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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW Doing Business As ASU FOUNDATION Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 2260 City or town, state or country, and ZIP + 4 TEMPE, AZ 85280-2260	D Employer identification number 86-6051042	
		E Telephone number (480) 965-3759	
		G Gross receipts \$ 496,994,058.	
		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
F Name and address of principal officer JOHNNIE RAY 300 E. UNIVERSITY DR. TEMPE, AZ 85281			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website WWW.ASUFUNDATION.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation 1955 M State of legal domicile AZ			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3	Number of voting members of the governing body (Part VI, line 1a)			
	4	Number of independent voting members of the governing body (Part VI, line 1b)			
	5	Total number of employees (Part V, line 2a)			
	6	Total number of volunteers (estimate if necessary)			
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12			
7b	Net unrelated business taxable income from Form 990-T, line 34				
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 23,815,614.	Current Year 42,033,850.	
	9	Program service revenue (Part VIII, line 2g)	5,071,397.	4,380,314.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,872,102.	11,846,615.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,365,985.	26,712,047.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,125,098.	84,972,826.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,029,109.	42,723,510.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,619,596.	19,714,538.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
b		Total fundraising expenses, Part IX, column (D), line 25	11,291,721.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	21,895,268.	23,474,118.	
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	84,543,973.	85,912,166.	
19		Revenue less expenses. Subtract line 18 from line 12	-16,418,875.	-939,340.	
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	Beginning of Year 645,226,582.	End of Year 695,114,593.
		21	Total liabilities (Part X, line 26)	161,997,856.	193,487,124.
	22	Net assets or fund balances Subtract line 21 from line 20	483,228,726.	501,627,469.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
Sign Here	Signature of officer <i>JOHNNIE RAY</i>		Date 5/16/11
	Type or print name and title JOHNNIE RAY, VP, CFO & Treasurer		
Paid Preparer's Use Only	Preparer's signature <i>Joseph S. Artime</i>	Date 5/8/11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 GRANT THORNTON LLP ONE CALIFORNIA STREET, SUITE 2300 SAN FRANCISCO, CA 94111	EIN 36-6055558	Preparer's identifying number (see instructions) P00329386
Phone no 415-986-3900			

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Form 990 (2009) 2

SCANNED JUN 16 2011

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission
SEE SCHEDULE O.

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

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

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 59,083,190 including grants of \$ 42,723,510) (Revenue \$ 29,939,789)
ALL PROGRAM EXPENSES SUPPORT THE EDUCATION, RESEARCH, PUBLIC
SERVICE AND OTHER ACTIVITIES OF ARIZONA STATE UNIVERSITY.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 59,083,190.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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? If "Yes," complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a 158	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
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	2a 256	
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 this return (see instructions)	2b X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b X	
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	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	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	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	18	
1b Enter the number of voting members that are independent	18	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AZ**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **VIRGINIA E. FOLTZ, CPA 300 EAST UNIVERSITY DRIVE TEMPE, AZ 85281-2033 480-965-1791**

Part VII 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM POST CHAIRMAN	1.00	X		X				0.	0.	0.
TONY COREY DIRECTOR	1.00	X						0.	0.	0.
SCOTT CROZIER CHAIR, NOMINATING COM	1.00	X						0.	0.	0.
WAYNE DORAN DIRECTOR	1.00	X						0.	0.	0.
STEPHEN EVANS DIRECTOR	7.00	X						0.	0.	0.
JUANITA FRANCIS DIRECTOR	1.00	X						0.	0.	0.
IRA FULTON DIRECTOR	1.00	X						0.	0.	0.
JOHN GRAHAM DIRECTOR	1.00	X						0.	0.	0.
BOB JOHNSON DIRECTOR	1.00	X						0.	0.	0.
ANNE MARIUCCI DIRECTOR	1.00	X						0.	0.	0.
MORGAN OLSEN DIRECTOR	1.00	X						0.	0.	0.
HARRY PAPP CHAIR, INVESTMENT COMMITTEE	1.00	X						0.	0.	0.
GARY TRUJILLO CHAIR, AUDIT COMMITTEE	1.00	X						0.	0.	0.
CRAIG WEATHERUP FORMER CHAIR	1.00	X						0.	0.	0.
KENNETH VAN WINKLE DIRECTOR	1.00	X						0.	0.	0.
GREG VOGEL DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT WALD DIRECTOR	1.00	X						0.	0.	0.
ANGELA YIN CESAL DIRECTOR	1.00	X						0.	0.	0.
JOHNNIE RAY PRESIDENT AND CEO	60.00			X				416,647.	0.	17,468.
JUDITH VAN GORDEN SR VP, CFO, TREASURER	60.00			X				272,498.	0.	21,260.
VIRGINIA FOLTZ INTERIM VP, CFO, TREASURER	50.00			X				106,708.	0.	8,165.
JACQUELINE NORTON VP - LEADERSHIP GIVING	50.00					X		232,278.	0.	15,981.
AUGUSTINE CHENG AZTE CEO AZTE	40.00					X		431,121.	0.	14,100.
KENNETH POLASKO AZTE VP BUSINESS DEVLPMNT AZTE	40.00					X		169,200.	0.	17,695.
JOHN GELTOSKY AZTE SR VP BUSINESS DEVLPMNT AZTE	40.00					X		251,614.	0.	19,173.
JILL UHL AZTE VP LEGAL AFFAIR/CORP DEV AZTE	40.00					X		227,744.	0.	14,510.
SEE SCHEDULE O FOR MORE INFORMATION						X		0.	0.	0.
1b Total								2,107,810.	0.	128,352.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **42**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **14**

Part VIII Statement of Revenue

86-6051042

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	42,033,850			
	g	Noncash contributions included in lines 1a-1f \$		2,325,096			
	h	Total. Add lines 1a-1f		42,033,850			
Program Service Revenue	2a	PROGRAM SUPPORT	Business Code 541800	1,414,352	1,412,952	1,400	
	b	BRICKYARD RENTAL	531120	2,965,962	2,965,962		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		4,380,314			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,124,379		-232,504
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
			(i) Real (ii) Personal				
6a		Gross Rents	1,151,752				
b		Less rental expenses					
c		Rental income or (loss)	1,151,752				
d		Net rental income or (loss)		1,151,172			1,151,172
			(i) Securities (ii) Other				
7a		Gross amount from sales of assets other than inventory	415,743,468				
b		Less cost or other basis and sales expenses	412,021,232				
c		Gain or (loss)	3,722,236				
d		Net gain or (loss)		3,722,236			3,722,236
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events		0			
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities		0			
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	SERVICE AGREEMENT REVENUE	900099	21,240,672	21,240,672			
b	ASSET MANAGEMENT FEES REVENUE	900099	1,614,928	1,614,928			
c	MISCELLANEOUS	900099	2,705,275	2,705,275			
d	All other revenue						
e	Total. Add lines 11a-11d		25,560,875				
12	Total Revenue. See instructions		84,972,826	29,939,789	-231,104	13,230,291	

Form 990 (2009)

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	42,723,510.	42,723,510.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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	852,462.		528,427.	324,035.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	15,734,827.	2,180,213.	6,479,827.	7,074,787.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	374,892.	61,731.	136,609.	176,552.
9 Other employee benefits	1,767,501.	164,559.	733,464.	869,478.
10 Payroll taxes	984,856.	83,535.	380,794.	520,527.
11 Fees for services (non-employees)	0.			
a Management	2,991,851.	2,642,708.	339,453.	9,690.
b Legal	211,925.		211,925.	
c Accounting	542,087.	542,087.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	2,450,736.	630,864.	1,819,872.	
f Investment management fees	1,538,305.	501,999.	369,022.	667,284.
g Other	186,983.	59,007.	56,740.	71,236.
12 Advertising and promotion	2,608,221.	600,909.	1,275,799.	731,513.
13 Office expenses	507,195.	24,818.	482,377.	
14 Information technology	0.			
15 Royalties	310,162.	194,033.	116,129.	
16 Occupancy	953,118.	726,463.	41,799.	184,856.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	112,643.	38,883.	54,619.	19,141.
20 Interest	2,198,723.	1,454,945.	743,778.	
21 Payments to affiliates	1,200,000.	1,200,000.		
22 Depreciation, depletion, and amortization . . .	2,415,194.	1,112,371.	1,302,823.	
23 Insurance	90,823.	48,617.	42,206.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FEES & SUBSCRIPTIONS	425,990.	119,550.	135,806.	170,634.
b MEALS AND CULTIVATION	2,448,351.	1,809,674.	166,689.	471,988.
c BRICKYARD RENTAL EXPENSES	2,070,981.	2,070,981.		
d MISCELLANEOUS	210,830.	91,733.	119,097.	
e SEE SCHEDULE O				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	85,912,166.	59,083,190.	15,537,255.	11,291,721.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	12,671,220.	2	9,618,705.
	3 Pledges and grants receivable, net	106,446,726.	3	92,580,392.
	4 Accounts receivable, net	1,198,007.	4	2,258,404.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	304,983.	9	0.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 64,403,656.		
	b Less accumulated depreciation	10b 6,500,808.		
		59,845,823.	10c	57,902,848.
	11 Investments - publicly traded securities	264,636,584.	11	279,312,490.
	12 Investments - other securities. See Part IV, line 11	172,667,692.	12	214,719,271.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	27,455,547.	15	38,722,483.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	645,226,582.	16	695,114,593.	
Liabilities	17 Accounts payable and accrued expenses	6,130,411.	17	9,617,245.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	70,992,244.	20	69,698,572.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	63,835,153.	21	92,818,110.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,360,000.	23	10,855,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	9,680,048.	25	10,498,197.
	26 Total liabilities. Add lines 17 through 25	161,997,856.	26	193,487,124.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-22,832,157.	27	-12,930,463.
	28 Temporarily restricted net assets	162,117,807.	28	170,114,893.
	29 Permanently restricted net assets	343,943,076.	29	344,443,039.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	483,228,726.	33	501,627,469.
	34 Total liabilities and net assets/fund balances	645,226,582.	34	695,114,593.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
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		

Form **990** (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	105,587,817	62,595,321	100,100,891	23,815,614	42,033,850	334,133,493
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	105,587,817	62,595,321	100,100,891	23,815,614	42,033,850	334,133,493
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						82,798,748
6 Public support. Subtract line 5 from line 4						251,334,745

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	105,587,817	62,595,321	100,100,891	23,815,614	42,033,850	334,133,493
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,223,014	14,128,831	13,564,555	14,538,008	9,275,550	61,729,958
9 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 capital assets (Explain in Part IV)	1,054,892	0	1,898,248	0	0	2,953,140
11 Total support. Add lines 7 through 10						398,816,591
12 Gross receipts from related activities, etc. (see instructions)					12	120,815,797
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	63.02 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	66.51 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. 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 ►		<input type="checkbox"/>
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		<input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

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.** ▶ **See separate instructions**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

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

Name of organization AMERICAN UNIVERSITY	Employer identification number 86-6051042
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check ☒ if the filing organization belongs to an affiliated group.
B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) ATTCH. 1		94,117.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		447,970.												
c	Total lobbying expenditures (add lines 1a and 1b)		542,087.												
d	Other exempt purpose expenditures		58,541,103.												
e	Total exempt purpose expenditures (add lines 1c and 1d)		59,083,190.												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)		250,000.												
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount	1,000,000.	0.	0.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000.
c Total lobbying expenditures	115,500.	0.	0.	542,087.	657,587.
d Grassroots nontaxable amount	250,000.	0.	0.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures	0.	0.	0.	94,117.	94,117.

Schedule C (Form 990 or 990-EZ) 2009

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)).

		(a)		(b)
		Yes	No	Amount
1	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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

AS PART OF ITS MISSION, ASU FOUNDATION CONTRIBUTES TO LOBBYING ACTIVITIES

THAT SUPPORT HIGHER EDUCATION IN ARIZONA AND THE NEED FOR ADEQUATE

FUNDING TO PROVIDE EXCELLENT EDUCATIONAL OPPORTUNITIES FOR ARIZONA

RESIDENTS.

Part IV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

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

ORGANIZATION NAME: ASU FOUNDATION
 ADDRESS: P.O. BOX 2260
 TEMPE, AZ 85280-2260
 EIN: 86-6051042
 ORGANIZATION IS AN ELECTING ORGANIZATION.
 GRASSROOTS LOBBYING AMOUNT: 94,117.
 DIRECT LOBBYING AMOUNT: 447,970.
 TOTAL LOBBYING EXPENDITURES: 542,087.
 OTHER EXEMPT PURPOSE EXPENDITURES: 58,541,103.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 59,083,190.
 LOBBYING NONTAXABLE AMOUNT: 1,000,000.
 GRASSROOTS NONTAXABLE AMOUNT: 250,000.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES: 0.

ORGANIZATION NAME: AZTE VENTURES, CO.
 ADDRESS: 1475 NORTH SCOTTSDALE ROAD SUITE 200
 SCOTTSDALE, AZ 85257-9908
 EIN: 27-0151042
 GRASSROOTS LOBBYING AMOUNT: 0.
 DIRECT LOBBYING AMOUNT: 0.
 TOTAL LOBBYING EXPENDITURES: 0.
 OTHER EXEMPT PURPOSE EXPENDITURES: 0.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 0.
 LOBBYING NONTAXABLE AMOUNT: 0.
 GRASSROOTS NONTAXABLE AMOUNT: 0.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT: 0.
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT: 0.
 SHARE OF EXCESS LOBBYING EXPENDITURES: 0.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

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

Employer identification number
86-6051042

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

Schedule D (Form 990) 2009

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	309,160,513	364,119,943			
b Contributions	18,146,275	27,311,927			
c Net investment earnings, gains, and losses	28,608,138	-65,128,525			
d Grants or scholarships					
e Other expenditures for facilities and programs	11,558,372	10,606,480			
f Administrative expenses	6,503,214	6,536,352			
g End of year balance	337,853,340	309,160,513			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► 10.1500 %
 b Permanent endowment ► 89.8500 %
 c Term endowment ► 0.0000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,146,478			7,146,478.
b Buildings	32,000,000	19,273,975	2,944,793	48,329,182.
c Leasehold improvements				
d Equipment		5,983,203	3,556,015	2,427,188.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				57,902,848.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other ATTACHMENT 2		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	214,719,271.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(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 IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
OBLIGATIONS UNDER SPLIT INTEREST	3,310,859.
UNREALIZED SWAP LIABILITIES	7,187,338.
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	10,498,197.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	84,972,826.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	85,912,166.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-939,340.
4	Net unrealized gains (losses) on investments	4	17,304,720.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,862,053.
9	Total adjustments (net) Add lines 4 through 8	9	22,166,773.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	21,227,433.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	104,391,008.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	17,304,720.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,791,072.
e	Add lines 2a through 2d	2e	20,095,792.
3	Subtract line 2e from line 1	3	84,295,216.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	677,610.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	677,610.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	84,972,826.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	83,163,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	83,163,575.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	677,610.
b	Other (Describe in Part XIV)	4b	2,070,981.
c	Add lines 4a and 4b	4c	2,748,591.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	85,912,166.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

CUSTODIAL ACCOUNTS

SCHEDULE D, PART IV, LINE 2B

THE ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY
HOLDS ASSETS AS THE TRUSTEE OF A GRANTOR TRUST FOR ASU AND HOLDS ASSETS
UNDER AN INVESTMENT AGREEMENT WITH ASU ALUMNI ASSOCIATION.

ENDOWMENT USE DESCRIPTION

SCHEDULE D, PART V, LINE 4

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

INCOME TAXES

SCHEDULE D, PART X, LINE 2

THE ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY HAS
NOT RECORDED ANY ESTIMATES FOR UNCERTAINTY IN INCOME TAX AMOUNTS.

SCHEDULE D, PART XI, LINE 8

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ 615,508
CHANGE IN ASSETS DUE TO OTHER ENTITIES	4,197,232
INCOME ATTRIBUTED TO TAYLOR TRUST REPORTED ON SEPARATE TAX RETURN	49,313

\$4,862,053

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	\$ 615,508
CHANGE IN ASSETS DUE TO OTHER ENTITIES	4,197,232
INCOME ATTRIBUTED TO TAYLOR TRUST REPORTED ON SEPARATE TAX RETURN	49,313
BRICKYARD RENTAL EXPENSE NETTED WITH INCOME	-2,070,981

	\$2,791,072

SCHEDULE D, PART XIII, LINE 4B

BRICKYARD RENTAL EXPENSE NETTED WITH INCOME	\$2,070,981
---	-------------

ATTACHMENT 2SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
ADAGE CAPITAL PARTNERS	29,356,686.	FMV
AXA MID/SMALL CAP	10,364.	FMV
GARDNER RUSSO SEMPER VIC PRTN	16,852,861.	FMV
AXIOM	11,864,425.	FMV
SILCHESTER INTL VALUE EQUITY	16,732,157.	FMV
TIFF REAL ESTATE PARTNERS II	1,803,152.	FMV
PARK ST. NATURAL RESOURCES II	3,669,814.	FMV
KAYNE ANDERSON ENERGY FUND V	20,946.	FMV
COVENTRY RE FUND III-A	2,136,527.	FMV
BERKSHIRE MULTIFAMILY FUND III	977,545.	FMV
RESOURCE CAPITAL	331,089.	FMV

Part XIV Supplemental Information (continued)ATTACHMENT 2 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
DAVIDSON KEMPNER INST PARTNERS	4,438,833.	FMV
STARK-SHEPHERD INTERNATIONAL	874,877.	FMV
MASON CAPITAL	5,274,228.	FMV
TACONIC OFFSHORE	4,410,091.	FMV
CONTRARIAN FUND I OFFSHORE	2,063,524.	FMV
INDUS JAPAN	1,900,901.	FMV
YORK SELECT UNIT TRUST	1,257,268.	FMV
SCP ATLANTIC SHUMWAY	4,367,070.	FMV
SATELLITE OVERSEAS	146,674.	FMV
OWL CREEK OVERSEAS	3,010,602.	FMV
OCTAVIAN OFFSHORE FUND	2,116,285.	FMV
GRUSS GLOBAL INVESTORS	4,481,225.	FMV
HIGHSIDE OFFSHORE	3,633,735.	FMV
BENNETT RESTRUCTURING OFFSHORE	2,257,488.	FMV
VALINOR OFFSHORE	4,021,046.	FMV
ROYAL CAPITAL VALUE FUND	2,625,087.	FMV
NORTH RUN CAPITAL	2,423,620.	FMV
YORK EUROPEAN OPPORTUNITIES	2,542,280.	FMV
COMMON SENSE	3,783,456.	FMV
EVANSTON CAPITAL	7,968,358.	FMV
TIFF PARTNERS V	4,558,794.	FMV
PARK ST PRIVATE EQUITY VI	3,749,122.	FMV
PARK ST PRIVATE EQUITY VII	3,087,292.	FMV
SVB STRATEGIC INVESTORS III	2,229,998.	FMV

Schedule D (Form 990) 2009

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Part XIV Supplemental Information (continued)ATTACHMENT 2 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
VARDE FUND X	1,199,709.	FMV
COLCHESTER GLOBAL BONDS	18,366,054.	FMV
MERGANSER CAPITAL SHORT TERM	20,897,317.	FMV
LOOMIS SAYLES HIGH GRADE CORP	3,173,865.	FMV
TIFF REALTY & RESOURCES II	2,636,621.	FMV
INDUS ASIA PACIFIC	3,676,754.	FMV
HAWKEYE CAPITAL OFFSHORE	170,758.	FMV
GCM LITTLE ARBOR PARTNERS	21,712.	FMV
KNIGHTHEAD OFFSHORE FUND	2,131,710.	FMV
FLUIDIC FUEL CELL	643,351.	FMV
CANTIMER INCORPORATED	824,000.	FMV
TOTALS	<u>214,719,271.</u>	

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
86-6051042

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

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

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		
Totals	0	0			

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

Schedule F (Form 990) 2009

Part IV

Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

[illegible]

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization	ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW

AMERICAN UNIVERSITY

Employer Identification number

86-6051042

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	2	▲
3	Enter total number of other organizations	3	▲
				0

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

Schedule I (Form 990) 2009

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**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. ▶ See separate instructions

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
86-6051042

Part I Questions Regarding Compensation

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

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

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

	Yes	No
1b	X	

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

2	X	
----------	---	--

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

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

4a		X
4b		X
4c		X

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

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

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

5a		X
5b		X

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

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

6a		X
6b		X

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

7	X	
----------	---	--

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

8		X
----------	--	---

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

9		
----------	--	--

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

OTHER REPORTABLE COMPENSATION

SCHEDULE J, PART 1, LINE 1A

TRAVEL FOR COMPANIONS:

THE CEO OF AZTE AND THE VP OF LEGAL AFFAIRS/CORP DEV OF AZTE RECEIVE

TRAVEL REIMBURSEMENTS FOR THEMSELVES AND SPOUSES. THE PAYMENTS ARE

REPORTED AS TAXABLE COMPENSATION AND REPORTED ON FORM W-2.

TAX INDEMNIFICATION AND GROSS UP PAYMENTS:

THE CEO OF AZTE RECEIVES TAX GROSS UP PAYMENTS. THE PAYMENTS ARE REPORTED

AS TAXABLE COMPENSATION AND REPORTED ON FORM W-2.

HOUSING ALLOWANCE:

THE SR VP OF BUSINESS DEVELOPMENT OF AZTE AND VP OF LEGAL AFFAIRS/CORP DEV OF

AZTE RECEIVE HOUSING ALLOWANCES. THE PAYMENTS ARE REPORTED AS TAXABLE

COMPENSATION AND REPORTED ON FORM W-2.

Part III Supplemental Information

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

NON FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7:

FOR ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY,

NON-FIXED PAYMENTS ARE BASED ON COMPENSATION AGREEMENTS AND SUCCESS

BENCHMARKS STATED IN EMPLOYMENT CONTRACTS. THE COMPENSATION CONTRACT FOR

THE CEO OF ARIZONA SCIENCE AND TECHNOLOGY ENTERPRISES (AZTE) 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 CEO'S PERFORMANCE.

SCHEDULE J, PART II:

ASU FOUNDATION'S FIVE HIGHEST PAID EMPLOYEES INCLUDE FOUR MEMBERS OF THE

MANAGEMENT TEAM OF ITS SUBSIDIARY, ARIZONA SCIENCE AND TECHNOLOGY

ENTERPRISES (AZTE). THESE AZTE EMPLOYEES ARE NOT DIRECTLY INVOLVED IN

THE FUNDRAISING ACTIVITIES OF THE ASU FOUNDATION. AZTE IS A LIMITED

LIABILITY CORPORATION IN WHICH THE ASU FOUNDATION IS THE SOLE MEMBER AND

PROVIDES TECHNOLOGY TRANSFER SERVICES FOR THE UNIVERSITY. AS THE SOLE

MEMBER, THE ASU FOUNDATION HAS DELEGATED RESPONSIBILITY FOR MANAGEMENT OF

Part III Supplemental Information

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

AZTE TO THE SEVEN-MEMBER BOARD OF DIRECTORS FOR AZTE, INCLUDING

OPERATIONAL ACTIVITIES AND COMPENSATION.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ **Complete** if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

Open to Public
Inspection

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

AMERICAN UNIVERSITY

Employer identification number
86-6051042

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A INDUSTRIAL DEVLPT AUTH OF THE CITY OF TEMPE, AZ	86-0439481	87972FBD8	10/28/2003	47,673,436	CONSTRUCT AND EQUIPMENT FACILITY		X		X
B INDUSTRIAL DEVLPT AUTH OF THE CITY OF TEMPE, AZ	86-0439481	87972MAB8	07/01/2004	22,420,000	ACQUIRE IMPROVE AND EQUIP FACILITY		X		X
C INDUSTRIAL DEVLPT AUTH OF THE COUNTY OF MARICOPA	86-0445263		11/16/2006	3,300,000	LEASE COMPUTER SYSTEM		X		X
D									
E									

Part II Proceeds

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		43,796,975.		22,175,437.		3,374,309				
2 Gross proceeds in reserve funds		0.		650,000.		0				
3 Proceeds in refunding or defeasance escrows		0.		0.		0				
4 Other unspent proceeds		0.		0.		0				
5 Issuance costs from proceeds		1,418,730.		277,740.		0				
6 Working capital expenditures from proceeds		0.		0.		66,000				
7 Capital expenditures from proceeds		42,378,245.		21,247,697.		3,308,309				
8 Year of substantial completion		2005		2004		2007				
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?		X		X		X				
11 Has the final allocation of proceeds been made?	X		X		X					
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

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

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

Schedule K (Form 990) 2009

JSA

9E1295 2 000

5887BC 700W

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
b Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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. ▲		4.8400%		0.0000%		0.0000%				
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. ▲		0.0000%		0.0000%		0.0000%				
6 Total of lines 4 and 5.		4.8400%		0.0000%		0.0000%				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2 Is the bond issue a variable rate issue?		X		X		X				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b Name of provider			BANK OF AMERICA							
c Term of hedge			30.000							
4a Were gross proceeds invested in a GIC?	X			X		X				
b Name of provider.			AIG MATCHED FUNDING							
c Term of GIC			3.300							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5 Were any gross proceeds invested beyond an available temporary period?	X		X			X				
6 Did the bond issue qualify for an exception to rebate?		X		X	X					

Schedule K (Form 990) 2009

**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.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

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

Employer identification number
86-6051042

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	20	2,325,096.	FMV
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Schedule M (Form 990) 2009

JSA

9E1298 2 000

5887BC 700W

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

JSA

Schedule M (Form 990) 2009

9E1299 1 000

5887BC 700W

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
86-6051042

ATTACHMENT 3

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY IS
REFERRED TO AS ASUF IN THIS SCHEDULE.

FORM 990, PAGE 1, BOXES B AND C AND FORM 990, PART VI, SECTION A, LINE
4:

ASUF AMENDED ITS ARTICLES OF INCORPORATION TO REFLECT ITS NAME CHANGE
FROM ARIZONA STATE UNIVERSITY FOUNDATION TO ARIZONA STATE UNIVERSITY
FOUNDATION FOR A NEW AMERICAN UNIVERSITY.

FORM 990, PART III, LINE 1:

THE MISSION OF ASUF IS TO MOBILIZE THE ASU COMMUNITY AS AN ENGINE FOR
POSITIVE CHANGE THAT, THROUGH PHILANTHROPIC INVESTMENT, WILL MEASURABLY
AFFECT SOCIETY'S PRESSING ISSUES THROUGH THE UNIVERSITY'S VAST
CONSTELLATION OF INTELLECTUAL CAPITAL, RESEARCH INFRASTRUCTURE, STUDENTS,
ALUMNI AND FRIENDS. TO DO THIS, ASUF RAISES, INVESTS AND MANAGES PRIVATE
FUNDS TO BENEFIT ARIZONA STATE UNIVERSITY AND SERVES AS THE UNIVERSITY'S
ENTREPRENEURIAL ARM IN TECHNOLOGY COMMERCIALIZATION, REAL ESTATE
INVESTMENT AND OTHER EMERGING INITIATIVES.

FORM 990, PART VI, LINE 11A:

Name of the organization	ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
ATTACHMENT 3 (CONT'D)		

ASUF'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS PREPARED BY AN ACCOUNTING FIRM. THE DRAFT IS SUBMITTED TO THE ASU FOUNDATION FOR REVIEW BY MANAGEMENT FOR ACCURACY OF REPORTING. THE BOARD OF DIRECTORS HAS DELEGATED REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE. MANAGEMENT AND A REPRESENTATIVE OF THE ACCOUNTING FIRM REVIEW THE FORM 990 WITH THE AUDIT COMMITTEE. ONCE APPROVED AND ACCEPTED BY THE AUDIT COMMITTEE, THE FORM IS SIGNED BY THE CFO AND SUBMITTED ELECTRONICALLY TO THE IRS.

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

UPON HIRE AND ON AN ANNUAL BASIS, OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS RELATING TO THEIR INVOLVEMENT WITH ASUF. IN ADDITION, ANY TIME THE INDIVIDUALS REFERRED TO ABOVE BECOME AWARE OF A NEW CONFLICT, THEY ARE REQUIRED TO SUBMIT AN UPDATED CONFLICT OF INTEREST/COMMITMENT FORM TO THE ASUF GENERAL COUNSEL.

FORM 990, PART VI, LINE 15:

FOR ASUF, THE BOARD OF DIRECTORS APPROVES THE COMPENSATION PACKAGE FOR THE CEO BASED ON CURRENT MARKET COMPARISONS PROVIDED BY THE FOUNDATION'S

Name of the organization	ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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ATTACHMENT 3 (CONT'D)

EMPLOYEE RELATIONS DEPARTMENT OBTAINED FROM AN INDEPENDENT COMPENSATION FIRM, RESPONSIBILITIES OF THE POSITION, GOALS OF THE FOUNDATION AND NEGOTIATIONS WITH THE CEO. ALL OTHER COMPENSATION DECISIONS HAVE BEEN DELEGATED TO THE CEO FROM THE BOARD OF DIRECTORS AND A SIMILAR PROCESS IS FOLLOWED FOR OBTAINING CEO APPROVAL OF KEY EMPLOYEES.

FOR ARIZONA SCIENCE AND TECHNOLOGY ENTERPRISES (AZTE), A SINGLE MEMBER LIMITED LIABILITY COMPANY CONTROLLED BY ASUF, THE CEO'S COMPENSATION CONTRACT WAS REVIEWED THROUGH GENERAL COUNSEL OF ASUF AND GENERAL COUNSEL OF ASU. IT INCLUDED A COMPENSATION COMPARISON PERFORMED BY A THIRD PARTY SERVICE PROVIDER AND WAS APPROVED BY AZTE'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19:

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

FORM 990, PART IV, LINE 18 AND SCHEDULE G:

ASUF CONDUCTS FUNDRAISING EVENTS IN CONCERT WITH ARIZONA STATE UNIVERSITY. THE FOUNDATION'S SYSTEMS DO NOT TRACK INDIVIDUAL FUNDRAISING EVENTS AND DETAIL IS NOT READILY AVAILABLE.

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

Employer identification number
86-6051042

ATTACHMENT 3 (CONT'D)

FORM 990, PART IX, LINE 24E:

IN ITS EFFORT TO SUPPORT ASU, THE ASU FOUNDATION AND 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 MANAGEMENT AND GENERAL EXPENSES ARE DRIVEN BY THE
BROAD SCOPE OF THE FOUNDATION'S ROLE IN SUPPORT OF ASU. THE ASU
FOUNDATION'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 THE FOUNDATION'S EFFORTS ARE REFLECTED IN THE CONTRIBUTION TOTALS
ON THE FOUNDATION'S 990.

FORM 990, SCHEDULE K, PART II, LINE 5, COLUMN A:

THE ISSUANCE COSTS FOR THE 2003 BONDS INCLUDE A CREDIT ENHANCEMENT
PAYMENT OF \$518,817.

FORM 990, SCHEDULE R, PART IV, COLUMN H:

Name of the organization	ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number	86-6051042
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ATTACHMENT 3 (CONT'D)

THE TRUSTS REFLECTED ON PART IV ARE CHARITABLE TRUSTS FOR WHICH ASUF IS A
REMAINDER BENEFICIARY. IF ASUF IS THE SOLE REMAINDER BENEFICIARY, COLUMN
H REFLECTS 100% AND THEIR SHARE OF THE END OF THE YEAR ASSETS IN COLUMN G
IS THE NET ASSETS OF THE TRUST AFTER A REDUCTION FOR THE PORTION OF THE
ASSETS REPRESENTING THE INCOME BENEFICIARY'S INTEREST.

FORM 990, PART VII, SECTION B, LINE 1 AND ATTACHMENT 4:

ALL OF THE LEGAL SERVICES DISCLOSED BELOW WERE PERFORMED IN SUPPORT OF
AZTE'S TECHNOLOGY TRANSFER SERVICES TO THE UNIVERSITY AND ARE NOT RELATED
TO THE PRIMARY FUNDRAISING SERVICES OF THE ASU FOUNDATION.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CAMBRIDGE ASSOCIATES LLC PO BOX 10317 UNIONDALE, NY 11555	INVESTMENT CONSUL	843,451.
MCDONNELL BOEHNEN HULBERT BERGHOFF LLP PO BOX 7455 CHICAGO, IL 60686	LEGAL SERVICES	616,245.
FULBRIGHT AND JAWORSKI LLP 600 CONGRESS AVENUE SUITE 2400 AUSTIN, TX 78701	LEGAL SERVICES	430,698.
BRUCE MAU DESIGN 444 NORTH MICHIGAN AVE 2700 CHICAGO, IL 60611	MARKETING	376,569.
BRYAN CAVE LLP 211 N BROADWAY SUITE 3600 ST LOUIS, MO 63102	LEGAL SERVICES	253,381.

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

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

TOTAL COMPENSATION

2,520,344.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)	X	
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	AZTE VENTURES, CO	B	261,314.
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
ELEANOR ANN ROBB CRT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-0999057	CHARITABLE REM TR	OR	N/A	TRUST	0	52,061	100 0000
ELEANOR ANN ROBB CRT US BANK, P O BOX 3168 PORTLAND, OR 97208 42-6639208	CHARITABLE REM TR	OR	N/A	TRUST	0	67,784	100 0000
ERNEST E & BETSY G ROBERTS A US BANK, P O BOX 3168 PORTLAND, OR 97208 86-0827414	CHARITABLE REM TR	OR	N/A	TRUST	0	20,936	100 0000
EUGENE R CHARITABLE CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-0903459	CHARITABLE REM TR	OR	N/A	TRUST	0	78,322	100 0000
F RICHARD & EILEEN A BLOECHL AMERITRADE, 4211 SOUTH 102ND STREET OMAHA, NE 68127 86-6218057	CHARITABLE REM TR	OR	N/A	TRUST	0	50,776	100 0000
GENE GAMBLE CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 84-6389804	CHARITABLE REM TR	OR	N/A	TRUST	0	83,405	100 0000
HOWARD & JACKI BOWERS CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 68-6211554	CHARITABLE REM TR	OR	N/A	TRUST	0	140,702	100 0000
KATHLEEN S WEGNER CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-0959261	CHARITABLE REM TR	OR	N/A	TRUST	0	2,327	100 0000
LILLIAN MCFARLAND BAKLARZ US BANK, P O BOX 3168 PORTLAND, OR 97208 86-0973787	CHARITABLE REM TR	OR	N/A	TRUST	0	32,728	100 0000
MARY M BLOECHL CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-0959400	CHARITABLE REM TR	OR	N/A	TRUST	0	1,530	100 0000
MASON FAMILY CRAT US BANK, P O BOX 3168 PORTLAND, OR 97208 26-6146207	CHARITABLE REM TR	OR	N/A	TRUST	0	42,441	100 0000
PASQUALE & JEAN FERRARA CRUT TD AMERITRADE, P O BOX 2209 OMAHA, NE 61803-2209 86-6226540	CHARITABLE REM TR	OR	N/A	TRUST	0	7,528	80 0000
ROBERT G & B JEAN BINDER CRT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-6212207	CHARITABLE REM TR	OR	N/A	TRUST	0	200,551	75 0000
ROBERT P GAMBILL CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-6218144	CHARITABLE REM TR	OR	N/A	TRUST	0	85,253	100 0000
ROGER J MEARA CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-1012674	CHARITABLE REM TR	OR	N/A	TRUST	0	41,590	100 0000
ROSE M PETERS CRT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-6192055	CHARITABLE REM TR	OR	N/A	TRUST	0	36,699	100 0000
THE BLOECHL FAMILY CRUT US BANK, P O BOX 3168 PORTLAND, OR 97208 86-6225657	CHARITABLE REM TR	OR	N/A	TRUST	0	9,055	100 0000

Schedule R-1 (Form 990) 2009

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Schedule R-1 (Form 990) 2009

AZ CORPORATION COMMISSION
FILED

AZ Corp. Comm
03068942

MAY 13 2010

NON-PROFIT CORPORATION
ARTICLES OF AMENDMENT
Pursuant to A.R.S. §10-11006

FILE NO. 0046598-8

1. The name of the corporation is:

ARIZONA STATE UNIVERSITY FOUNDATION

2. Attached hereto as Exhibit A is the text of each amendment adopted.

3. The amendment was adopted the 9th day of April, 2010.

4. The amendment was duly adopted by act of (choose one):

☐ the members

☒ the board of directors (without member action and either member action was not required or members are not entitled to vote).

5. ☒ and with approval, in writing, by the person or persons so specified in the corporation's Articles of Incorporation or bylaws.

Dated as of this 12th day of May, 2010.

Signature: [Signature]

(Pursuant to ARS §10-3120 (F)(G) the Articles of Amendment must be executed by an officer of the corporation or the Chairman of the Board of Directors).

Title: General Counsel

Printed Name: Juliet Lim

EXHIBIT A

ARTICLE 1

**The name of the corporation shall be ARIZONA STATE UNIVERSITY FOUNDATION FOR
A NEW AMERICAN UNIVERSITY.**

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ X
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ARIZONA STATE UNIVERSITY FOUNDATION	86-6051042
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. BOX 2260	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	TEMPE, AZ 85281-2260	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► VIRGINIA E. FOLTZ, CPA

Telephone No. ► 480 965-3759

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning 07/01, 2009, and ending 06/30, 2010.

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization ARIZONA STATE UNIVERSITY FOUNDATION	Employer identification number 86-6051042
	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 2260	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions TEMPE, AZ 85280-2260	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ☒ VIRGINIA E. FOLTZ, CPA
Telephone No ☒ 480 965-3759 FAX No ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 05/15/2011
- For calendar year ☐, or other tax year beginning 07/01/2009, and ending 06/30/2010
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ Joseph S. A. Trane Title ☒ CPA Date ☒ 1/24/11
GRANT THORNTON LLP
ONE CALIFORNIA STREET, SUITE 2300
SAN FRANCISCO, CA 94111

Form 8868 (Rev 4-2009)