officer:								_) Is this	s a group	return for	Yes	s No
pending												subor	dinates?	ates included?	Yes	\vdash
Tax-exempt_s	tatus: 501	(c)(3)	501(c) (<u>, T</u>	(insert no.)	494	17(a)(1) or		Τ,	527	- (5	•		a list. (see in		
J Website:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(0)(3)	301(0) ((moort no.)		+1 (a)(1) OI			J21	H(c			ion number	T	
K Form of orga	nization: Corr	poration	Trust	Association	on Othe	, T		TL	Yea	r of forr		, Cloup		tate of lega	al domicil	e.
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	y describe the o	raanization's	mission or	r moet eid	nnificant activ	/itios:										
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Form 990 (2018) **Part III** S Page 2

Г	Check if Schedule O contains a res		is Part III	X MANAGEMENT
1	Briefly describe the organization's mission:	porise of flote to any line in the	is raitiii <u>I</u>	
	THE ASU FOUNDATION FOR A NEW AN	MERICAN UNIVERSITY I	S A PRIVATE.	
	NONPROFIT ORGANIZATION THAT RAI			
	TO SUPPORT THE WORK OF ARIZONA			
2	Did the organization undertake any significa	nt program services during t	he vear which were not listed on	the
_	prior Form 990 or 990-EZ?			
	If "Yes," describe these new services on Sche			
	Did the <u>organization cease conducting</u> , o		in how it conducts, any prod	ram
	services?			Yes X No
	If "Yes," describe these changes on Schedule	O.		
4	Describe the organization's program service			
	expenses. Section 501(c)(3) and 501(c)(4)			nd allocations to others,
	the total expenses, and revenue, if any, for ea	ich program service reported.		
4a	(Code:) (Expenses \$28,240,	.842. including grants of \$	26,424,210.) (Revenue \$	785,672.
	(0.1)) (D	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
40	(Code) (Expenses \$	including grants of \$) (Revenue \$))
<u>4</u> d	Other program services (Describe in Schedule	- O)		
-u	(Expenses \$ including grants	-	evenue \$	
46	Total program service expenses	<i>)</i> (ΝΕ)	
JSA				Form 990 (2018)
8E10	020 1.000			. 51111 556 (2016)



Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a E	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
S	Statements, filed for the calendar year ending with or within the year covered by this return Tille a			
b If	f at least one is reported on line 2a, did the organization file all required federalt	2b		
3a		3a		
b		3b		
4a				
		4a		
b				
5a		5a		
b		5b		
С		5c		
6a				
		6a		
b				
		6b		
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		7a		
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12a		12a		
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а		13a		
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14a		14a		
b		14b		
15		4.5		
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4.0		46		
16		16		

Form					
					

Form 990 (2018)

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

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

			_		_	_		_	_	_	_	_
Section A.	Officare	Diractore	Truetage	Kοι	, Emn	IOVAGE	and Hid	nhaet	$C_{\Delta m}$	nancatad	Fmn	
Jection A.	Officers,	Directors,	i i usices,	110	, шпр	noyees,	, and mi	gnear	COIII	pensateu	LIIIP	noyees

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.

OList 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.

OList all of the satiCo

			I			
	_					

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
Traine and the	hours per	(do r	not c			e than c	one	compensation	compensation from	amount of
	week (list any					is both		from	related	other
	hours for	office	er an	dac	direc	tor/trust	tee)	the	organizations	compensation
	related			Officer		g 프	Former	organization	(W-2/1099-MISC)	from the
	organizations	라 랗	l sti	fic	۳	ng ghe	Ĭ	(W-2/1099-MISC)	(**-2/1033-141100)	organization
	below dotted	ect	<u>F</u>	9	Ιğ	est oye	<u> </u>	(**-2/1099-10113C)		and related
	line)	or #	na		Key employee	e S				organizations
		Individual trustee or director	2		ee	npe				
		ee	Institutional trustee			ns				
			Φ			Highest compensated employee				
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Form 990 (2018) Page **9**

	Statement of Rever	nue			
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Form 990 (2018) Page **11**

Cash - non-interest-bearing
Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net
Savings and temporary cash investments Pledges and grants receivable, net
Pledges and grants receivable, net
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule rebeta to the property of the prop
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule reneral state of the sta
trustees, key employees, and highest compensated employees. Complete Part II of Schedule rehearing and the property of the pr
Complete Part II of Schedule rebet (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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Form 990 (2018) Page **12**

Part	Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract 181X-P200 m 2399 -1200 l S 2131 -1400 m 2399 -1400 l S 2131 -1650	1 2 3 3 1 5 6 7 8 9	2131	u	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
A3/41/4
Open to Public Inspection

Name of the organization **Employer identification number** Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and (1) pt Tdb) IT (400) (20) 11

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the	n					
	organization's tax-exempt purpose	11					
3	Gross receipts from activities that are not an	n					
_	unrelated trade or business under section 513	11					
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf	n					
5	The value of services or facilities	.					
3	furnished by a governmental unit to the						
	organization without charge	n					
6	Total. Add lines 1 through 5	ñ					
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	n					
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С		n					
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Supportfiscal year begin	nii	T	T		T	
						<u> </u>	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All Supporting	Organizations

			Yes	No	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	2			
3a	organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
Ja	(b) and (c) bjs/05@17@6j1992 1991@0"927-4457@1j19007@4(Fj)29207@(J)9937@4198021-96F@29 027-4(6)[j)17 207@(c)[4/2)	(18)9 21)f201T@l	<u>(T) 1332</u> 01(01) Tij 92	20
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		10b			

Schedule A (Form 990 or 990-EZ) 2018

	ne A (1 0111 330 01 330 EZ) 2010			age •
Part	N Supporting Organizations (continued)		V	
			Yes	No
11	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)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	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.	116		
occu	on B. Type I dupporting organizations		Yes	No
			103	140
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		
Secti	on 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).			
C = = 4!		1		
Secti	on D. All Type III Supporting Organizations		Vaa	N _a
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? 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		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	Yes	
2	Activities Test. Answer (a) and (b) below.		res	NO
а	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		
_	•	Zu		
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 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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

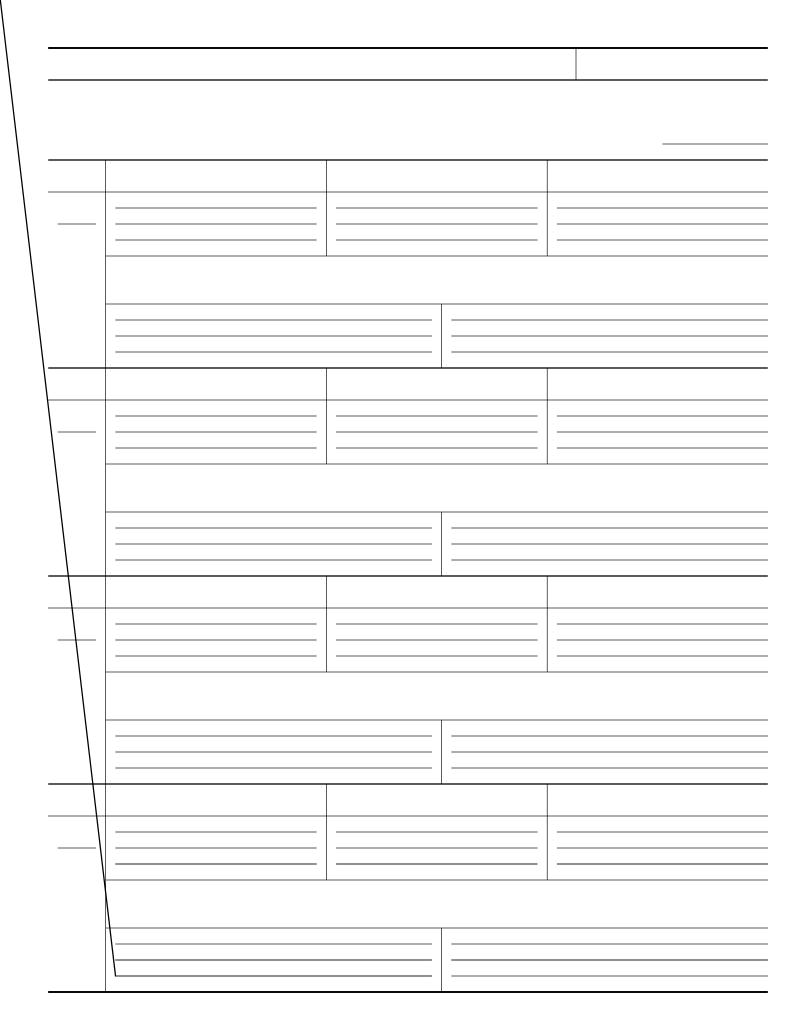
Schedule A (Form 990 or 990-EZ) 2018 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule B	Schedule of Contributors bbrot(b)Pj 34 3d(d(b)Tj 34 0 7 Td(.)Tj 45 095)Tj -9 3d-Td(ed[)Ij50]TJ (2 05	OMB No. 1545-0047
		À¾µ¼

Name of organization

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies	oi Part II ii additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	



SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

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

A3/4 1/4
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

If the	organization answered "Yes, Rection 501(c)(3) organizations	" on Form 990, Part IV, line 3, or Forms: Complete Parts I-A and B. Do not comp	1 990-EZ, Part V, line 4 Lete Part I-C	6 (Political Campaign Activi	ties), then
0%	Section 501(c) (other than section	tion 501(c)(3)) organizations: Complete I	Parts I-A and C below 1	Oo not complete Part I-B	
	Bection 527 organizations: Con		and 17 and 0 below.	50 Hot complete Fait FB.	
, ,	•	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line 4	7 (Lobbying Activities), ther	1
		s that have filed Form 5768 (election un			
%	p ection 501(c)(3) organizations	s that have NOT filed Form 5768 (electi	on under section 501(h)): Complete Part II-B. Do no	t complete Part II-A.
If the	e organization answered "Yes,	" on Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	(see separate instructions), the				
	6 of organization ARTZONA	STATE * 16 0 0 16 0 0.00	0502542747474	7d7dv6 1 Fimmolowariida	n≰ifji@atjion⊵r <u>f</u> um,ber
	e or organization ARIZONA	SIAIL - 10 0 0 10 0 0.00	0303342747474	/d/dxo	i ani i qui oi Enturi per
Par	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	e organization's direct and indirect p	oolitical campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political camp	·			
2		expenditures (see instructions)		[] [] [] [] [] [] [] [] [] [] [] [] [] [
3		I campaign activities (see instruction			
Par	•	organization is exempt under s		T.	
1		cise tax incurred by the organization			
2		cise tax incurred by organization m			
3	-	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1	Enter the amount directly activities	expended by the filing organization	for section 527 e	xempt function \$	
2	Enter the amount of the fil 527 exempt function activity	ing organization's funds contributed ties [] 	to other organizat	ions for section \$	
3		enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL 	
4	Did the filing organization fi	ile Form 1120-POL for this year? $oxed{1}$			Yes No
5		s and employer identification numb			
	organization made paymer	nts. For each organization listed, en	ter the amount paid	d from the filing organiz	ation's funds. Also enter
		ntributions received that were promund or a political action committee (
			i -	1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
_					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 Page						
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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(**************************************				
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	(b)	
a b c d e f g h i j	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches				

Schedule C (Form 990 or 990-EZ) 2018 Page **4**

Part IV Supplemental Information (continued)

INFORMATION REGARDING LOBBYING ACTIVITIES

SCHEDULE C, PART II-A

AS A PART OF ITS MISSION, ASUF'S PARENT ORGANIZATION, ASU ENTERPRISE

PARTNERS, CONTRIBUTES TO PUBLIC COMMUNICATION AND ADVOCACY ACTIVITIES

THAT SUPPORT HIGHER EDUCATION IN ARIZONA AND THE NEED FOR ADEQUATE

FUNDING TO PROVIDE EXCELLENT EDUCATIONAL OPPORTUNITIES FOR ARIZONAU9 0 .IES

Schedule D (Form 990) 2018								Paç	ge 2
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Schedule D (Form 990) 2018							
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Part XIII Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

SCHEDULE D, PART IV, LINE 1B

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY (ASUF OR FOUNDATION) IS THE SOLE TRUSTEE OF TAYLOR TRUST FBO ASU FOUNDATION (TAYLOR TRUST). TAYLOR TRUST'S MISSION IS TO ESTABLISH AND MAINTAIN THE FRED E. TAYLOR CHAIRED PROFESSORSHIP IN REAL ESTATE AT THE ARIZONA STATE UNIVERSITY W.P. CAREY SCHOOL OF BUSINESS.

ESCROW OR CUSTODIAL ACCOUNT LIABILITY

SCHEDULE D, PART IV, LINE 2B

ASUF HOLDS ASSETS AS THE TRUSTEE OF A GRANTOR TRUST FOR ASU AND HOLDS ASSETS UNDER AN INVESTMENT AGREEMENT WITH THE ASU ALUMNI ASSOCIATION.

INTENDED USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

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

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY APPROACH, WHICH CAN RESULT IN RECORDING TAX PROVISIONS OR BENEFITS IN PERIODS DIFFERENT THAN THE PERIODS IN WHICH SUCH TAXES ARE PAID OR BENEFITS REALIZED. DEFERRED INCOME TAXES ARE RECORDED FOR THE DIFFERENCE BETWEEN THE BOOK AND TAX BASIS OF VARIOUS ASSETS AND LIABILITIES, WHICH CAN PROVIDE FOR CURRENT RECOGNITION OF EXPECTED TAX BENEFITS FROM TEMPORARY DIFFERENCES THAT WILL RESULT IN DEDUCTIBLE AMOUNTS IN FUTURE

Part XIII Supplemental Information (continued)

YEARS.

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

ASUF DUPONT, LLC WAS TREATED AS A DISREGARDED ENTITY UNDER THE FOUNDATION FOR INCOME TAX PURPOSES, AND ACCORDINGLY, ALL INCOME AND EXPENSES WERE REPORTED THROUGH THE FOUNDATION FOR THE YEARS ENDED JUNE 30, 2019 AND 2018. ASUF DUPONT, LLC WAS DISSOVLED IN MAY 2019.

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

TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX-EXEMPT STATUS AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED. MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD BE UPHELD UNDER EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019, AND DOES NOT ANTICIPATE A SIGNIFICANT CHANGE FOR THE FOLLOWING TWELVE MONTHS. THE ORGANIZATION IS SUBJECT TO TAX EXAMINATION BY THE FEDERAL AND ARIZONA STATE JURISDICTIONS, WHICH GENERALLY REMAIN OPEN FOR THREE AND FOUR YEARS, RESPECTIVELY.

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$658,155

CHANGE IN ASSETS DUE TO OTHER ENTITIES (\$14,967,861)

TOTAL (\$14,309,706)

SCHEDULE D, PART XI, LINE 4B

SERVICE AGREEMENT (\$11,350,467)

UNREALIZED GAIN ON VALUE OF LAND (\$2,802)

FOREIGN TAXES \$1,369

TAYLOR TRUST REVENUE (\$71,738)

INVESTMENT MANAGEMENT FEES - EP \$457,292

TOTAL (\$10,966,346)

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XII, LINE 4B

FOREIGN TAXES \$1,369

TOTAL \$1,369

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

T

Attach to Form 990.

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

A3/4µ1/4
Open to Public Inspection

Department of the Treasury Internal Revenue Service

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW Name of the organization **Employer identification number** AMERICAN UNIVERSITY 86-6051042 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in émployees, region (by type) (such as, a program service, expenditures for fundraising, program services, describe specific type of the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) EUROPE 0. 0. INVESTMENTS 5,009,648. (2) EAST ASIA AND THE PACIFIC 0. 0. INVESTMENTS 2,682,787. (3) NORTH AMERICA 0. 0. INVESTMENTS 853,419. (4) (5) (6) (7) (8) (9) (10) (11)(12)(13)(14)(15)(16)(17)3a Subtotal 8,545,854.

continuation

8,545,854.

from

sheets to Part I Totals (add lines 3a and 3b)

Total

Schedule F (Form 990) 2018

P a	Grants and Other Assist	tance to Organiza	tions or Entities Outsi	de the Unite	d States. Complet	e if the orga	anization answer	ed "Yes" on	Form 990

Schedule F (Form 990) 2018

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valub4 0 Td(e)Tj 16 0 0 Td

Schedule F	F (Form 990) 2018 Foreign Forms		Page 4

Page 5 Schedule F (Form 990) 2018

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).

Schedule F (Form 990) 2018

Pa	rt I	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut	answered "Yes" on ions and gross incor	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported, lines 1 and 6b. List
		σ. σ	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
<u>e</u>			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	n			
~		Less: Contributions The Contributions of Contributions (line 1 minus line 2)				
_	4	Cash prizes []				
mmm	5	Noncash prizes	n			
mmm	6	Rent/facility costs	n			
Direcmmmmmmmmm	7	Food and beverages	n			
Direc	8	Entertainment	n			
	9	Other direct expenses	n			
		Direct expense summary. Add lin Net income summary. Subtract lin				
		,	,	, ,		

Sched	ule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
13	formed to administer charitable gaming? I Yes No Indicate the percentage of gaming activity conducted in:
а	The organization's facility The organization
b	An outside facility 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	т
	Name
	Address I
15 a	
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	amount of gaming revenue retained by the third party \bigs \\$
С	If "Yes," enter name and address of the third party:
	Name $oxed{I}$
	Address I
16	Gaming manager information:
	Name $lacksquare$
	Gaming manager compensation $oxed{I}$ \$
	_
	Description of services provided
	Director/officer Employee Independent contractor
	Director/officer Employee maependent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable dd(d)) 5-1500 m 444-150
b	

			0

Schedule I (Form 990) (2018)

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

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

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

GRANTS PAID CONSIST OF FUNDS PROVIDED TO ARIZONA STATE UNIVERSITY, ITS

AFFILIATES, AND OTHER FOR-PROFITS AND NON-PROFITS FOR ASU RELATED

INITIATIVES, WHICH ARE ACCOUNTED FOR AND MONITORED THROUGH THE USE OF

ACCOUNTS AND ACCOUNT PURPOSE AT THE TIME OF EACH DISBURSEMENT.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

OMB No. 1545-0047

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No " complete Part III to	46		
2	explain I mile the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a? Manual Manua	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
J	maioate milen, if any, of the following the filling organization used to establish the compensation of the			
		4.		
		4a 4b		
		4c		
		70		
		5a		
		5b		
		6a		
		6b		
		7		
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		9		ſ

Schedule J (Form 990) 2018 Page 2

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
VIRGINIA DESANTO	(i)	0.	0.	0.	0.	0.	0.	0.	
1 DIRECTOR, TREASURER	(ii)	232,368.	23,272.	1,032.	17,598.	27,740.	302,010.	0.	
MARCEL VALENTA	(i)	0.	0.	0.	0.	0.	0.	0.	
2 SECRETARY	(ii)	271,315.	27,470.	648.	19,250.	31,323.	350,006.	0.	
GRETCHEN BUHLIG	(i)	326,500.	32,500.	0.	19,250.	2,801.	381,051.	0.	
_3 ^{CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.	
KIMBERLY HOPLEY	(i)	229,908.	5,500.	0.	16,870.	26,094.	278,372.	0.	
4 SENIOR VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
SYBIL FRANCIS	(i)	216,026.	0.	0.	14,490.	2,728.	233,244.	0.	
5DIR. STR. ADV. LOANED EXEC	(ii)	0.	0.	0.	0.	0.	0.	0.	
PATRICK MCDERMOTT	(i)	199,904.	5,500.	566.	14,565.	25,302.	245,837.	0.	
6 ^{CHIEF} ENGMT OFCR, THUNDERBIRD	(ii)	0.	0.	0.	0.	0.	0.	0.	
SCOTT NELSON	(i)	183,096.	7,500.	1,788.	12,074.	18,326.	222,784.	0.	
7EX DIR OF DEVP, SUN DEVIL ATHL	(ii)	0.	0.	0.	0.	0.	0.	0.	
SHAUN BRENTON	(i)	175,869.	5,500.	540.	12,230.	22,850.	216,989.	0.	
8 ASS. VP CORP. & FDN. REMj 14 0 Td	(ii)	0 Ta(183,.)Tj110.							
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	Sharing of anization's venues?	
				Yes	No	
(1) SYBIL FRANCIS	FAMILY MEMBER OF DIRECTOR	233,244.	COMPENSATION FOR EMPLOYMENT		Х	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SYBIL FRANCIS

SCHEDULE L, PART IV, COLUMN (C)

THE AMOUNT OF COMPENSATION REPORTED FOR SYBIL INCLUDES SALARY, BENEFITS,

AND OTHER DEFERRED COMPENSATION.

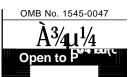
JSA 8E1507 1.000

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.



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Schedule M (Form 990) (2018) Page **2**

Part II Supplement

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

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

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

SCHEDULE M, PART I, LINE 32B

THE FOUNDATION USES A VARIETY OF BROKERAGE AND SERVICE COMPANIES TO

CONVERT NON-CASH GIFTS TO CASH BASED ON THE TYPE OF NON-CASH GIFT

RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 900-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

A3/411/4

Open to Publ

CONTRIBUTION.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

ASU ENTERPRISE PARTNERS ("EP") SERVES AS THE SOLE MEMBER OF THE ORGANIZATION, AND PROVIDES THEM WITH VARIOUS SUPPORTING SERVICES, SUCH AS LEGAL, HUMAN RESOURCES, FINANCIAL, AND MARKETING AND TECHNICAL SERVICES.

IN ADDITION, EP MANAGES THE RESERVES AND PROVIDES GUIDANCE AND OVERSIGHT OF THE ORGANIZATION.

DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, SECTION A, LINE 7A AND 7B

PER THE BYLAWS OF ASUF, THE FOLLOWING ACTIONS SHALL NOT BE TAKEN BY THE CORPORATION WITHOUT THE APPROVAL OF THE MEMBER:

ELECTION AND REMOVAL OF DIRECTORS, AMENDMENT OF THE ARTICLES OF
INCORPORATION OF THE CORPORATION, AMENDMENT OF THE BYLAWS OF THE
CORPORATION, MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, THE
CREATION OF ANY SUBSIDIARIES OR AFFILIATES OF THE CORPORATION, ADOPTION
OF THE STRATEGIC AND ANNUAL BUSINESS PLANS AND ADOPTION OF THE ANNUAL
BUDGET PREPARED BY THE CORPORATION AND ANY ACTIONS TAKEN BY THE
CORPORATION, THE SELECTION AND RETENTION OF THE CEO OF THE CORPORATION,
THE MAKING OF ANY CAPITAL EXPENDITURES, THE SELECTION OF THE MANNER AND
LOCATION OF INVESTMENT OF ANY FINANCIAL ASSETS, THE CREATION OR EXTENSION
OF ANY LOANS BY OR ANY BORROWING BY THE CORPORATION OR THE SALE OF ANY
CAPITAL ASSETS BY THE CORPORATION.

Employer identification number 86-6051042

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 OF ASU

ENTERPRISE PARTNERS ("EP"). 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, A FULL COPY OF THE

FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS. IT IS THEN SIGNED

BY THE TREASURER AND SUBMITTED ELECTRONICALLY TO THE IRS AND BOARD OF

DIRECTORS.

PROCESS FOR MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST

POLICY FORM 990, PART VI, SECTION B, LINE 12C

UPON HIRE AND ON AN ANNUAL BASIS, ALL EMPLOYEES AND BOARD MEMBERS ARE

REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS RELATING TO

THEIR INVOLVEMENT WITH ASUF. IN ADDITION, ANY TIME THE INDIVIDUALS

REFERRED TO ABOVE BECOME AWARE OF A NEW CONFLICT, THEY ARE REQUIRED TO

SUBMIT AN UPDATED CONFLICT OF INTEREST/COMMITMENT FORM TO EP'S GENERAL

COUNSEL. ANY IDENTIFIED CONFLICTS WOULD BE REVIEWED BY THE BOARD CHAIR

AND THE CEO TO DETERMINE ANY MITIGATION ACTIONS NEEDED.

PROCESS FOR DETERMINING COMPENSATION OF CEO/KEY EMPLOYEES

EMPLOYEES FORM 990, PART VI, SECTION B, LINES 15A AND 15B

FOR ASUF, THE BOARD OF DIRECTORS APPROVES THE COMPENSATION PACKAGE FOR

AFOREMENTIONED.

Schedule O (Form 990 or 990-EZ) 2018

THE 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 CEO. ALL OTHER COMPENSATION DECISIONS FOR KEY EMPLOYEES HAVE BEEN DELEGATED FROM THE BOARD OF DIRECTORS TO THE CEO, WHO FOLLOWS A SIMILAR PROCESS

DOCUMENTS MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS, FORM 990, AND FORM 990-T FOR ASUF ARE AVAILABLE

TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE NOT MADE AVAILABLE TO

THE PUBLIC.

ADDITIONAL INFORMATION REGARDING FUNDRAISING

FORM 990, PART VIII AND FORM 990, PART IX

IN ITS EFFORT TO SUPPORT ASU, ASUF PERFORMS A BROAD SCOPE OF SERVICES

THAT INCLUDE FUNDRAISING AND INVESTMENT MANAGEMENT SERVICES. ASUF'S

FUNDRAISING EXPENSES SUPPORT ACTIVITIES THAT GENERATE CONTRIBUTIONS THAT

GO DIRECTLY TO ENTITIES OTHER THAN ITSELF, SUCH AS ASU AND OTHER ASU

AFFILIATES; THUS, NOT ALL FUNDRAISING RESULTS GENERATED THROUGH ASUF'S

EFFORTS ARE REFLECTED IN THE CONTRIBUTION TOTALS ON ASUF'S FORM 990.

OTHER CHANGES TO NET ASSETS FORM 990, PART XI, LINE 9

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	I Go to www.i	rs.gov/Form990 f	or instr	orm 990. uctions and the	latest information.				Open to F Inspect	Public tion
Name of the organization								Employ		
						<u> </u>				
		1					1		1	

Schedule R (Form 990) 2018 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	Primary activity Legal domic (state foreign)	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing 1 partner?		General or managing		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
		country)		000000000000000000000000000000000000000			Yes	No		Yes	No											
(1)																						
(2)																						
(3)	_																					
(4)	_																					
(5)	-																					
(6)	_																					
<u>(7)</u>	_																					

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)		(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		tion (13) olled
								Yes	No
(1) AZTE VENTURES, CO 27-015104	2								
1475 N. SCOTTSDALE RD. STE. 200 SCOTTSDALE, AZ 85257	SOLAR ENERGY	AZ	N/A	C CORP					X
(2) CHARITABLE REMAINDER TRUST (16)									
	CHARIT REM TR	AZ	N/A	TRUST					Х
(3) TEOTIHUACAN HOLDINGS, LLC 81-179237	9								
P.O. BOX 2260 TEMPE, AZ 85280	HOLDING CO.	DE	N/A	C CORP					Х
(4) GLOBAL UNIVERSITY ASSOCIATE I, LLC 36-483115	3								
P.O. BOX 2260 TEMPE, AZ 85280	EDUCATION	DE	N/A	C CORP					Х
(5) GLOBAL UNIVERSITY ASSOCIATE II, LLC 36-483124	.2								
P.O. BOX 2260 TEMPE, AZ 85280	EDUCATION	DE	N/A	C CORP					Х
(6)									
(7)									

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Par	Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35b, or 36.		
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?		
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				
	Gift, grant, or capital contribution to related organization(s)				
	Gift, grant, or capital contribution from related organization(s)				
	Loans or loan guarantees to or for related organization(s)				
	Loans or loan guarantees by related organization(s)				
	Dividends from related organization(s)				
	Sale of assets to related organization(s)				
	Purchase of assets from related organization(s)				
	Exchange of assets with related organization(s)				
	Lease of facilities, equipment, or other assets to related organization(s)				
	Lease of facilities, equipment, or other assets from related organization(s)				
	Performance of services or membership Fo				

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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_p

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Supplemental Information
Provide additional i aS