May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** 

# **Return of Organization Exempt From Income Tax**

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

foundations)

Do not enter social security numbers on this form as it may be made public

☑ Yes ☐ No

Form **990** (2017)

Cat No 11282Y

DLN: 93493319177768 OMB No 1545-0047

		enue Service	■ Informati	on abou	t Form 990 and its instructions is at <u>ww</u>	w IRS go	v/form99	<u>90</u>		I	nspection
A F	or th	ie <b>2017</b> c	∣ alendar year, or tax yea	r begin	ning 07-01-2017 , and ending 06-3	30-2018					
		applicable	C Name of organization ASU Enterprise Partners					D Emplo	yer iden	tıfıcat	tion number
		change nange	% VIRGINIA E DESANTO					47-55	99177		
☐ Ini		-	Doing business as								
		rn/terminated d return	Number and street (or P.O.	hox if m	ail is not delivered to street address) Room/s	uite		E Telepho	one numb	er	-
		ion pending	PO Box 2260	DOX II III	an is not delivered to street address; itsolings	arec		(480)	965-37	59	
			City or town, state or provi Tempe, AZ 852802260	nce, coun	try, and ZIP or foreign postal code						
								<b>G</b> Gross	receipts \$	49,66	52,944
			<b>F</b> Name and address of RF Shangraw Jr	principa	l officer		Is this a		return fo	r	
			PO Box 2260 Tempe, AZ 85281				subordin Are all si		ates		☐Yes ☑No
I Ta:	x-exe	mpt status		., , , 4 ,	insert no )	7 ` ´	ıncluded	7			Yes No
J W	ebsit	te:▶ ww	w asuenterprisepartners of		Insert no ) 4947(a)(1) or 527	1	Group ex		•		structions)
<b>K</b> Forr	n of o	organization	✓ Corporation ☐ Trust	Asso	ciation ☐ Other ▶	<b>L</b> Year o	of formatio	n 2015	M Sta	te of l	egal domicile AZ
Pa			mary						_		
					most significant activities versity as a New American University						
Governance					· ·						
elle	:										
90.0					continued its operations or disposed of			its net		. 1	
დ ×გ	l		_		g body (Part VI, line 1a)					3 1	18
<u> </u>	l	<ul> <li>4 Number of independent voting members of the governing body (Part VI, line 1b)</li> <li>5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)</li> <li>6 Total number of volunteers (estimate if necessary)</li> </ul>									16
Activities &	l										18
AC	7a	Total unr	elated business revenue fr	om Part	VIII, column (C), line 12				7	а	121,823
	Ь	Net unrel	ated business taxable inco	me fron	n Form 990-T, line 34	. <u>.</u> .			7	b	-1,248,470
							Prior			Cı	ırrent Year
Ģ	l				)			21,360			1,239,000 4,511,752
Rəvenue	l	_	ent income (Part VIII, colur			5,552		6,846,32			
ď	l		enue (Part VIII, column (A		15,798			16,695,599			
	12	Total reve	enue—add lines 8 through	11 (mu:	st equal Part VIII, column (A), line 12)			40,941	,324		29,292,673
	l				olumn (A), lines 1–3 )			380	,647		910,886
	l	•	oald to or for members (Pa	•	, ,,			10.10	0		
Ses	1	•	other compensation, empl inal fundraising fees (Part :	•	nefits (Part IX, column (A), lines 5–10)			10,465			2,419,970
Expenses	Ι.		raising expenses (Part IX, colur	•	, ,,		62,230				
五	l				11a-11d, 11f-24e)		14,451,877				13,689,07
	18	Total exp	enses Add lines 13-17 (m	ust equ	al Part IX, column (A), line 25)			25,360	,405		17,019,928
	19	Revenue	less expenses Subtract lir	ne 18 fro	om line 12			15,580	,919		12,272,74
Net Assets or Fund Balances						Begi	inning of	Current	Year	E	End of Year
sset Safai	20	Total ass	ets (Part X, line 16)				:	193,940	,955		172,397,693
M E	21	Total liab	ılıtıes (Part X, lıne 26)				:	122,050	,780		120,523,746
			s or fund balances Subtra	ct line 2	11 from line 20			71,890	,175		51,873,94
Par Under			ature Block errury I declare that I hav	e exami	ned this return, including accompanying	ı schedul	es and st	atemen	nts and	to the	e hest of my
know	ledge	and belie			Declaration of preparer (other than off						
any k	nowi	eage									
		* * * * * * * * * * * * * * * * * * *	* ure of officer				2018-1 Date	.1-15			
Sign Here				uro-			2000				
	-		NIA E DESANTO CFO and Treas r print name and title	urer							
			rint/Type preparer's name			Date	Chast	ء. 🗆	PTIN	102	
Paid			PANIEL ROMANO		DANIEL ROMANO		self-em	ll if	P00504	182	
Pre		בו <u>⊢</u>	ırm's name ► Grant Thornto ırm's address ► 757 THIRD AV		OOR		Firm's Phone		) 599-010	າດ	
Use	On	ıly  ˈ	NEW YORK N				Filone	(212	., 555-010		

Form	990 (2	017)					Page <b>2</b>
Par	t III	Statement of	of Program Service	e Accomplis	hments		
		Check of Schedo	ule O contains a respo	onse or note to	any line in this Part III		🗆
1	Briefly	describe the or	ganızatıon's mıssıon				
<u>TO A</u>	DVANCE	THE SUCCESS	OF ARIZONA STATE (	JNIVERSITY AS	A NEW AMERICAN UNI\	/ERSITY	
_	5						
2		-	ndertake any significa 990-EZ?		vices during the year w	hich were not listed on	☐ Yes ☑ No
		∟ Yes ⊻ No					
_	If "Yes						
3	Did th						
	service	☐ Yes 🗹 No					
4			e changes on Schedu		-h- 6 6 .h- h	largest program services, as meas	
•	Sectio	the total					
	СХРСП	ses, and revend	e, if any, for each pro	grann service re	porteu		
4a	(Code		) (Expenses \$	10,442,002	including grants of \$	543,100 ) (Revenue \$	1,698,294 )
	See Ad	ldıtıonal Data					
4b	(Code		) (Expenses \$	2,303,131	ıncludıng grants of \$	0 ) (Revenue \$	2,723,458 )
	See Ad	lditional Data					
4c	(Code		) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	Other	nrogram service	es (Describe in Sched				
Tu		nses \$	•	uding grants of	\$	) (Revenue \$	)
	Total	program servi		12,745,1	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	
			<del></del>	, , _			Form <b>990</b> (2017)

or X as applicable

**Checklist of Required Schedules** 

Page 3

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

4 5 6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Nο Nο No Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

Nο

Nο

23

29

V	Checklist	of Required	Schedules	(continued)
---	-----------	-------------	-----------	-------------

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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 If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Yes

Form 990 (2017)

Nο Yes

Yes Yes

No

Νo

Nο

No

Νo

Nο

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 48			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
		5D		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	<b>6</b> a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9</b> a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			1
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them )			
2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	4.7		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
•	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		110
	in res, mas it med a norm 720 to report these payments in 190, provide an explanation in Schedule O			<b>0</b> (201

01111	330 (2017)			rage C
Par	<b>TVI</b> Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	No" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			<b>~</b>
Se	ection A. Governing Body and Management	<u> </u>	• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	. 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisor of officers, directors or trustees, or key employees to a management company or other person? .	ion 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mo members of the governing body?	re <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	у		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	าue Code	⊋.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?	t		
		16b	Yes	<u></u>
	ection C. Disclosure  List the States with which a copy of this Form 990 is required to be filed▶			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s onl available for public inspection. Indicate how you made these available. Check all that apply	y)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records VIRGINIA E DESANTO 300 E UNIVERSITY DRIVE TEMPE, AZ 85281 (480) 965-1791			

Part VII

Director

Director

(14) Robert Johnson

(16) RF Shangraw Jr

(17) Virginia DeSanto

CFO and Treasurer/Director

CEO/Director, EP

(15) Scott Wald

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

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

or reportable compensation from the organization	and any relate	.a o. ga.		00						
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable co</li> </ul>										
List persons in the following order individual trus compensated employees, and former such persoi		rs, ınstı	tutioi	nal t	rust	ees,	offic	ers, key employees	s, highest	
☐ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	anv (	current officer, dire	ctor, or trustee	
(A)  Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that persuand	n (do an on on is	(C) not e bo both	t che x, u n an or/tr	eck m inless office ustee	ore er	(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	acnal Trustee		employee	Highest compensated employee				
(1) William Post	1 0									
Chair	1 0	X		X				0	0	0
(2) Juanita Francis	1 0									
Vice Chair	1 0	X		X				0	0	0
(3) Stephen O Evans	1 0							_	_	_
Director	1 0	Х						0	0	0
(4) Michael Crow	1 0	.,								_
Director	1 0	X						0	0	0
(5) Morgan Olsen Director	1 0	x						0	0	0
(6) Jose Cardenas	1 0									
Director	1 0	X						0	0	0
(7) Anne L Mariucci Director	1 0	X						0	0	0
(8) Gary L Trujillo	1 0									
Director	1 0	X						0	0	0
(9) Harry Papp	1 0									
Director	1 0	X						0	0	0
(10) Ira A Fulton	1 0									
Director	1 0	X						0	0	0
(11) Jay Heiler	1 0	.,								
Director	1 0	Х						0	0	0
(12) John W Graham	1 0								_	_
Director	1 0	X						0	0	0
(13) Keith Wirtz	1 0									

10 1 0

10 25 0

25 0

Х

Х

Х

Χ

Х

0

0

74,488

47.626

0

0

0

0

0

568,264

247.986

Section B. Independent Contractors

compensation from the organization ▶ 28

1

Quarles Brady LLP,

Two N Central Ave PHOENIX, AZ 85004 Fish Richardson PC,

1800 Avenue of the Stars Suite 900 LOS ANGELES, CA 90067 Viksnins Harris Padys PLLP,

7851 Metro Pkwy Ste 325 MINNEAPOLIS, MN 55425 Ganem Construction LLC,

1725 West Williams Dr Suite 4 PHOENIX, AZ 85027

PO Box 3295 BOSTON, MA 02241 Irell and Manella LLP, Page 8

	990 (2017)											rage <b>6</b>
Part '	VIII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	<u>., ar</u>	ıd Hiç	<u>he؛</u>	st Compensated	Employees (cor	itinued)	
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, t an of tor/t	ot che unles fficer trust		rson a	n compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compens from organizati	ated of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former		MISC)	relat organiza	
	regory Vogel	1 0	)x	'			'	'	0	0	اد	0
Director		1 0		<b>↓</b> ′	<u></u>	$\downarrow$	<u> </u>	<u> </u>	<u> </u>	<del>                                     </del>		
	arcel Valenta ary	25 0 25 0	<b></b>		×		_ '		274,657	0	lc	48,771
	itchell R Levin	50 0		<u> </u>					300,000	, ,		
CEO, UF	IR	0.0	, <del> </del> -	'		X		'	289,998	0	1	41,183
(21) Au	ugustine Cheng	50 0		<b>†</b>		<b>†</b>		$\top$	<u> </u>			
CEO, SI	I	0 0	)	<u></u>	_	$\perp$	X	<u> </u>	613,148	0	1	38,511
Exec V	enneth Polasko /P Phys Sciences - SI	0.0					×		270,133	0	ا	47,349
·	eorge Hardy ets UR through 12/1/17	40 0 0 0	<b></b>				х		249,835	0	)	48,710
(24) Ke	enneth Lewis	40 0	· · · · ·				х		230,131	0	٦	46,479
	Venture Devt - SI ohn Skinner	0 0 38 0	_	<del>  '</del>	$\vdash$	+	<del></del>	<del>                                     </del>	ļ	<del></del>	+	
·	onn Skinner ef of Staff	38 0 2 0	<b></b>	'			x		203,043	0	)	13,065
l											<u> </u>	
1b Sı	ub-Total			•		1	<u>▶</u>	_				
	otal from continuation sheets to Part \otal (add lines 1b and 1c)	•					<b>&gt;</b>	_	2,947,195	0		406,182
												400,102
	Total number of individuals (including but of reportable compensation from the orga		those lis	sted a	yode _	/e) v	vho red	ceive	ed more than \$100,	,000		_
ı ——											Yes	No
	Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for</i>			, key e				nighe •	est compensated en	mployee on 3	3	No
(	For any individual listed on line 1a, is the organization and related organizations greated individual											
	Did any person listed on line 1a receive of services rendered to the organization? If "									dual for	. 100	No

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Description of services

Patent Prosecution

Patent Prosecution

SI Legal Services

Patent Prosecution

Construction Service

(C)

Compensation

916,067

485,287

1,206,481

396,904

260,941

Form **990** (2017)

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Name and business address

Form 9 Part	90 (2017) VIIII Statement of	Revenue						Page <b>9</b>
			sponse or note to any	line in this Part \	/III			🗆
				<b>(A)</b> Total revenue	e: fu	(B) ated or kempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a Federated campaig	ns 1	a		1 10	venue		312-314
ants	<b>b</b> Membership dues	1	ь					
Grants Imounts	<b>c</b> Fundraising events	1	с					
ifts, ar A	<b>d</b> Related organizatio	ns 1	1,239,000					
5 E	e Government grants (co	<u> </u>	e					
Sign	f All other contributions and similar amounts n	, gifts, grants, ot included <b>1</b>	f					
Contributions, Gifts, and Other Similar A	above  g Noncash contribution		<u>.                                    </u>					
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a-1f \$	ons included						
<u>ප</u>	h Total.Add lines 1a-1	.f	<u> ▶ _</u> _	1,239,000				
			Business					
757	<ul><li>2a ASU PROGRAM SUPPOR</li><li>b PROGRAM REVENUE AN</li></ul>			900099	90,000	1,698,	000	
Program Service Revenue	C PROGRAM RENTALS	D MEMBERSHIPS			2,723,458	2,723,		
Ę.	d ————							
S	e ———							
ogra	<b>f</b> All other program se	rvice revenue	4.5	11.753				
\$	<b>g Total.</b> Add lines 2a-2	f	<b>•</b>	11,752				
	<b>3</b> Investment income (is similar amounts).	ncluding dividend	s, interest, and other	6,792,	919		121,823	6,671,096
	4 Income from investment		t bond proceeds		0			
	<b>5</b> Royalties			112,	855			112,855
	<b>6a</b> Gross rents	(ı) Real	(II) Personal	_				
		215,6	515	_				
	<b>b</b> Less rental expenses							
	c Rental income or (loss)	215,6	515	7				
	<b>d</b> Net rental income o	[r (loss)		] 215,	615			215,615
		(ı) Securities	(II) Other					
	<b>7a</b> Gross amount from sales of	20,423,6	574					
	assets other than inventory							
	<b>b</b> Less cost or other basis and	20.270.3	171	1				
	sales expenses	20,370,2		_				
	<ul><li>C Gain or (loss)</li><li>d Net gain or (loss)</li></ul>	, , , , , , , , , , , , , , , , , , ,	••••• ►	]   53,	403			53,403
	8a Gross income from f	undraising events						
ıπe	(not including \$ contributions reporte	of ed on line 1c)						
e ve	See Part IV, line 18		<b>a</b> 0					
ă.	<ul><li>b Less direct expense</li><li>c Net income or (loss)</li></ul>		b 0	]	0			
Other Revenue	9a Gross income from g	aming activities	events	1				
0	See Part IV, line 19		<b>a</b> 0					
	<b>b</b> Less direct expense	s	<b>b</b> 0	1				
	<b>c</b> Net income or (loss)	from gaming act	vities	<u>.</u>	0			
	10aGross sales of invent returns and allowand							
			<b>a</b> 0					
	<b>b</b> Less cost of goods s		<b>b</b> 0	]	0			
	C Net income or (loss) Miscellaneous		entory ►  Business Code		0			
	11aSHARED SERVICES		900099	9,722,	942	9,722,942		
	<b>b</b> ASSET MANAGEMEN	T FEES	900099	6,024,	719	6,024,719		
	c MISCELLANEOUS RE	EVENUE	900099	369,	468	369,468		
	<b>d</b> All other revenue .			250,	000	250,000		
	e Total. Add lines 11a		•			230,000		
	12 Total revenue. See			16,367,	129			
		•	· · · •	29,292,	673	20,878,881	121,823	7,052,969

Forr	m 990 (2017)				Page <b>10</b>
	Int IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	910,886	910,886	-	
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	470,470		470,470	
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	1,335,746	1,234,589	101,157	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	240,188	67,253	172,935	
9	Other employee benefits	125,912	98,117	27,795	
10	Payroll taxes	247,654	58,864	188,790	
11	Fees for services (non-employees)				
ā	a Management	0			
ŀ	Legal	3,358,292	3,208,634	149,658	
•	: Accounting	79,024		79,024	
(	d Lobbying	344,780		344,780	
•	e Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	353,052		353,052	
g	GOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,186,171	1,154,284	31,887	
12	Advertising and promotion	111,334	60,396	50,938	
13	Office expenses	758,328	596,417	161,911	
14	Information technology	5,403	29	5,374	
15	Royalties	0			_
16	Occupancy	859,621	850,696	8,925	
17	Travel	139,557	89,316	50,241	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	46,874	24,953	21,921	
20	Interest	1,343,131	1,343,131		
21	Payments to affiliates	1,685,112		1,685,112	
22	Depreciation, depletion, and amortization	555,551	438,497	117,054	
23	Insurance	156,107	50,335	105,772	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a FEES/SUBSCRIPTIONS	156,689	52,461	104,228	
	b MEALS AND CULTIVATION	94,719	50,948	43,771	
	c PROGRAM RENTAL EXPENSES	2,303,131	2,303,131		
	d OTHER EXPENSES	152,196	152,196		
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,019,928	12,745,133	4,274,795	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

1

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

4,142,422

0

0

0

0

89,557,756

30.271.327

7.272.109

30.413.547

172.397.693

11,792,695

90,900,000

17.831.051

120,523,746

50,393,993

1.479.954

51,873,947

172.397.693

Form **990** (2017)

0

0

0

0

0

O

(B) End of year

6

9

10c

11

13

15

16

17

20

21

23

24

25

26

27

28

29

30

31 32

33

34

0 8

0

0 12

٥

0 14

0 18

٥ 19

0 22

0

104,512,288

30.146.976

43.831.629

193,940,955

8,614,179

92,410,000

21.026.601

122,050,780

69.937.288

1.952.887

71,890,175

193.940.955

0

Page **11** 

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

Part II of Schedule L

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11 . . . . .

Tax-exempt bond liabilities . . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	Beginning of year		End of y
Cash-non-interest-bearing	4,276,796	1	
Savings and temporary cash investments	5,111,210	2	
Diadasa and anama manamakin mak	٥	,	

2	Savings and temporary cash investments	5,111,210	2	5,169,442
3	Pledges and grants receivable, net	0	3	0
4	Accounts receivable, net	6,062,056	4	5,571,090
l _	1 1 6 1 6			

97,511,935

7,954,179

3	Pledges and grants receivable, net	0	3	
ļ	Accounts receivable, net	6,062,056	4	
•	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
i	Loans and other receivables from other disqualified persons (as defined under			

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

Page **12** 

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

No

No

Form 990 (2017)

Total expenses (must equal rate 1x, column (A), line 25)		
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	

Form 990 (2017)

**Reconcilliation of Net Assets** 

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Part XI

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

_	Revenue less expenses subtract line 2 nonnine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"	12,272,743
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	71,890,175
5	Net unrealized gains (losses) on investments	5	-24,649,199
6	Donated services and use of facilities	6	
7	Investment expenses	7	353,052

6	Donated services and use of facilities	6	
7	Investment expenses	7	353,052
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,992,826
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	51,873,947

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

#### Additional Data

Software ID:

**Software Version:** 

**EIN:** 47-5599177

Name: ASU Enterprise Partners

Form 990 (2017)

#### - - 000 P- 1 TTT 1:-- 4

Form 990, Part III, Line 4a:

ASU Enterprise Partners ("EP") through its subsidiary Skysong Innovations works with ASU faculty, postdocs, and students to translate their research innovations into commercial applications. To date, more than 125 startups have been launched based on ASU innovations, attracting more than \$700 million in funding from outside

commercial applications. To date, more than 125 startups have been launched based on ASU innovations, attracting more than \$700 million in funding from outside investors, generating substantial local economic impact. The National Academy of Inventors and the Intellectual Property Owners Association now ranks ASU 17th in U.S. utility patents granted to universities worldwide. Other universities ranked alongside ASU in the top 20 include MTT, Stanford University, Johns Hopkins University, Harvard and the California Institute of Technology. Skysong Innovations also operates an office out of the ASU California Center in Santa Monica, facilitating linkages between the Arizona and Southern California innovation ecosystems, including connecting ASU inventors with California-based investors.

Form 990, Part III, Line 4b: EP through its subsidiary University Realty aims to advance ASU by accepting and monetizing commercial office, retail, multifamily buildings, as well as vacant land received from philanthropic real estate gifts from donors. Additionally, they take advantage of opportunities to invest, acquire, and dispose of real estate at logical points in real

estate cycles. University Realty provides full service, ground-up development including acquisitions and entitlements of land, master-planning and building design. construction, and financing of office, industrial, and multi-family projects. Currently, the organization holds \$76 million in land and building investments. University Realty

oversees projects nationwide, from SkySong in Scottsdale, to the Brickyard in Tempe, to the Washington Center in the heart of the District of Columbia

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493319177768
SC	HED m 990	ULE A		Public (	Charity Staturganization is a sect	ion 501(c)(3) o mpt charitable	organization or trust.	ort	2017
Depar	ment of	the Treasury	▶ Infe	ormation abou	► Attach to Form it Schedule A (Form www.irs.q			ections is at	Open to Public Inspection
Nam	e of th	<b>he organiza</b> se Partners	tion					Employer identific	ation number
	· ·							47-5599177	
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.	
1			•		sociation of churches	<b>5</b> ,	,	(A)(i).	
2		•			1)(A)(ii). (Attach Sch				
3					vice organization desc	•	• •		
4		·	•	·	ed in conjunction with			•	ator the heepstalle
7			and state _	nization operati	ed in conjunction with	a nospital descri	bed in <b>section</b> .	170(D)(1)(A)(III). E	ter the nospital's
5	<b>✓</b>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170</b> (b)(1)(A)(iv). (Complete Part II)							
6		•	•	-	governmental unit de				
7				mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts exempt fun unrelated busın	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	_ '
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or <b>se</b> d	ction 509(a)(2	). See <b>section 509(</b> a	e purposes of one or )(3). Check the box
a		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup porting organiza	ervised or controlled i				
c		Type III f	unctionally i		and c. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	<b>ally integrate</b> The organization	d. A supporting organi n generally must satis it IV, Sections A and	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the II		pe I, Type II, Type II	[ functionally
f				•	integrated supporting	organization			
g				organizations	ipported organization(	c)			
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organized in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
T - +-									
Tota		uork Dadee-	tion Ast N-4	ice, see the Ir	activisticas for	Cat No 11285	<u> </u>	 Schedule A (Form 9	

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part Calendar year (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 21,360,402 1,239,000 22,599,402 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 21,360,402 1,239,000 22,599,402 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 16,668,991 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 5,930,411 line 4 Section B. Total Support Calendar year (a)2013 **(b)**2014 (c)2015 (d)2016 (e)2017 (f)Total (or fiscal year beginning in) ▶ 21,360,402 22,599,402 7 Amounts from line 4 0 1,239,000 Gross income from interest, dividends, payments received on 1,360,352 8,359,918 6,999,566 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. Add lines 7 through 11 30,959,320 12 Gross receipts from related activities, etc. (see instructions) 39,149,797 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, Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2016 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ightharpoonupand stop here. The organization qualifies as a publicly supported organization h 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
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						
4	under section 513 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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	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						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·		
	determination			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
If "Yes," explain in	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			

				3.
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	-		
		3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or		$\rightarrow$	
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		$\overline{}$	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and			

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4b		
С				
		4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)			

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct  The organization satisfied the Activities Test. Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b></i> the role played by the organization in this regard	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in <b>Part VI</b> ) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to whole details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Fycess Distributions  Underdistributions

details in <b>Part VI</b> ) See instructions	Terraine organization is respons	sive (provide	
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
<b>b</b> From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

## Additional Data

# Software ID: Software Version:

EIN: 47-5599177

Name: ASU Enterprise Partners

Page 8

Part VI

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

Facts And Circumstances Test

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

DLN: 93493319177768

**Open to Public** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• 8	Section 527 organizations Comple			·	
		n Form 990, Part IV, Line 4, or Form 9			
		t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur			
f the	organization answered "Yes" o	n Form 990, Part IV, Line 5 (Proxy Ta			
	k <b>y Tax) (see separate instruction</b> Section 501(c)(4), (5), or (6) organi				
Nan	ne of the organization	zationa complete i are iii		Employer ide	ntification number
ASU	Enterprise Partners			47-5599177	
Pari	I-A Complete if the orga	nization is exempt under section	on 501(c) or is		ization.
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	mpaign activities ii	n Part IV (see instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		•	\$
3	Volunteer hours for political camp	paign activities (see instructions)			
Par	II-B Complete if the orga	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	•	\$
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955	•	\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b					
Par	I-C Complete if the orga	nization is exempt under section	on 501(c), exc	ept section 501(c)(3	).
1	Enter the amount directly expend	led by the filing organization for section	527 exempt func	tion activities	\$
2	Enter the amount of the filing org function activities	ganization's funds contributed to other o	rganizations for s	ection 527 exempt	\$
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file For	rm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments For of political contributions received	employer identification number (EIN) of r each organization listed, enter the am that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	e filing organization's funds political organization, such	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
Ear D	anorwark Boduction Act Notice con	the instructions for Form 000 or 000-E7		N FORGIC Calculate C	/F 000 000 FT\ 0017

250,000

75,000

250,000

70,000

Schedule C (Form 990 or 990-EZ) 2017

500,000

750,000

145,000

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **Supplemental Financial Statements**

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

Open to Public

DLN: 93493319177768 OMB No 1545-0047

(Form 990)

2

5

Assets included in Form 990, Part X

▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** ASU Enterprise Partners 47-5599177 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

-01	<u> </u>	Organizations Ma	intaining Coi	lections c	or Art,	HISTOFI	cai i	reası	ares, or	Otner	Similar A	ssets	(continued)
3		g the organization's acqu s (check all that apply)	uisition, accessioi	n, and other	records	, check	any of	the fo	llowing t	hat are a	significant	use of it	ts collection
а		Public exhibition				d		Loan	or excha	ange prog	grams		
b		Scholarly research				e		Othe	r				
c		Preservation for future	generations										
4	Provi Part )	de a description of the c	organization's col	lections and	l explain	how the	ey furtl	her the	e organız	ation's e	xempt purp	ose in	
5	Durin	ng the year, did the orga is to be sold to raise fun									nılar	□ Y	es 🗆 No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			" on Fo	rm 990	, Part	IV, lı	ıne 9, oı	reporte	ed an amo	unt on	Form 990, Part
1a	Is the	e organization an agent, ded on Form 990, Part X	trustee, custodi (?	an or other	ınterme	diary for	contri	bution	s or othe	er assets	not	□ <b>y</b>	es 🗌 No
ь	If "Ye	es," explain the arrange	ment in Part XIII	and comple	ete the f	ollowing	table				-	Amount	 :
С	Begir	nning balance								1c			
d	Addıt	ions during the year								1d			
е	Dıstrı	butions during the year								1e			
f	Endin	ng balance								1f			
2a		he organization include :	an amount on Fo	rm 990, Par	rt X. lıne	21, for	escrov	v or cu	ı ıstodıal a	ccount lia	ability?		es 🗆 No
b		es," explain the arranger		,	,	,					•		
Pa	rt V	Endowment Fund											
			, , , , , , , , , , , , , , , , , , ,	(a)Currer			rior yea			ears back	(d)Three ye		(e)Four years back
1a	Beginn	ning of year balance .											
b	Contrib	outions											
С	Net inv	vestment earnings, gain	s, and losses										
d	Grants	or scholarships	•									-	
e		expenditures for facilitie	es										
f	Admini	strative expenses .											
g	End of	year balance											
2	Provi	de the estimated percer	ntage of the curre	ent vear end	balance	e (line 1	a. colu	mn (a	)) held a	s			
а		d designated or quasi-er	-	,			<b>5</b> ,		,,				
b		anent endowment ▶											
		porarily restricted endow	ment b										
С		percentages on lines 2a,		ld equal 100	<b>1</b> %								
За	Are tl	here endowment funds in nization by				tion tha	t are h	eld an	ıd admını	stered fo	r the		Yes No
	-	nrelated organizations										3	Ba(i)
		elated organizations .											a(ii)
b		es" on $3a(\pi)$ , are the relation		ns listed as r	required	on Sche	dule R	. ?				. 🗀	3b
4	Desci	ribe in Part XIII the inte	nded uses of the	organizatio	n's endo	wment 1	funds						
Pa	rt VI	Land, Buildings, a	and Equipme	nt.									
		Complete of the org	anization ansv	vered "Yes								art X, lı	
	Descri	iption of property	(a) Cost or oth (investme		( <b>b)</b> Cos	t or other	basıs (	other)	(c) Acc	umulated o	depreciation		(d) Book value
1a	Land			13,121,166									13,121,166
b	Buildin	ngs		63,603,834			20,50	03,278			7,954,179		76,152,933
		nold improvements											
		nent					28	83,657				<u> </u>	283,657
								,				<del>                                     </del>	
		lines 1a through 1e (Co	lumn (d) must a	aual Form 9	  00   Bart	Y colu	mn (B)	lino	10(c)			<del> </del>	90 557 756

Part VII		ganıza	tion ansv	vered "Yes" on Form	1 990, Part IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
	al derivatives	•			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	000 6	ort IV lu	no 11c Soo Form 0	00 Part V June 13
	(a) Description of investment		ook value	(c) M	ethod of valuation
(1)				Cost or er	d-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Yes'	on For	m 990. Pa	 art IV, line 11d See Fo	rm 990, Part X, line 15
	(a) Description		,		(b) Book value
	IN DIRECT FINANCING WITH LIMITED USE				21,005,000 8,204,631
(3) OTHER A	ASSETS				1,203,916
(5)					
(6)					
(7)					
(8)					
(9)					
	imn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answe	red 'Y	es' on Fo		▶ 30,413,547 e 11e or 11f.
	See Form 990, Part X, line 25.  (a) Description of liability				
(1) Federal	income taxes		(0) 6	ook value	
<del>``</del>	ATE SWAP LIABILITY			5,701,697	
ASSETS HEL	D FOR OTHER ENTITIES			6,772,978	
TAXABLE BO	DNDS			5,356,376	
(5)					
(6)					
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col (B) line 25 ) or uncertain tax positions In Part XIII, provide the text of the f	•   ootnote	to the o	17,831,051	statements that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740)				

Part XI

2

а

b

1

2

c

d

е

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2017

Page 4

205,915,064

19,569,731

9,722,942

29,292,673

163,332,921

138,455,705

24,877,216

-7,857,288

17.019.928

Schedule D (Form 990) 2017

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Investment expenses not included on Form 990, Part VIII, line 7b . b 

4

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . . .

Add lines **4a** and **4b** . . . . . . c

5

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

**Supplemental Information** 

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . .

Return Reference

4a 4b

> 2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c

-24,649,198

9.722.942

138,455,705

353,052 -8,210,340 4c

5

2e

3

4c

5

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

#### **Additional Data**

#### Software ID:

**Software Version:** 

**EIN:** 47-5599177

Name: ASU Enterprise Partners

Supplemental Information

Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	The Organization accounts for income taxes using the asset and liability approach, which c an result in recording tax provisions or benefits in periods different than the periods in which such taxes are paid or benefits realized. Deferred income taxes are recorded for the e difference between the book and tax basis of various assets and liabilities, which can p rovide for current recognition of expected tax benefits from temporary differences that will result in deductible amounts in future years. It has been determined by the IRS that EP qualifies as a tax-exempt organization under Section 501(c)(3) as described in Sections 5.09(a)(1) and 170(b)(1)(A)(iv) of the Internal Revenue Code (IRC), and accordingly, there is no provision for income taxes in the accompanying consolidated financial statements. EP has been classified as an organization that is a public charity. University Realty (UR), S kysong Innovations (SI), and all sole member LLCs under UR and SI are treated as disregard ed entities for income tax purposes, and accordingly, all income and expenses are reported through EP for the years ended June 30, 2018 and June 30, 2017. AZTE Ventures, Co is not a tax-exempt organization and its income and expenses are not passed through to EP for tax purposes. Income determined to be unrelated business income by any member of the group regarded as a tax-exempt organization would be taxable. Tax positions taken related to the Organization's tax-exempt status and other miscellaneous tax positions have been reviewed Management is of the opinion that material positions taken by the Organization would be upheld under examination. Accordingly, the Organization has not recorded an income tax liability for uncertain tax positions as of June 30, 2018 and 2017, and does not anticipate a significant change for the following twelve months. The Organization is subject to tax examination by the federal and Arizona state jurisdictions, which generally remain open for three and four years, respectively.

Supplemental Information Return Reference Explanation Schedule D, Part XI, Line 2d ASUF Revenue \$(220,888,918) ASURE Revenue \$(821,296) RCASU Re Reconciliation of Revenue Per Audited Financial Statements venue \$(672,130) Reserve Subsidy \$1,055,183 Service Agreement - Cost Reimbursement \$(11,56) with Return 8,654) Change in Swap \$(1,730,117) Investment Rental expenses \$ 2,303,131 Eliminations bet

ween outside entities \$1,758,539 ------ TOTAL \$230,564,262 Schedule D, Part XI, Li

ne 4B Shared Services Allocation \$9,722,942

#### Return Reference Explanation Schedule D, Part XII, Line 2D ASUF Expenses \$(137,604,092) ASURE Expenses \$(1,326,737) RCA Reconciliation of Expenses Per Audited Financial Statements SU Expenses \$(1,282,104) AzTE Ventures Expenses \$(1,309) Eliminations between outside enti ties \$1.758.539 Rounding \$(2) ------ TOTAL \$(138,455,705) Schedule D, Part XII, Li with Return

ne 4B Investment Rental Expenses \$2,303,131 Reserve Subsidy \$1,055,183 EP Service Agreemen t - Cost Reimbursement \$(3,592,492) UR Service Agreement - Cost Reimbursement \$(550,000) S

kysong Innovations Service Agreement - Cost Reimbursement \$(7,426,162) ------ TOTA

L \$(8,210,340)

Supplemental Information

efile GRAPHIC print	- DO NOT PROCES	SS As Filed Data -					DL	N: 934933191	177768	
Schedule I (Form 990)  Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States  Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  Attach to Form 990.  Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								OMB No 1545-0047  2017  Open to Public Inspection	
Internal Revenue Service		normation about seneat		mstructions is at <u>ww</u>		Fmpl	lover identific	ation number		
Name of the organization ASU Enterprise Partners								ation number		
Part I General In	formation on Gra	nts and Assistance								
the selection criteria  Describe in Part IV to	used to award the gra he organization's proc	substantiate the amount or ants or assistance? edures for monitoring the u		nited States				☑ Yes	□ No	
		Domestic Organizations a ort II can be duplicated if ac		ents. Complete if the o	rganization answered "Yes	s" on Form 990,	. Part IV, line	21, for any recip	ient	
(a) Name and address organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		(h) Purpose of or assistance	f grant	
(1) See Additional Data										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
	, , , ,	nd government organization					<b>▶</b>		5	
For Paperwork Reduction Ac				Cat No 5005!			Sch	edule I (Form 990	) 2017	

Schedule I (Form 990) 2017						Page <b>2</b>		
				anization answered "Yes"	on Form 990, Part IV, line 22			
Part III can be duplicated if addition  (a) Type of grant or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemental 1	Informatic	on. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other a	dditional information.		
Return Reference	Explanation							
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	Schedule I, Part I, Line 2 Grants paid consist of funds provided to Arizona State University and other non-profits for ASU related initiatives, which are accounted for and monitored through the use of accounts and account purpose at the time of each disbursement							

Schedule I (Form 990) 2017

### **Additional Data**

Expect More Arizona

PHOENIX, AZ 85016

500

2415 E Camelback Rd Suite

Software ID: Software Version: EIN: 47-5599177 Name: ASU Enterprise Partners  Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Arizona State University PO BOX 870502 TEMPE, AZ 85287	86-0196696	115	543,100				PROGRAM SUPPORT		

50,000

COMMUNITY OUTREACH

501(C)(3)

45-3681012

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 13-5613797 501(c)(3) 10.000 American Heart Association IPROGRAM SUPPORT 2929 S 48th Street

PROGRAM SUPPORT

268,786

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

501(c)(3)

86-6051042

ASU Foundation

Tempe, AZ 852802260

PO Box 2260

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ram Support

Community Outreach

PGA Tour Inc PO Box 206 Ponte Vedra Beach, FL 32004	52-0999206	501(c)(6)	14,000		Progr
UnidosUS	86-0212873	501(c)(3)	20,000		Comm

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

1126 16th Street NW Washington, DC 20026

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9331	9177	768
Sch	edule J	Co	mpensat	ion Information	ОМ	IB No	1545-0	0047
(For	ո 990)	For certain Officer	s, Directors, T	rustees, Key Employees, and Higl	nest			
			Compensa	ated Employees vered "Yes" on Form 990, Part IV,	line 23	20	17	7
		_	▶ Attach	i to Form 990.				
•	tment of the Treasury al Revenue Service	► Information abo		(Form 990) and its instructions i	s at •		to Pul ectio	
Nar	ne of the organiza				Employer identificat			
ASL	Enterprise Partners				47-5599177			
Pa	rt I Questi	ons Regarding Compensati	ion					
							Yes	No
1a				f the following to or for a person listed by relevant information regarding thes				
		or charter travel	$\mathbf{Z}$	Housing allowance or residence for p	personal use			
		companions		Payments for business use of persor				
		nification and gross-up payments	✓	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chaufi	reur, cher)			
Ь		xes in line 1a are checked, did the ill of the expenses described abov		ollow a written policy regarding paym nplete Part III to explain	ent or reimbursement	<b>1</b> b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	1-2	2	Yes	
	directors, truste	es, officers, including the CEO/EX	ecutive Directo	r, regarding the items checked in line	lar			
3				ed to establish the compensation of th	e			
	_	EO/Executive Director Check all to d organization to establish compe		not check any boxes for methods CEO/Executive Director, but explain ii	n Part III			
	✓ Compens			Marken and a control of				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<b>☑</b>	Approval by the board or compensat	ion committee			
4		-	90 Part VII Se	ction A, line 1a, with respect to the fil				
	related organiza		, , , a, e , , , , , , e e	calon, t, mile 1a, than respect to the in	mig organization of a			
а	Receive a sever	ance payment or change-of-contr	ol payment?			4a		No
b	Participate in, o	r receive payment from, a supplei	mental nonqual	ıfıed retırement plan?		4b		No
С		r receive payment from, an equity		_		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Part	III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5			_	the organization pay or accrue any				
	compensation c	ontingent on the revenues of						
а	The organization	17				5a		No
b	Any related orga					5b		No
_	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga					6b		No_
7	•	6a or 6b, describe in Part III	A line to did	the eventual provide and according				
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed irt III	ı	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		110
For I	Danarwark Badı	iction Act Notice, see the Insti	ructions for Ec	orm 990 Cat No. 5	0053T Schedule J	/Earn	990)	2017

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

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

					J. Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual						
(A) Name and Title	Ĺ	` '	of W-2 and/or 1099-MISO		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990			
Marcel Valenta Secretary	(i)	250,138	23,970	549	18,900	29,871	323,428	0			
,	(ii)	0	0	0	0	0	0	0			
<b>2</b> RF Shangraw Jr CEO/Director, EP	(i)	459,326	108,938	0	36,900	37,588	642,752	0			
	(ii)	0	0	0	0	0	0	0			
<b>3</b> Virginia DeSanto CFO and Treasurer/Director	(i)	224,138	22,816	1,032	17,345	30,281	295,612	0			
·	(ii)	0	0	0	0	0	0	0			
4 Augustine Cheng CEO, SI	(i)	445,064	136,434	31,650	18,900	19,611	651,659	0			
	(ii)	0	0	0	0	0	0	0			
<b>5</b> Kenneth Polasko Exec VP Phys Sciences - SI	(i)	250,133	20,000	0	18,450	28,899	317,482	0			
ŕ	(ii)	0	0	0	0	0	0	0			
6 Mitchell R Levin CEO, UR	(i)	262,310	26,500	1,188	18,900	22,283	331,181	0			
(	(ii)	0	0	0	0	0	0	0			
7 George Hardy VP Assets UR through	(i)	244,904	2,000	2,931	16,407	32,303	298,545	0			
12/1/17	(ii)	0	0	0	0	0	0	0			
8 Kenneth Lewis Sr VP Venture Devt - SI	(i)	219,099	10,000	1,032	16,450	30,029	276,610	0			
	(ii)	0	0	0	0	0	0	0			
<b>9</b> John Skinner VP/Chief of Staff	(i)	184,269	18,360	414	10,519	2,546	216,108	0			
	(ii)	0	0	0	0	0	0	0			
	$\dagger \dagger$	<u> </u>									
	$\dagger \dagger$	<u> </u>									
	H	' <u> </u>		<u>'</u>							
	H	ı. 									
		· 									
		<u> </u>									
							Schedule	J (Form 990) 2017			

Part III Supplemental Information									
Provide the information, explanation, o	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation								
Housing Allowance	Schedule J, Part I, Line 1a The Managing Director of Skysong Innovations receives a housing allowance, which is treated as taxable compensation on Form W-2 and reported on Schedule J, Part II, Column (b)(iii)								
Travel for Companions	Schedule J, Part I, Line 1A The Managing Director of Skysong Innovations receives travel reimbursements for himself and his spouse, which is treated as taxable compensation on Form W-2 and reported on Schedule J, Part II, Column (b)(iii)								
Tax Indemnification and Gross-Up Payments	Schedule J, Part I, Line 1a The Managing Director of Skysong Innovations receives tax gross-up payments in relation to amounts paid to him for his housing allowance, taxable spousal travel, and reimbursement for internet expenses. The gross-ups are treated as taxable compensation on Form W-2 and reported on Schedule J, Part II, Column (b)(III)								
Social Club Dues or Initiation Fees	Schedule J, Part I, Line 1a EP provides the President and CEO with a membership to a social club to use for business purposes. The membership is non-taxable to the President and CEO and reported as non-taxable benefits on Schedule J, Part II, Column (D)								
Non-Fixed Payments	Schedule J, Part I, Line 7 For EP, non-fixed payments are based on compensation agreements and success benchmarks stated in employment contracts. For Skysong Innovations, a single member limited liability company of EP, the compensation contract for the Managing Director allows for the Board of Directors of								

Page 3

Schedule J (Form 990) 2017

Skysong Innovations to approve discretionary bonuses without fixed amount calculations based on the Board's overall satisfaction of the Managing Director's

berformance

Schedule J (Form 990) 2017

Questions Regarding Compensation Schedule J. Part II EP's five highest paid employees includes three members of the management of its subsidiary, Skysong Innovations, which provides technology

transfer services for Arizona State University. As its sole member, EP has delegated responsibility for management of Skysong Innovations to the seven-member board of directors for Skysong Innovations, including operational activities and compensation

### **Additional Data**

(1)

(1)

(II)

(1)

|(II)

(1)

(II)

**Software Version:** 

**EIN:** 47-5599177

23,970

108,938

22,816

136,434

20,000

26,500

2,000

10,000

18,360

250,138

459,326

224,138

445,064

250,133

262,310

244,904

219,099

184,269

						oo Emer pinoe		
Form 990.	Schedule J.	Part II - Officers	. Directors.	Trustees.	Kev	Employees.	and I	Hiahe

ASII Enterprise Partners

compensation

Software ID:

n 990, Schedule J <u>,</u>	Part II - Officers, Directors, Trustees, Key Employees, and I	Highest Compensate	d Employees	
Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns

compensation

549

1,032

31,650

1,188

2,931

1,032

414

18,900

36,900

17,345

18,900

18,450

18,900

16,407

16,450

10,519

(F) Compensation in

column (B) reported as deferred on

prior Form 990

(B)(i)-(D)

323,428

642,752

295,612

651.659

317,482

331,181

298,545

276,610

216,108

29,871

37,588

30,281

19,611

28,899

22,283

32,303

30,029

2,546

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits	l
		Bonus & incentive	Other reportable	compensation		l

(A)	Name	and	Title

1Marcel Valenta

1RF Shangraw Jr

CEO/Director, EP

2Virginia DeSanto

3Augustine Cheng

4Kenneth Polasko

5Mitchell R Levin

**6**George Hardy

8John Skinner

VP/Chief of Staff

VP Assets UR through

Sr VP Venture Devt - SI

CEO, SI

CEO, UR

12/1/17 7Kenneth Lewis

CFO and Treasurer/Director

Exec VP Phys Sciences - SI

Secretary

efile G	RAPHIC print - DO NOT	PROCESS As	Filed Data -									DLN: 9	934933	1917	7768
	dule K n 990)			Information o					crintions			ОМВ	No 1545	5-0047 <b>7</b>	
		Complete ii tii	explanations	, and any additional i	nformation			Provide des	criptions,				70 T	/	
	nt of the Treasury evenue Service	▶Informatio		► Attach to Form 990 K (Form 990) and its		s is at v	vww.	.irs.aov/fori	m990.				en to Pu Inspectio		
Name of t	he organization			, , , , , , , , , , , , , , , , , , , ,		_		•		Emple	oyer iden		n number		
ASU Ente	erprise Partners									47-5	599177				
Part :	Bond Issues									·					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Descripti	on of purpose	e <b>(g)</b> D	efeased		) On		Pool
													alf of uer	finar	ncing
										Yes	No	Yes	No	Yes	No
	INDUSTRIAL DEV AUTH OF CITY OF TEMPE AZ	86-0439481	87972MAB8	07-01-2004	22,4	120,000	ACQI FACI	UIRE, IMPRO ILITY	VE, & EQUIP		X		X		Х
	INDUSTRIAL DEV AUTH OF CITY OF TEMPE AZ	86-0439481		04-22-2014	37,0	90,000	REFU	JND ISSUE			Х		Х		Х
	INDUSTRIAL DEV AUTH OF CITY OF TEMPE AZ	86-0439481		12-16-2014	31,3	90,000	ACQI FACI	UIRE, IMPRO	VE, & EQUIP		X		Х		Х
Part I	I Proceeds														
<b>1</b> Ar	mount of bonds retired			L		Α		E			С			D	
	mount of bonds legally defease						0		0			0			
	otal proceeds of issue					22.475			77 000 000		21 502	0/1			
	ross proceeds in reserve funds					22,475	0,717		37,090,000		31,503	,841			
	apitalized interest from procee					000	0,717					0			
	oceeds in refunding escrows .						- 0		0			0			
	suance costs from proceeds .					277	7,740		499,252						
	redit enhancement from proce						,, 10		133,232			0			
	orking capital expenditures fro						0		0			0			
	apital expenditures from proce					21,536	5.549		0		31,503	.841			
11 0	ther spent proceeds					<u>'</u>	,		38,550,748			0			
<b>12</b> O	ther unspent proceeds						0		0			0			
13 Ye	ear of substantial completion .				20	004		20	04	20	18				
					Yes	No	,	Yes	No	Yes	No		Yes		No
<b>14</b> W	ere the bonds issued as part o	f a current refunding	jissue <sup>?</sup>			X		×			×				
15 W	ere the bonds issued as part o	f an advance refundi	ing issue?			Х			Х		×				
16 H	as the final allocation of procee	eds been made? .			Х			Х		Х					
	oes the organization maintain oceeds?				Х			Х		Х					
Part I															
						A		E			C			D	
1 W	as the organization a partner i	n a nartnershin or a	member of an IIC	which owned proporty	Yes	No	•	Yes	No	Yes	No		Yes		No
fır	nanced by tax-exempt bonds?	<u></u>	<u> </u>			X			Х		X				
<b>2</b> At	re there any lease arrangemen	ts that may result in	private business use			Х			Х		Х				
Por Pan	operty? erwork Reduction Act Notic	e, see the Instruct	ions for Form 990		Ca	t No. 50	1193F	<u> </u>			<u> </u>	chedul	e K (For	m 990	1) 2017

9

c

Part IV

Arbitrage

No

Page 2

		-	•	_				_	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		×		×		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		×		×		×		

0 %

Х

Х

Χ

Yes

Χ

No

Χ

Χ

Χ

Χ

Χ

Χ

Х

No

Χ

Χ

Х

30 %

Χ

Χ

Α

Yes

Χ

Χ

Х

Bank of America

0 %

Х

Х

Х

Yes

0 %

Х

Х

Х

Yes

Schedule K (Form 990) 2017

Х

No

Х

Χ

Χ

Χ

Χ

Х

C

Enter the percentage of financed property used in a private business use by entities other than

organization, or a state or local government . . . . . . . . . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

Was the hedge superintegrated? . . . . . .

Was the hedge terminated? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2017

(GIC)?

period?

Part VI

Return Reference

No

Page 3

No

D

No

Yes

Yes No Yes Yes No Yes No Х

Х

Yes

Х

R

No

Yes

Х

No

Yes

Χ

В

Α

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

Explanation

Return Reference	Explanation
SCHEDULE K, PART I, BOND B	THE BOND ISSUED 04/22/2014 WAS USED TO REFUND A BOND ORIGINALLY ISSUED ON 10/28/2003 The amount reported is the amount outstanding

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

RC

Return Reference	Explanation
CHEDULE K, PART IV, LINE	THE REBATE COMPUTATION FOR THE 2004 BOND IN COLUMN A WAS LAST PERFORMED ON 6/30/2014

SC

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN:	93493319177768					
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional in Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	ic questions on formation.	2017 Open to Public Inspection					
Mame of the org ASU Enterprise Par 990 Schedul		<b>Employer ident</b> 47-5599177	ification number					
Return Reference	Explanation							
FORM 990 REVIEW PROCESS	NCOME TAX, IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM THE DRAFT IS SUBMITTED TO EP'S MANAG							

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C UPON HIRE AND ON AN ANNUAL BASIS, all EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS RELATING TO THEIR INVOLVEMENT W
AND	ITH EP IN ADDITION, ANY TIME THE INDIVIDUALS REFERRED TO ABOVE BECOME AWARE OF A NEW CONF LICT. THEY ARE REQUIRED TO SUBMIT AN UPDATED CONFLICT OF INTEREST/COMMITTMENT FORM TO THE
	EICT, THEY ARE REQUIRED TO SUBMIT AN OPDATED CONFLICT OF INTERESTICOMMITTMENT FORM TO THE EP'S General Counsel ANY IDENTIFIED CONFLICTS WOULD BE REVIEWED BY THE BOARD CHAIR AND THE E CEO TO DETERMINE ANY MITIGATION ACTIONS NEEDED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation	l
		ł
PROCESS FOR	FORM 990, PART VI, LINES 15A AND 15B FOR EP, THE BOARD OF DIRECTORS APPROVES THE COMPENSAT	l
ESTABLISHING	ION PACKAGE FOR THE PRESIDENT AND CEO BASED ON CURRENT MARKET COMPARISONS PROVIDED BY EP'S	l
COMPENSATION	HUMAN RESOURCES DEPARTMENT (WHICH OBTAINS THIS INFORMATION FROM AN INDEPENDENT COMPENSATI	l
OF	ON CONSULTANT), RESPONSIBILITIES OF THE POSITION, GOALS OF EP, AND NEGOTIATIONS WITH THE P	l
PRESIDENT/CEO	RESIDENT AND CEO ALL OTHER COMPENSATION DECISIONS FOR KEY EMPLOYEES HAVE BEEN DELEGATED F	l
AND KEY	ROM THE BOARD OF DIRECTORS TO THE PRESIDENT AND CEO, WHO FOLLOWS A SIMILAR PROCESS AFOREME	l
EMPLOYEES	NTIONED	l

Return Explanation Reference

DOCUMENTS FORM 990, PART VI. SECTION C. LINE 19 THE FINANCIAL STATEMENTS FOR EP ARE AVAILABLE UPON R EQUEST THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE NOT MADE AVAILABLE TO THE PUBLIC

MADE AVAILABLE TO THE

990 Schedule O, Supplemental Information

PUBLIC

Return Explanation

990 Schedule O, Supplemental Information

Net Assets

Reference	
Other	Form 990, Part XI, Line 9 Change in Unrealized Swap Value \$1,730,117 Shared Services Alloc
Changes in	ation from other Affiliates \$(9,722,943) Total \$(7,992,826)

efile GRAPHIC print - DO NOT PROCESS As Filed Data - SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No 1545-0047 2017

DLN: 93493319177768

Open to Public Inspection

Name of the organization ASU Enterprise Partners  Emp								Employer identification number					
							47-5	599177					
Part I Identification of Disregarded Entities Complete	ıf the organ	ızatıon answe	ered "Yes	" on Form	990, Part	IV, line 33							
See Additional Data Table  (a)  Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		(d) Total Income		(e) End-of-year assets		(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.							Part I\		ecause				
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ary activity	Legal don	c) nicile (state n country)	(d) Exempt Cod	le section	Public o	(e) harity status on 501(c)(3))	Dı	<b>(f)</b> rect controlling entity		ntrolle ity?	
(1)ASU Foundation PO Box 2260	Support			AZ	501(C)(3)	5	;		EP		Yes	No	
Tempe, AZ 85280 86-6051042													
(2)ASU Research Enterprise PO Box 2260	Support			AZ	501(C)(3)	1	.0		EP		Yes		
Tempe, AZ 85280 90-0868685													
(3)Research Collaboratory at ASU PO Box 2260	Support			AZ	501(C)(3)	7	,		EP		Yes		
Tempe, AZ 85280 46-3815674													
(4)Taylor Trust FBO ASU Foundation PO Box 2260	Support			AZ	501(c)(3)	1	.2-I		ASUF		Yes		
Tempe, AZ 85280 86-6252445													
(5)ASU Foundation Mexico AC Sierra Mojada 626 Ciudad de Mexico 11010 MX	Education			МХ	501(c)(3)				Global 1	III	Yes		
(6)RCASU GERMANY gGMBH VALENTINSKAMP 70 HAMBURG 20355 GM	holding co			ЗM	501(C)(3)				RCASU	GERMNY	Yes		
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	5Y				Sch	edule R (Form	990) 20	017	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (a) (d) (f) (k) (e) (g) (h) (ı) (J) Name, address, and EIN of Direct Predominant Share of total Share of end-Disproprtionate Code V-UBI General or Percentage Primary Legal controlling of-year related organization activity domicile income(related, allocations? amount in managing ownership income (state entity unrelated, assets box 20 of partner? or excluded from Schedule K-1 (Form 1065) foreign tax under country) sections 512-514) Yes No Yes No (1) Holualoa GV Shopping Plaza LLC Real Estate N/A Excluded from -381,885 3,592,308 -318,677 ΑZ No Yes 31 128 % 3573 E Sunrise Dr Ste 225 Tucson, AZ 85718 86-0838083 (2) SkySong Office 3 LLC N/A 449,882 23,105 Real Estate ΑZ Excluded from No Yes 50 000 % tax 9401 W Thunderbird RD 200 Peoria, AZ 85381 46-3279475 (3) SkySong Office 4 LLC N/A -1,377,596 Real Estate ΑZ Excluded from 3,037,126 No Yes 50 000 % 9401 W Thunderbird RD 200 Peoria, AZ 850044568 47-4210475 (4) SkySong Office 5 LLC Real Estate ΑZ N/A Excluded from 5,050,000 No Yes 50 000 % tax 9401 W Thunderbird RD 200 Peoria, AZ 85381 Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (f) (i) (e) (g) Name, address, and EIN of Section 512(b) Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage related organization domicile (C corp, S corp, ıncome ownership (13) controlled entity vear (state or foreign entity? or trust) assets country) Yes No (1)AzTE Ventures Co Solar Energy Α7 C Corp -1,309 6,611 100 000 % Skysong Yes 1475 N Scottsdale Rd Suite 200 Scottsdale, AZ 85257 27-0151042 (2) Charitable Remainder Trust (18) CHARIT REM TR ΑZ ASUF Yes (3)Teotihuacan Holdings LLC HOLDING CO DE RCASU C CORP 100 000 % Yes PO BOX 2260 TEMPE, AZ 85280 81-1792379 (4) Global University Associate I LLC EDUCATION DE TEOTIHUACAN C CORP 100 000 % Yes PO BOX 2260 TEMPE, AZ 85280 36-4831153 (5)Global University Associate II LLC EDUCATION DE TEOTIHUACAN C CORP 100 000 % Yes PO BOX 2260 TEMPE, AZ 85280 36-4831242

See Additional Data Table

1r Yes

No

1s

Schedule R (Form 990) 2017

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes				
c Gift, grant, or capital contribution from related organization(s)	1c	Yes				
d Loans or loan guarantees to or for related organization(s)	1d	Yes				
e Loans or loan guarantees by related organization(s)	1e		No			
f Dividends from related organization(s)	1f		No			
g Sale of assets to related organization(s)	<b>1</b> g		No			
h Purchase of assets from related organization(s)	1h		No			
i Exchange of assets with related organization(s)	<b>1</b> i		No			
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No			

		$\rightarrow$	$\rightarrow$	
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	$\neg$	No

_			1	1
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	<del>                                     </del>
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	5	1p	ļ.,	No
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	

(b)

Transaction type (a-s)

(c)

Amount involved

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

r Other transfer of cash or property to related organization(s) . . . . . . . . . . . . . . . . . .

(a)

Name of related organization

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017	Pag	ge <b>5</b>					
Part VII Supplemental Information							
Provide additional information for responses to questions on Schedule R (see instructions)							
Return Reference	Explanation						
Schedule R, part IV, Column C	There are 12 charitable trusts with legal domicile in Arizona and 6 charitable trusts with legal domicile in NEvada						

Schedule R (Form 990) 2017

**Software ID: Software Version:** 

**EIN:** 47-5599177

Name: ASU Enterprise Partners

Form 990, Schedule R, Part I - Identification of Disregarded Entities										
<b>(a)</b> Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity					
University Realty LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ	-8,940,208	145,212,588	EP					
ASUF LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
ASUF Brickyard LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
ASUF DC LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
McDowell Warehouse LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
La Cienega Ranch LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
Mirabella ASU Tempe LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
ASUF Scottsdale LLC PO BOX 2260 TEMPE, AZ 85280 47-5599177	REAL ESTATE	AZ			UR					
Hardy Warehouse LLC PO BOX 2260 TEMPE, AZ 85280 47-5599177	REAL ESTATE	AZ			UR					
Loma Linda Land 196 LLC PO BOX 2260 TEMPE, AZ 85280 47-5599177	REAL ESTATE	AZ			UR					
Skysong Innovations LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Intellec Prop	AZ	9,703,880	11,535,274	EP					
Rancho del PradoColton LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
Novus Holdings LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Real Estate	AZ			UR					
RH Technologies LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Intellec Prop	AZ			Skysong					
ISW Technologies LLC PO Box 2260 Tempe, AZ 85280 47-5599177	Intellec Prop	AZ			Skysong					

(d) (f) (b) (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Section 512 Public charity Direct controlling (state section status entity (b)(13)or foreign country) (if section 501(c) controlled (3)) entity? Yes No Support ΑZ 501(C)(3) 15 lΕΡ Yes PO Box 2260 Tempe, AZ 85280 86-6051042 Support ΑZ 501(C)(3) 10 Yes PO Box 2260 Tempe, AZ 85280 90-0868685 Support ΑZ 501(C)(3) lер Yes PO Box 2260 Tempe, AZ 85280 ΑZ ASUF Support 501(c)(3) 12-I Yes Global III Education MX 501(c)(3) Yes Sierra Mojada 626

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Ciudad de Mexico 11010

VALENTINSKAMP 70 HAMBURG 20355

MΧ

46-3815674 PO Box 2260 Tempe, AZ 85280 86-6252445

GΜ

holding co

501(C)(3)

RCASU GERMNY

Yes

Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) ASU Foundation for a new american university FMV 1,239,000 ASU Research Enterprise D 1,429,886 Loan Balance ASU Research Enterprise 493,171 cost Research Collaboratory at ASU 342.058 cost 8,887,713 ASU Foundation for a new american university cost ASU Research Enterprise 238,388 cash transfer

(b)

(c)

264,178

552,671

cash transfer

cash transfer

Form 990, Schedule R, Part V - Transactions With Related Organizations

Research Collaboratory at ASU

ASU Foundation for a new american university

(a)