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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	rthe 2	2013 cale	endar year, or tax year beginning	07-01-2013 , 2013, and ending 06-3	30-2014		
		pplicable	C Name of organization	, , , , , , , , , , , , , , , , , , ,		D Employer	identification number
	Iress ch		The George Washington University			53-0196	584
┌ _{Nar}	ne char	nge	Doing Business As				
┌ Init	ıal retur	m	Number and street (or P O box if m	all is not delivered to street address) Room/su	ute	E Telephone	numbor
┌ Ter	mınated	d	TAX DEPT 45155 RESEARCH PLACE Suite 260			· ·	
┌ Am	ended r	return	City or town, state or province, cour	ntry, and ZIP or foreign postal code		(703)72	6-8324
		pending	ASHBURN, VA 201474198	5 .		G Gross rosou	pts \$ 1,726,524,070
		,	F Name and address of prin	ucinal officer	U(-) T		· · · · · · · · · · · · · · · · · · ·
			STEVEN KNAPP	respondent of the control of the con		s this a group ret ubordinates?	TYes ▼ No
			2121 EYE ST NW 801 WASHINGTON, DC 20052				
			WASHINGTON, DC 20032			re all subordinat icluded?	es
I Tax	x-exem	pt status	▼ 501(c)(3)	insert no)	1		ıst (see ınstructions)
1 W	oheito	• • \\/\\/	W GWU EDU		· ,		
					H(c)	Group exemption	
			Corporation Trust Association	n Other ▶	L Year	of formation 1821	M State of legal domicile DC
Pa	rt I		mary				
			escribe the organization's missio ION AND RESEARCH - SEE SC				
a	-	EDUCAI	TON AND RESEARCH - SEE SC	CHEDOLE O			
ڪِ ڇ	_						
Governance	-						<u> </u>
Š	2 (Check th	is box 🞮 if the organization dis	scontinued its operations or disposed	of more tha	an 25% of its net	tassets
	3 1	Number	of voting members of the govern	ing body (Part VI, line 1a)		з	38
Activities &	l			of the governing body (Part VI, line 1b			
Ě	l			calendar year 2013 (Part V, line 2a)			
ਹੈ ਹ	l			ecessary)			
∢	l			art VIII, column (C), line 12		7	
				rom Form 990-T, line 34		<u> </u>	· ' '
						Prior Year	Current Year
	8	Contril	outions and grants (Part VIII, lii	ne 1h)		70,589,630	155,008,188
ē	9	Progra	m service revenue (Part VIII, lii	ne 2g)		1,170,406,465	1,216,602,294
anuas	9 10			ne 2g)		1,170,406,465 34,335,224	
Revenue		Invest	ment income (Part VIII, column				67,684,320
Rayenue	10	Invest Other Total r	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lin		34,335,224 31,182,081	67,684,320
Revenue	10 11 12	Invest Other Totalr 12) .	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lin		34,335,224 31,182,081 1,306,513,400	67,684,320 33,140,867 1,472,435,669
Revenue	10 11 12	Invest Other Totalr 12). Grants	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lines 1 - 3)	e	34,335,224 31,182,081 1,306,513,400 294,921,019	67,684,320 33,140,867 1,472,435,669 334,141,968
Revenue	10 11 12 13 14	Other Total r 12) Grants Benefit	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lines 1-3)	e	34,335,224 31,182,081 1,306,513,400	67,684,320 33,140,867 1,472,435,669 334,141,968
	10 11 12	Invest Other Total r 12) . Grants Benefit Salarie	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lines 1 - 3)	e	34,335,224 31,182,081 1,306,513,400 294,921,019	67,684,320 33,140,867 1,472,435,669 334,141,968
	10 11 12 13 14 15	Invest Other Total r 12) . Grants Benefit Salarie 5-10)	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), lines 1	е	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288	67,684,320 33,140,867 1,472,435,669 334,141,968 0 644,408,814
	10 11 12 13 14 15	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part I es, other compensation, employers).	(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), line IX, column (A), lines 1-3)	е	34,335,224 31,182,081 1,306,513,400 294,921,019	67,684,320 33,140,867 1,472,435,669 334,141,968 0 644,408,814
Expenses Revenue	10 11 12 13 14 15	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	e	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839	67,684,320 33,140,867 1,472,435,669 334,141,968 0 644,408,814 895,913
	10 11 12 13 14 15 16a b	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fur Other	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part I es, other compensation, employed sional fundraising fees (Part IX, indraising expenses (Part IX, column (D) expenses (Part IX, column (A), I	(A), lines 3, 4, and 7d)	e	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839	67,684,320 33,140,867 1,472,435,669 334,141,968 0 0 644,408,814 895,913 432,830,530
	10 11 12 13 14 15 16a b	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part I is, other compensation, employed is sional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice)	(A), lines 3, 4, and 7d)	e	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839 424,043,708 1,332,520,854	67,684,320 33,140,867 1,472,435,669 334,141,968 0 644,408,814 895,913 432,830,530 1,412,277,225
Expenses	10 11 12 13 14 15 16a b 17 18	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part I is, other compensation, employed is sional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice)	(A), lines 3, 4, and 7d)	e	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839	67,684,320 33,140,867 1,472,435,669 334,141,968 0 644,408,814 895,913 3 432,830,530 1,412,277,225 60,158,444
Expenses	10 11 12 13 14 15 16a b 17 18	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11 and similar amounts paid (Part is paid to or for members (Part I is, other compensation, employed is sional fundraising fees (Part IX, indraising expenses (Part IX, column (D)) expenses (Part IX, column (A), lexpenses Add lines 13–17 (mustice)	(A), lines 3, 4, and 7d)	e	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839 424,043,708 1,332,520,854 -26,007,454	67,684,320 33,140,867 1,472,435,669 334,141,968 0 644,408,814 895,913 432,830,530 1,412,277,225
Expenses	10 11 12 13 14 15 16a b 17 18	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	e Begin	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839 424,043,708 1,332,520,854 -26,007,454 Ining of Current	67,684,320 33,140,867 1,472,435,669 334,141,968 0 0 644,408,814 895,913 432,830,530 1,412,277,225 60,158,444 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fun Other Total e Revent	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	e Begin	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839 424,043,708 1,332,520,854 -26,007,454 ining of Current Year 3,545,345,140 1,655,182,744	67,684,320 33,140,867 1,472,435,669 334,141,968 0 0 644,408,814 895,913 432,830,530 1,412,277,225 60,158,444 End of Year 3,782,212,197 1,652,606,154
Net Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fui Other Total e Reveni Total a Total I Net as	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	e Begin	34,335,224 31,182,081 1,306,513,400 294,921,019 612,758,288 797,839 424,043,708 1,332,520,854 -26,007,454 Ining of Current Year 3,545,345,140	67,684,320 33,140,867 1,472,435,669 334,141,968 0 0 644,408,814 895,913 432,830,530 1,412,277,225 60,158,444 End of Year 3,782,212,197 1,652,606,154
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Mot Assets or Expenses of Fund Balances	10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Invest Other Total r 12) . Grants Benefit Salarie 5-10) Profes Total fut Other Total e Revent Total a Total I Net as Sign littles of page and b	ment income (Part VIII, column revenue (Part VIII, column (A), evenue—add lines 8 through 11	(A), lines 3, 4, and 7d)	e	34,335,224 31,182,081 1,306,513,400 294,921,019 0 612,758,288 797,839 424,043,708 1,332,520,854 -26,007,454 Ining of Current Year 3,545,345,140 1,655,182,744 1,890,162,396 dules and staten r) is based on all	67,684,320 33,140,867 1,472,435,669 334,141,968 0 0 644,408,814 895,913 432,830,530 1,412,277,225 60,158,444 End of Year 1,652,606,154 2,129,606,043
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Firm's address ► 600 THIRTEENTH STREET NW SUITE 1000

WASHINGTON, DC 20005

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

Preparer

Use Only

Phone no (571) 553-8324

✓ Yes ☐ No

Form	1 990 (2013)				Page
Par	t III Statement of Prog Check if Schedule O co	gram Service Accom ontains a response or note		II	
1	Briefly describe the organizat	tion's mission			
UNI STU OF I CEN THE FRO ENV OFF	GEORGE WASHINGTON UNITED STATES IN 1821, DEDICT DENT-FOCUSED COMMUNITED TO THE NATIONAL AND CREATION, DISSEMINATION MEATHOR OF THE STATE OF THE STAT	ATES ITSELF TO FURTHE Y STIMULATED BY CULT D OPENNESS TO THE EX ND INTERNATIONAL CRO N, AND APPLICATION OF RATIVE PERSPECTIVES, E STUDENTS AND FACUL NG EXPERIENCES FOR FU	ERING HUMAN WELL-BURAL AND INTELLECT PLORATION OF NEW I DSSROADS OF WASHIN KNOWLEDGE TO PRO THE UNIVERSITY PRO TY BY FOSTERING EX LL-TIME AND PART-T	EING THE UNIVERSITY VAI UAL DIVERSITY AND BUILT DEAS THE GEORGE WASHII IGTON, D C , COMMITS ITSE MOTE THE PROCESS OF LI OVIDES A STIMULATING IN' CELLENCE IN TEACHING, T	LUES A DYNAMIC, UPON A FOUNDATION NGTON UNIVERSITY, ELF TO EXCELLENCE IN FELONG LEARNING TELLECTUAL HE UNIVERSITY
2	Did the organization undertak		services during the year	which were not listed on	F., F.,
	the prior Form 990 or 990-Ez If "Yes," describe these new:				
3	Did the organization cease co		ant changes in how it coi	nducts, any program	
_	services?				
	If "Yes," describe these chan	ges on Schedule O			
4		and 501(c)(4) organization	ns are required to report	ree largest program services, the amount of grants and allo	
	(Code) (E:	xpenses \$ 975,113,491	. including grants of \$	251,585,601) (Revenue \$	943,516,039)
	OVER THE WORLD TODAY, WE AR FULL ADVANTAGE OF OUR SETTING	E THAT UNIVERSITY WITH STUDI G IN A GLOBAL NERVE CENTER, A TUNITIES IN EVERY SECTOR OF	ENTS AND FACULTY MEMBERS GW EDUCATION INTEGRATE: SOCIETY IN A CITY SHAPING	D PREPARE CITIZEN LEADERS BROUG 5 FROM EVERY STATE AND MORE THA 5 INTELLECTUAL DISCOVERY, INTERA THE FUTURE, GEORGE WASHINGTO	AN 130 COUNTRIES TAKING CTIVE LEARNING, AND
4b	(Code) (E	xpenses \$ 191,995,020) including grants of \$	82,556,367) (Revenue \$	177,561,446)
טד	RESEARCH AND RESEARCH SUPPO LIVES THIS UNIQUE APPROACH TO EXPERIENCES THAT FEW CAN MAT HEALTH, NATIONAL SCIENCE FOUN	IRT GW'S RESEARCH IS DISTING D RESEARCH GIVES SPECIAL CHA CH WITH OUR LOCATION, COM IDATION, THE SMITHSONIAN INS JUDENTS LEARNING OPPORTUNITI	GUISHED BY OUR COMMITMEN RACTER TO OUR TEACHING A NECTIONS AND CLOSE PROXIN TITUTION, AND LIBRARY OF C	OZJOSO, SON Y (NEVERILLE & NT TO TRANSFORM POLICY THAT AFF AND ENABLES US TO OFFER OUR STU- MITY TO INSTITUTIONS SUCH AS THE CONGRESS, GW'S RESEARCH HELPS SEED OF THE SEE	ECTS PEOPLE IN THEIR DAILY DENTS LEARNING NATIONAL INSTITUTES OF SOLVE NATIONAL AND GLOBAL
	(Code) (E	xpenses \$ 88,516,792	! including grants of \$	0)(Revenue\$	95,524,810)
4 c	AUXILIARY ENTERPRISES - STUDEN THE OVERALL QUALITY OF STUDEN PARKING, STUDENT HEALTH, MAIL	NTS AND COMMUNITY GW PROV T LIFE AUXILIARY ENTERPRISES , AND LAUNDRY SERVICES GW'S ENTS, FACULTY, STAFF, AND VIS	VIDES A NUMBER OF SERVICE I INCLUDE FACILITIES AND RE IS MARVIN CENTER HOUSES D ITORS FOR MORE INFO ABOU	S THAT SUPPORT LEARNING, BUILD (SIDENTIAL PROPERTY MANAGEMENT INING FACILITIES, STUDENT ORGANI JT GW'S PROGRAMS & ACCOMPLISHI	COMMUNITY, AND ENHANCE , DINING, BOOKSTORE, ZATION OFFICES AND MEETIN
	Other program services (De	scribe in Schedule ()			
·u	(Expenses \$	including grants	of \$) (Revenue \$)
40	Total program service evpen		·	, (T	,

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥌	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

91	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
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 36,424		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	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	
1	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)?	4 a	Yes	
	If "Yes," enter the name of the foreign country PBR , CH			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	1	5c		
	Does the organization have annual gross receipts that are normally greater than $$100,\!000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
•	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	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		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 	 	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14h	1	

Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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	5		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders or persons other than the governing body?	, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th organization's mailing address? If "Yes," provide the names and addresses in Schedule O	e 9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	Reven	ue Cod	e.)
			ue Cod Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 second contribute organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a second contribute organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a second contribute assets to, or participate in a joint venture or similar arrangement with a second contribute assets to, or participate in a joint venture or similar arrangement with a second contribute assets to, or participate in a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

- List the States with which a copy of this Form 990 is required to be filed AK, CA, IN, KS, MD, MA, MI, NH, NY, OH, OK, OR,
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►SHARON HEINLE AVP COMPTLR 45155 RESEARCH PLACE SUITE 260 ASHBURN, VA 20147 (571) 553-1087

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(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

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

	(A) Name and Title	Name and Title A verage hours per week (list any hours and a director/trustee) A verage hours per week (list any hours and a director/trustee) A verage hours per wore than one box, unless compensation from the any hours and a director/trustee) A verage hours per wore than one box, unless compensation from related organization (W-							Reportable compensation from related organizations (W	/-	(F) Estima amount o compens from t	ted f other ation he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)) c	organizati relate organiza	ed
1b	Sub-Total	c to Dart VII S			•			•						
c d	Total (add lines 1b and 1c) .			· ·	٠.	٠.		Þ		10,952,692		0		981,670
2	Total number of individuals (in \$100,000 of reportable compe							e) w	ho receive	d more th	nan			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highes	t compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5	Yes	
	ection B. Independent Co	ntractors									•			
1	Complete this table for your fiv	ve highest comp												
	compensation from the organiz	zation Report co (A)	mpens	ation	for	the c	alenda	arye	ar ending	with or wi	thin the organizat (B)	ion's	tax year (C	
	N	lame and business	address							Des	cription of services		Comper	

(A) Name and business address	(B) Description of services	(C) Compensation
-	CONSTRUCTION	118,446,701
WHITING TURNER CONTRACTING CO, 300 E JOPPA RD BALTIMORE MD 21286	CONSTRUCTION	60,607,898
GWU MEDICAL FACULTY ASSOCIATES, 2150 PENNSYLVANIA AVE NW WASHINGTON DC 20037	TEACHING & RESEARCH	28,906,869
TISHMAN CONSTRUCTION CORPORATION OF, 1150 18TH ST NW WASHINGTON DC 20036	CONSTRUCTION	13,306,018
ARAMARK CORPORATION, 1101 MARKET STREET PHILADELPHIA PA 19107	FACILITY SERVICES	11,700,410

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶335

Part V	1 + + 1	Statement o	f Revenue ule O contains a respor	ise or note to any lir	ne in this Part VIII			_
	1-			ise of note to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts its	1a	Federated cam						
ons, Gifts, Grants Similar Amounts	Ь	Membership du	es 1b					
, G	С	Fundraising eve	ents 1c					
ifts ar /	d	Related organiz	zations 1d					
, G mil	e	Government grants	s (contributions) 1e	12,386,395				
ıtions er Siı	f	All other contribution	ons, gifts, grants, and 1f ot included above	142,621,793				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines	2,800,773				
Con1 and	h	Total. Add lines	s 1a-1f	🗼	155,008,188			
				Business Code				
enui	2a	STUDENT TUITION	& FEES	900099	847,059,831	847,059,831		
£e.v∉	ь	GRANTS & CONTRA	ACTS	900099	186,889,084	186,889,084		
Ce F	С	AUXILIARY ENTERF	PRISES	611710	95,524,810	95,524,810		
er vi	d	MEDICAL EDUCATI	ON AGREEMENTS	900099	61,271,144	61,271,144		
Program Serwce Revenue	e	OTHER PROGRAM	SERVICE REVENUE	611710	25,857,425	25,857,425		
Iran	f	All other progra	am service revenue			, ,		
¥૦્								
	g		s 2a-2f		1,216,602,294			
	3		ome (including dividen ar amounts)		12,608,003			12,608,003
	4		stment of tax-exempt bond		0			
	5	Royalties		🕨	2,049,853			2,049,853
			(ı) Real	(II) Personal				
	6a	Gross rents	41,266,382					
	ь	Less rental expenses	26,251,753					
	С	Rental income	15,014,629	0				
	d	or (loss) Net rental incoi	me or (loss)		15,014,629			15,014,629
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	277,714,819	5,198,146				
	Ь	Less cost or other basis and sales expenses	222,635,411	5,201,237				
	С	Gain or (loss)	55,079,408	-3,091				
	d	Net gain or (los	ss)	a a a a	55,076,317			55,076,317
Other Revenue	8a		luding s reported on line 1c)					
۶۲ Re		See Part IV, lin	а					
‡	b c		penses b (loss) from fundraısıng	events	٥			
0			rom gaming activities	events p-				
	ь	less directer	penses b					
	c		(loss) from gamıng actı	vities	О			
	10a	Gross sales of returns and allo	ınventory, less	·				
			a					_
	b		oods sold b					
	С		(loss) from sales of inv		0			
		Miscellaneous		Business Code	4 607 101		4 607 45	
	11a	UNRELATED P INCOME	ARTNERSHIP	525990	-1,607,431		-1,607,431	
			T OPERATIONS	721110	17,683,816		17,683,816	
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d	· · · • [16,076,385			
	12	Total revenue.	See Instructions .	🕨	1,472,435,669	1,216,602,294	16,076,385	84,748,802
	l				1,1,2,733,003	1,210,002,234		Form 990 (2013)

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 ► Tif following SOP 98-2 (ASC 958-720)

Form 990 (2013) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) .マ Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 72,909,333 72,909,333 Grants and other assistance to individuals in the United States See Part IV, line 22 246,417,027 246,417,027 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 14,815,608 14,815,608 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . 8,015,110 1,353,908 4,919,341 1,741,861 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 519,200,123 457,410,101 45,807,033 15,982,989 Pension plan accruals and contributions (include section 401(k) 34,697,519 29,995,472 3,509,917 1,192,130 and 403(b) employer contributions) 47,549,483 41,105,799 4,809,989 Other employee benefits 1,633,695 10 34,946,579 30,210,781 1,200,687 3,535,111 11 Fees for services (non-employees) 0 Management 5,570,341 1,941,766 3,628,575 Legal 3,360,504 378,381 2,982,123 14,602 14,602 895,913 Professional fundraising services See Part IV, line 17 895,913 Investment management fees 8,756,382 8,756,382 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 110,939,921 101,880,563 7,801,478 1,257,880 Schedule 0) Advertising and promotion . . 5,488,368 4,704,273 535,936 12 248,159 13 Office expenses 34,819,958 27,809,594 5,878,206 1,132,158 4,694,311 14 Information technology . . 24,440,651 19,519,753 226,587 15 89,592 89,592 Royalties . 62,594,212 57,569,097 129,003 16 Occupancy 4,896,112 **17** 24,048,545 21,048,444 1,137,280 1,862,821 Travel 18 Payments of travel or entertainment expenses for any federal, 6,028 state, or local public officials 6,028 19 Conferences, conventions, and meetings . 23,249,113 15,187,530 5,199,946 2,861,637 20 Interest 37,324,874 35,674,403 1,650,471 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 66,656,539 63,220,008 3,436,531 23 3,025,514 2,987,892 37,622 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 SUBSCRIPTIONS/PERIODICALS 7,196,029 104,459 7,039,136 52,434 MEMBERSHIPS 2,815,305 2,366,686 394,031 54,588 c UBITAX 1,191 1,191 d INTERDEPARTMENTAL ASSESSMENTS 3,948,847 -4,445,637 496.790 12,432,861 -3,979,321 16,248,584 **e** All other expenses 163,598 Total functional expenses. Add lines 1 through 24e 25 1,412,277,225 1,255,625,303 125,518,992 31,132,930

Part X Balance Sheet

	TL X	Check if Schedule O contains a response or note to any lin	e in this Part X			· · · · <u> </u>			
				(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing		1,317,838	1	1,525,425			
	2	Savings and temporary cash investments		339,723,544	2	54,789,806			
	3	Pledges and grants receivable, net		82,780,459	3	158,392,283			
	4	Accounts receivable, net		26,346,448	4	27,496,704			
	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Comschedule L	rs, dırectors, trustees, Iplete Part II of	78,853	5	59,715			
ts	6	section $4958(f)(1)$, persons described in section $4958(c)$ employers and sponsoring organizations of section $501(c)$	and other receivables from other disqualified persons (as defined under a 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing ers and sponsoring organizations of section 501(c)(9) voluntary employees lary organizations (see instructions) Complete Part II of Schedule L						
Assets	_	Notes and leave recovered and		602.895	6	301.610			
As	7	Notes and loans receivable, net		· ·	7	291,649			
	8	Inventories for sale or use		0	8	0			
	9	Prepaid expenses and deferred charges		18,320,281	9	18,238,416			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,094,407,450						
	Ь	Less accumulated depreciation	10b 690,097,392		10c	2,404,310,058			
	11	Investments—publicly traded securities	434,138,107	11	517,321,924				
	12	Investments—other securities See Part IV, line 11	513,071,358	12	553,848,769				
	13	Investments—program-related See Part IV, line 11	28,621,824	13	28,705,030				
	14	Intangible assets		7,945,484	14	7,945,484			
	15	Other assets See Part IV, line 11		10,335,278	15	9,286,934			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,545,345,140	16	3,782,212,197			
	17	Accounts payable and accrued expenses		197,965,155	17	209,836,996			
	18	Grants payable		0	18	0			
	19	Deferred revenue		42,143,981	19	46,643,622			
	20	Tax-exempt bond liabilities		0	20	0			
on.	21	Escrow or custodial account liability Complete Part IV of S	Schedule D	0	21	0			
<u>•</u>	22	Loans and other payables to current and former officers, divided the second sec							
Liabilit		persons Complete Part II of Schedule L		0	22	0			
	23	Secured mortgages and notes payable to unrelated third pa	rties	224,270,913	23	214,576,886			
	24	Unsecured notes and loans payable to unrelated third parti		1,154,562,664	24	1,146,453,319			
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete							
		D		36,240,031	25	35,095,331			
	26	Total liabilities. Add lines 17 through 25		1,655,182,744	26	1,652,606,154			
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	► 🔽 and complete						
an	27	Unrestricted net assets		1,381,211,316	27	1,467,033,147			
8 8	28	Temporarily restricted net assets		281,283,663	28	420,551,716			
됻	29	Permanently restricted net assets		227,667,417	29	242,021,180			
Fur		Organizations that do not follow SFAS 117 (ASC 958), checomplete lines 30 through 34.	ck here ► ┌ and						
ō	30	Capital stock or trust principal, or current funds			30				
ets Ets	31	Paid-in or capital surplus, or land, building or equipment fu			31				
Assets or	32	Retained earnings, endowment, accumulated income, or oth			32				
	33	Total net assets or fund balances		1,890,162,396	33	2,129,606,043			
Net					-				
	34	Total liabilities and net assets/fund balances		3,545,345,140	34	3,782,212,197			

Do.	Name of National State of Nati			'	age ==
Par	Reconcilliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI				
	Total revenue (must equal Part VIII, column (A.) line 12.)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,472,4	35,669
2	Total expenses (must equal Part IX, column (A), line 25)	2		1 412 2	277,225
3	Revenue less expenses Subtract line 2 from line 1			-,, -	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	<u></u>	3		60,1	158,444
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,890,1	.62,396
5	Net unrealized gains (losses) on investments	_		1766	
6	Donated services and use of facilities	5		1/6,8	889,228
Ū	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,3	395,975
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,129,6	506,043
Par	t XII Financial Statements and Reporting				· ·
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on	ı		
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	I			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?)	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Software ID: Software Version:

EIN: 53-0196584

Name: The George Washington University

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

A	Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direct ntracto	ors, ors	Tru	ste	es, k	(ey	Employees, High	hest	
RESIDUA CARDONELIR Page	(A)	Average hours per more than one box, unless week (list person is both an officer and a director/trustee) Average hours per more than one box, unless compensation week (list person is both an officer and a director/trustee) Average hours person is both an officer organization (W-organization (W-organ				Reportable compensation from related organizations (W-	Estimated amount of other compensation from the				
NELSON ACKNOWLED NO CHEST ANN C		organizations below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 11200,	2,2000	related
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TRUSTEE/COMM CHR		3.0									
DAVID C KARLGAARD		30	х								
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RANDY L LEVINE 2 0 X			X								
	RANDY L LEVINE	2 0	x								
	TRUSTEE	_									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest employe Former <u>8</u>0€ Individual trustee or director organizations related Institutional Trustee below organizations employee dotted line) t compensated ee ANN WALKER MARCHANT 2 0 Χ TRUSTEE DAVID A NADLER 2 0 Χ TRUSTEE ROBERT PERRY 2 0 TRUSTEE - THRU 7/13 LINDA D RABBITT 3 0 Х TRUSTEE/COMM CHR DEBORAH RATNER SALZBERG 2 0 Х TRUSTEE STEVEN S ROSS 3.0 Χ TRUSTEE/COMM CHR MARK R SHENKMAN 2 0 Χ TRUSTEE GRACE E SPEIGHTS 2 0 Х TRUSTEE ROBERT K TANENBAUM 3 0 Χ TRUSTEE/COMM CHR AVRAM TUCKER 2 0 Χ TRUSTEE CYNTHIA STEELE VANCE 2 0 Х GEORGE W WELLDE JR 2 0 Χ TRUSTEE TITILOLA WILLIAMS-DAVIES 2 0 Χ TRUSTEE STEVEN KNAPP 50 0 991,036 Х Х 117,659 PRESIDENT - EX OFFICIO LOUIS H KATZ 50 0 Χ 875,935 28,000 **EXECUTIVE VP & TREASURER** STEVEN LERMAN 50 0 Х 659,080 147,602 PROVOST & EVP ACADEMIC AFFRS BETH NOLAN 50 0 557,808 38,991 SR VP & GENERAL COUNSEL JEFFREY S AKMAN 50 0 Χ 829,449 VP FOR HLTH AFFRS/DEAN SMHS LEO M CHALUPA 50 0 Х 446,211 52,283 VP FOR RESEARCH MICHAEL MORSBERGER 50 0 Х 468,849 63,007 VP FOR DEVELOPMENT DONALD W LINDSEY 50 0 Х 614,098 45.683 CHIEF INVESTMENT OFFICER DAVID P STEINOUR 50 0 Χ 350,913 32,160 CHIEF INFORMATION OFFICER BEN VINSON III 50 0 Х 195,774 18,157 DEAN, CCAS - AS OF 8/13 MARGUERITE E BARRATT 50 0 336,734 51,817 Х DEAN, CCAS - THRU 6/13 PAUL SCHIFF BERMAN 50 0

Х

DEAN, LAW SCHOOL - THRU 1/13

494,436

55,228

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne b	ox, u an of	nless ficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
GREGORY E MAGGS	50 0				х			300,689		39,899
INTRM DN, LAW SCHL AS OF 1/13 SHAHRAM SARKANI	F0.0									
DIRECTOR & PROF OF EMSE	50 0					x		863,835	0	48,183
JEROME A BARRON	50 0					х		797,403		23,734
PROFESSOR EMERITUS OF LAW										
MICHAEL LONERGAN MEN'S BASKETBALL COACH	50 0					x		534,807		72,713
THOMAS A MAZZUCHI CHAIR, DEPT OF ENGINEERING	50 0					х		550,397		44,328
VINCENT A CHIAPPINELLI INT ASSC DEAN SMHS/VP HLTH AFF	50 0					х		515,232		44,151
ROBERT A CHERNAK	40 0						х	114,305		22,557
FORMER SR VP SAAS								·		_
JAMES L SCOTT	40 0						х	455,701		35,518
FORMER DEAN,SCHOOL OF MED/HLTH]									

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133055485

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

The George Washington University

section 509(a)(2)

following persons?

check this box

h

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

2013

Open to Public Inspection

	,	53-0196584
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The c	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<u>~</u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II)
6	\sqcap	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.
7	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Type III - Type III - Non-functionally integrated
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or

(i) Name of supported organization	(ii) EIN	organization (described on lines 1 - 9 above or IRC section (see		the lion in lited in erning ent?	(v) Did yo the organ in col (i) suppo	nization of your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	Ī
Total									

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii)

and (III) below, the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) A family member of a person described in (i) above?

Yes

11g(i)

11g(ii)

11g(iii)

No

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 48,411,949 64,628,819 80,014,552 70,589,630 155,008,188 418,653,138 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either 0 paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit 0 to the organization without charge 48,411,949 64,628,819 80,014,552 70,589,630 155,008,188 418,653,138 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 15,898,559 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 402,754,579 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2010 (c) 2011 **(e)** 2013 (a) 2009 (d) 2012 (f) Total beginning in) 🟲 64,628,819 155,008,188 Amounts from line 4 48,411,949 80,014,552 70,589,630 418,653,138 Gross income from interest, dividends, payments received on securities loans, rents, 58,159,385 59,983,751 55,222,549 56,480,959 55,924,238 285,770,882 rovalties and income from sımılar sources Net income from unrelated business activities, whether or 508,726 508,726 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 17,660 31,659 4,927 85,068 139,314 capital assets (Explain in Part IV) 11 Total support (Add lines 7 705,072,060 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 57 122 % Public support percentage for 2012 Schedule A, Part II, line 14 15 0 % 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(1) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(c) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test						
Return Reference	Explanation					
SCHEDULE A, PART II, SECTION B. LINE 10	OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING EVENTS					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493133055485

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

	me of the organization			Employer ide	entification number
The	e George Washington University			53-019658	4
Par	t I-A Complete if the or	ganization is exempt under	section 501(
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	tical campaign act	ivities in Part IV	
2	Political expenditures	9			\$
3	V olunteer hours				
D	at D. Commisto if the on			-1/21	
1 1		ganization is exempt under e tax incurred by the organization u			
2		e tax incurred by the organization mana			\$
3	·	section 4955 tax, did it file Form 47	_	II 4933 F	→ <u> </u>
4а	Was a correction made?	section 4955 tax, and it line form 47	20 for this year.		Γ Yes Γ No
b	If "Yes," describe in Part IV				, res , no
	<u> </u>	ganization is exempt under	section 501(c), except section 5	01(c)(3).
1	•	ended by the filing organization for s	-		\$
2	Enter the amount of the filing o	organization's funds contributed to o	other organization	s for section 527	
	exempt function activities			►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5		nd employer identification number (
		For each organization listed, enter t ns received that were promptly and			
		political action committee (PAC) I			
	(a) Name	(b) Address			
	(a) Name		(a) ETN	(4) 4	(e) A mount of political
		(b) Address	(c) EIN	(d) A mount paid from filing organization's	contributions received
		(b) Address	(c) EIN		contributions received and promptly and
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,
		(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization If none,

section 4911 tax for this year?

┌ Yes ┌ No

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

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

B Check ► If the filing organization checked box A and "limited control" provisions apply

	rempt purpose expenditures (add lines 1c and 1d) g nontaxable amount Enter the amount from the following table in both mount on line 1e, column (a) or (b) is: 500,000 20% of the amount on line 1e 0,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Total lobbying expenditures to influence public o	pinion (grass roots lobbying)			
Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	15,402		
Total lobbying expenditures (add lines 1a and 1	o)	15,402		
Other exempt purpose expenditures	1,394,836,684			
Total exempt purpose expenditures (add lines 1	1,394,852,086			
Lobbying nontaxable amount Enter the amount to	1,000,000			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
Grassroots nontaxable amount (enter 25% of lir	e 1f)	250,000		
Subtract line 1g from line 1a If zero or less, ent	er -0-			
Subtract line 1f from line 1c If zero or less, ente	r-0-			
If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 47	20 reporting		

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

	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	3,824	1,469	4,488	15,402	25,183
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	g Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	.	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

Selection of the select		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Supplemental Financial Statements

DLN: 93493133055485

OMB No 1545-0047

SCHEDULE D

(Form 990)

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number The George Washington University 53-0196584 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Γ 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 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 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 **\(\mathbb{F}_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 5,710,000 (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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	Organizations Maintaining Co	ollections of Art	, His	tori	cal Treas	sures, or Ot	her Similar As	ssets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other recor	ds, ch	neck a	•	_	_	e of its
а	Public exhibition		d		Loan or ex	change progra	ms	
b	Scholarly research		e	Γ	Other			
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	w they	/ further the	e organızatıon's	s exempt purpose	ın
5	During the year, did the organization solicit							F., F.,
Doo	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrange		•					Yes V No
FeII	Part IV, line 9, or reported an air					on answered	res to roilli	99 0,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?					s or other asse	ts not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving t	able	_		
								mount
C	Beginning balance						lc	
d	Additions during the year					<u> </u>	.d	
e f	Distributions during the year					<u> </u>	.e	
f	Ending balance	000 5 111				<u> </u>	lf	
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 217					┌ Yes ┌ No
ь	If "Yes," explain the arrangement in Part XI					-		
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year		rior ye			Part IV, line 10. (d)Three years back	
1a	Beginning of year balance	1,375,201,717			91,938	1,331,100,652	1,143,581,701	1,011,192,217
b	Contributions	26,745,275		21,7	77,666	12,722,014	20,048,815	14,550,663
c	Net investment earnings, gains, and losses	254,771,454		125,5	522,204	37,171,754	239,647,928	187,659,517
d	Grants or scholarships	8,986,348		8,4	29,072	8,196,187	7,817,598	7,874,781
e	Other expenditures for facilities and programs	62,467,435		59,8	390,790	58,511,818	56,012,499	54,920,355
f	Administrative expenses	8,756,381			70,229	8,394,477	8,347,695	<u> </u>
g	End of year balance	1,576,508,282	1	,375,2	.01,717	1,305,891,938	1,331,100,652	1,143,581,701
2	Provide the estimated percentage of the cui	rent year end baland	ce (lın	e 1g,	column (a))) held as		
а	Board designated or quasi-endowment ►	70 883 %						
b	Permanent endowment ► 12 739 %							
c	Temporarily restricted endowment ► 16 The percentages in lines 2a, 2b, and 2c sho	379 % uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held and	d administered	for the	
	organization by (i) unrelated organizations						32	Yes No
	(ii) related organizations			•				(ii) No
b	If "Yes" to 3a(II), are the related organization		. . d on S	 Sched	ule R? .			Bb
4	Describe in Part XIII the intended uses of t	he organization's en	dowm	ent fu	ınds			
Par	t VI Land, Buildings, and Equipm 11a. See Form 990, Part X, line		the o	rgan	ızatıon an	swered 'Yes'	to Form 990, P	art IV, line
	Description of property				Cost or other (investment)	(b) Cost or othe basis (other)	r (c) Accumulated depreciation	(d) Book value
1a	_and				561,105	152,260,3	77	152,821,482
b I	Buildings				886,103,332	1,811,009,9		
	_easehold improvements					15,962,2	55 9,791,963	1 6,170,294
d I	Equipment					228,510,3	88 145,388,143	3 83,122,245
	Other					<u> </u>		
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	X, colu	ımn (E	3), line 10(c).)	+	2,404,310,058
							Schedule	D (Form 990) 2013

(including name of security)		(b) Book	k value	(c) Method of valuation Cost or end-of-year market value
L)Financial derivatives 2)Closely-held equity interests		-		
S)Other A) DEF COMP LIFE INS - CSV			3,085,852	F
B) INV FUND FOR 457 LIABILITIES			31,842,264	F
C) BENEFICIAL INT PERPETUAL TSTS			38,042,184	F
D) REC FROM CRUTS HELD BY 3RD PTY			2,709,475	F
E) LIFE INCOME FUNDS			13,425,980	F
F) LIMITED PARTNERSHIPS			54,877,220	F
G) OTHER SECURITIES			408,787,665	F
H) BONDS AND NOTES			31,000	F
OTHER STOCKS			1,047,129	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related. Co	mplete if the		553,848,769 n answered 'Y	es' to Form 990. Part IV. line 1
See Form 990, Part X, line 13.				
(a) Description of investment	(b) Boo	k value		thod of valuation 1-of-year market value
			+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	*			
Part IX Other Assets. Complete if the organization	n answered 'Ye	s' to Form 990), Part IV , line:	l 1d See Form 990, Part X, line 15
(a) Descri	ption			(b) Book value
	•			
Part X Other Liabilities. Complete if the orga	•	· · · · · · · · · · · · · · · · · · ·	 o Form 990, F	· · ► Part IV, line 11e or 11f. See
	•		 o Form 990, F	► Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability	inization ansv		 to Form 990, F	▶ Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes	inization ansv	value	 o Form 990, F	Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0		▶ Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability deral income taxes FUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability deral income taxes FUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	▶ Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the organ Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	art IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	▶ Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596	 o Form 990, F	Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596		art IV, line 11e or 11f. See
Form 990, Part X, line 25.	inization ansv	value 0 29,311,596	 o Form 990, F	Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	inization ansv	value 0 29,311,596		Part IV, line 11e or 11f. See
Part X Other Liabilities. Complete if the orga Form 990, Part X, line 25. (a) Description of liability ederal income taxes EFUNDABLE ADVANCES	(b) Book	value 0 29,311,596	 o Form 990, F	Part IV, line 11e or 11f. See

	lule D (Form 990) 2013		Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete if
1	Total revenue, gains, and other support per audited financial statements	1	1,431,536,420
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, , ,
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	180,536,938
3	Subtract line 2e from line 1	3	1,250,999,482
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		· · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 8,756,382		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	221,436,187
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,472,435,669
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
	ıf the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,190,681,199
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	26,091,914
3	Subtract line 2e from line 1	3	1,164,589,285
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 8,756,382		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4 c	247,687,940
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,412,277,225
Pari	Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to mation		de any additional

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE UNIVERSITY HOLDS A COLLECTION OF HISTORICAL DOCUMENTS IN THE AMOUNT OF \$5,710,000 IN ADDITION, THE UNIVERSITY HOLDS A PERMANENT COLLECTION OF ARCHIVES, HISTORICAL DOCUMENTS, AND ARTWORK WHICH INCLUDES PAINTINGS, SCULPTURES, GRAPHICS, TEXTILES, CERAMICS, HISTORIC FURNISHINGS, AND PHOTOGRAPHS WITHIN THE COLLECTION ARE ARTIFACTS THAT ARE OF SIGNIFICANCE TO BOTH THE SCHOOL AND THE DISTRICT OF COLUMBIA THE COLLECTION FURTHERS THE CURRICULAR OFFERINGS OF THE UNIVERSITY THROUGH BOTH RESEARCH AND STUDY, AND ALSO PROMOTES LIFELONG LEARNING AND RECREATION IN THE VISUAL ARTS THROUGH EXHIBITIONS AND EDUCATIONAL PROGRAMS FOR THE UNIVERSITY AND THE GREATER COMMUNITY THE COLLECTION IS MANAGED BY THE UNIVERSITY'S LUTHER W BRADY ART GALLERY, AN EDUCATIONAL GALLERY LOCATED ON CAMPUS THE UNIVERSITY ALSO MAINTAINS A SECOND GALLERY THROUGH THE SUPPORT OF ITS FINE ARTS AND ART HISTORY STUDENTS THE DIMOCK GALLERY PROVIDES A "HANDS-ON" EXPERIENCE FOR CURATING AND PRESENTING STUDENTS' CREATIVE ENDEAVORS WHERE STUDENTS CAN ORGANIZE EXHIBITIONS AND LEARN ABOUT EXHIBITION DESIGN WITH THE ADVICE OF FACULTY AND CURATORS
SCHEDULE D, PART V, LINE 4	THE UNIVERSITY'S ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT TO A WIDE VARIETY OF PROGRAMS AND ACTIVITIES IN PERPETUITY, PLAYING A CRITICAL ROLE IN ENABLING THE UNIVERSITY TO ACHIEVE ITS MISSION PROGRAMS SUPPORTED BY THE ENDOWMENT INCLUDE SCHOLARSHIPS, CHAIRS AND PROFESSORSHIPS, FELLOWSHIPS, RESEARCH ACTIVITIES, AND LIBRARIES
SCHEDULE D, PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF CHARITABLE TRUSTS - \$5,037,434 NOTE ADJUSTMENT - (\$250,000) SUBSIDIARY REVENUE - (\$18,090) RECOVERIES (LOSSES) ON PLEDGE CONTRIBUTIONS - (\$1,121,634) TOTAL TO SCHEDULE D, PART XI, LINE 2D - \$3,647,710
SCHEDULE D, PART XI, LINE 4B - OTHER ADJUSTMENTS	UNIVERSITY FUNDED SCHOLARSHIPS NETTED AGAINST FS REVENUE - \$238,931,558 RENTAL PROPERTY EXPENSES NETTED AGAINST TAX REVENUE - (\$26,251,753) TOTAL TO SCHEDULE D, PART XI, LINE 4B - \$212,679,805
SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL PROPERTY EXPENSES NETTED AGAINST TAX REVENUE - \$26,251,753 SUBSIDIARY EXPENSE - (\$159,839) TOTAL TO SCHEDULE D, PART XII, LINE 2D - \$26,091,914
SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS	UNIVERSITY FUNDED SCHOLARSHIPS NETTED AGAINST FS REVENUE - \$238,931,558

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

Additional Data

Software ID: Software Version:

EIN: 53-0196584

Name: The George Washington University

Form 990,	Schedule	D, Part	VII -	Investments	Other	Securities

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(3)Other (A) DEF COMP LIFE INS - CSV	3,085,852	F
(B) INV FUND FOR 457 LIABILITIES	31,842,264	F
		·
(C) BENEFICIAL INT PERPETUAL TSTS	38,042,184	F
(D) REC FROM CRUTS HELD BY 3RD PTY	2,709,475	F
(E) LIFE INCOME FUNDS	13,425,980	F
(F) LIMITED PARTNERSHIPS	54,877,220	F
(G) OTHER SECURITIES	408,787,665	F
(H) BONDS AND NOTES	31,000	F
(I) OTHER STOCKS	1,047,129	F

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As Filed Data -

DLN: 93493133055485

OMB No 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

SCHEDULE E

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

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

Open to Public Inspection

Name of the organization **Employer identification number** The George Washington University 53-0196584 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? <u>5g</u> Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b Yes If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, LINE 3	THE POLICY IS PUBLISHED ON THE UNIVERSITY'S WEBSITE AND IS PRINTED IN ALL MAJOR UNDERGRADUATE AND GRADUATE APPLICATION MATERIALS, INCLUDING UNDERGRADUATE AND GRADUATE BULLETINS AND COURSE CATALOGS, STUDENT HANDBOOKS, FINANCIAL AID SOURCEBOOKS, GUIDE TO STUDENT RIGHTS AND RESPONSIBILITIES, AND EMPLOY MENT APPLICATION MATERIALS THE UNIVERSITY CONTINUES IN ITS EFFORTS TO ENSURE ALL SUPPLEMENTARY WRITTEN COMMUNICATIONS ALSO INCLUDE A REFERENCE TO THE POLICY
SCHEDULE E, LINE 6A	THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS GOVERNMENTAL AGENCIES, WITHIN THE FEDERAL GOVERNMENT AND WITHIN LOCAL JURISDICTIONS THE GOVERNMENTAL GRANTS AND CONTRACTS SUPPORT CERTAIN RESEARCH PROJECTS AND STUDENT FINANCIAL AID
SCHEDULE E, LINE 6B	THE UNIVERSITY DETECTED AND SELF REPORTED A THEFT THAT HAD BEEN PERPETRATED BY AN INDIVIDUAL WITH CRIMINAL INTENT IN COLLUSION WITH OTHERS ON A FEDERAL COOPERATIVE AGREEMENT ACTIVITY ON THAT AGREEMENT WAS PARTIALLY SUSPENDED ON JUNE 29, 2004 DURING THE INVESTIGATION AND THE INDIVIDUAL WAS TERMINATED AND SUBSEQUENTLY IMPRISONED ALL ACTIVITY ON THE AGREEMENT WAS FULLY REINSTATED ON OCTOBER 31, 2005

Schedule E (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493133055485

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization				Employer ident	ification number
The George Washington University				53-0196584	
Part I General Information "Yes" to Form 990, Part			e United States. Co	omplete if the organiz	ation answered
1 For grantmakers. Does the o other assistance, the grantee to award the grants or assista	es' eligibility fo	r the grants or	assistance, and the s	selection criteria used	_
2 For grantmakers. Describe in assistance outside the United		ganızatıon's pı	ocedures for monitorii	ng the use of its gran	ts and other
3 Activites per Region (The follow	ing Part I, line 3	table can be du	iplicated if additional spa	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data		-	-		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	4	185			241,707,000 32,000
c Totals (add lines 3a and 3b)	4	185			241,739,000

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

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

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

•			

3 Enter total number of other organizations or entities

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

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)	
(1) STUDY ABROAD SCHOLARSHIPS	Central America and the Caribbean	10	52,000	EFT				
(2) STUDY ABROAD SCHOLARSHIPS	East Asia and the Pacific	130	1,334,000					
(3) STUDY ABROAD SCHOLARSHIPS	Europe (Including Iceland and Greenland)	640	6,102,000	EFT				
(4) STUDY ABROAD SCHOLARSHIPS	Middle East and North Africa	70	524,000	EFT				
(5) STUDY ABROAD SCHOLARSHIPS	Russia and the Newly Independent States	10	78,000	EFT				
(6) STUDY ABROAD SCHOLARSHIPS	South America	100	978,000	EFT				
(7) STUDY ABROAD SCHOLARSHIPS	South Asia	10	144,000	EFT				
(8) STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	90	747,000	EFT				
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
	•			•	•		COO) 2012	

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> </u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	F	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	١✓	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	ি	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	١✓	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	√	Yes	Г	Νo

Schedule F (Form 990) 2013

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Additional Data

Software ID: Software Version:

EIN: 53-0196584

Name: The George Washington University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		150,308,000
East Asia and the Pacific			Investments		51,798,000
Middle East and North Africa			Investments		697,000

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia			Investments		7,955,000
Central America and the Caribbean		7	· · · · · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	387,000
East Asia and the Pacific		22	-	EDUCATION AND RESEARCH	3,709,000

Form 990 Schedule F	<u>Part I - Activit</u>	ies Outside T	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	3	63	Program Services	EDUCATION AND RESEARCH	13,435,000
Middle East and North Africa		17	Program Services	EDUCATION AND RESEARCH	1,624,000
North America		9	Program Services	EDUCATION AND RESEARCH	4,670,000

Form 990 Schedule F F	<u> Part I - Activit</u>	<u>ies Outside T</u>	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States		31		EDUCATION AND RESEARCH	397,000
South America	1	10	· · · J · · · · · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	2,052,000
South Asia		9		EDUCATION AND RESEARCH	798,000

Form 990 Schedule F	<u>Part I - Activit</u>	<u>ies Outside T</u>	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa		17	Program Services	EDUCATION AND RESEARCH	3,351,000
Central America and the Caribbean			Fundraising		5,000
East Asia and the Pacific			Fundraising		368,000

Form 990 Schedule F	Part I - Activit	ies Outside T	he United States	_	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Fundraising		129,000
Middle East and North Africa			Fundraising		24,000
North America			Fundraising		4,000

Form 990 Schedule F	<u>Part I - Activit</u>	ies Outside Th	ne United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Independent States			Fundraising		6,000
South America			Fundraising		13,000
South Asia			Fundraising		9,000

, Form 990 Scheau	ie i part II	- Grants or Entitle	es outside ine or	ited States		_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBAWARD	598,000	EFT	1		
		East Asia and the Pacific	SUBAWARD	204,000	EFT	1		
		South Asia	SUBAWARD	75,000	EFT	1		
		East Asia and the Pacific	SUBAWARD	6,000	EFT			

Form 990 Scheav	orm 990 Schedule F Part II - Grants or Entities Outside The United States										
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)			
		Europe (Including Iceland and Greenland)	SUBAWARD	120,000	EFT						
		Sub-Saharan Africa	SUBAWARD	69,000	EFT						
		Sub-Saharan Africa	SUBAWARD	72,000	EFT						
		East Asia and the Pacific	SUBAWARD	122,000	EFT		,				

Form 990 Schedu	ale F Part II	- Grants or Entitie	as Outside The Ur	ited States				, , , , , , , , , , , , , , , , , , ,
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBAWARD	141,000	EFT			
		North America	SUBAWARD	77,000	EFT			
		North America	SUBAWARD	3,171,000	EFT			
		Middle East and North Africa	SUBAWARD	23,000	EFT			

, Form 990 Scheau	ie F Part II	- Grants or Entitle	as Outside The Un	ited States	_			
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		East Asia and the Pacific	SUBAWARD	18,000	EFT			
		Sub-Saharan Africa	HLTH EDUC	6,000	EFT			
		Sub-Saharan Africa	SUBAWARD	22,000	EFT			
		Europe (Including Iceland and Greenland)	SUBAWARD	60,000	EFT			

Form 990 Schedule F Part II - Grants or Entities Outside The United States											
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV , appraısal, other)			
		North America	SUBAWARD	73,000	EFT						

DLN: 93493133055485

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Ves Ves

Name of the organization The George Washington University **Employer identification number**

53-0196584

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

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
 - Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
 - Solicitation of government grants
 - ▼ Special fundraising events
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 GRENZEBACH GLIER AND ASSOCIATES INC 401 NORTH MICHIGAN AVE SUITE 2800 CHICAGO, IL 60611	OVERALL STRATEGY		No		298,390	-298,390
2 HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	STRATEGY DIRECT SOLI		No	34,489	189,163	-154,674
3 HEATON SMITH GROUP 1380 W PACES FERRY RD NW	PLANNED GIVING		No	10,000	115,283	-105,283
ATLANTA, GA 30327 4 SLOANE CORRIN HURST 7207 13TH AVE TAKOMA PARK, MD 20912	STRATEGIC PLANNING		No	270,000	87,317	182,683
5 RUFFALOCODY LLC 65 KIRDWOOD NORTH RD SW CEDAR RAPIDS, IA 52404	TELE FUNDRAISING		No	108,715	83,708	25,007
6 BENTZ WHALEY FLESSNER AND ASSOCIATE 7251 OHMS LANE MINNEAPOLIS, MN 55439	FUNDRAISING ANALYSIS		No		62,500	-62,500
7 THE STELTER COMPANY 10435 NEW YORK AVE DES MOINES, IA 50322	DESIGN CONSULTING		No		59,552	-59,552
8						
10						
Total			.	423,204	895,913	-472,709

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

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts				
eVe	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c)
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	✓ Yes % ✓ No %	Г Yes% Г Nо	☐ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming l Yes," explain				

|--|

Page	
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Sche	edule G (Form 990 or 990-EZ) 2013		Page 3
D	. hb	which with manuscrath and 2	11
		vities with nonmembers?	10
12		lary or trustee of a trust or a member of a partnership or other entity	_
		ng?	; I No
13	Indicate the percentage of gaming ac	, ·	
a			<u>%</u>
ь	•		<u>%</u>
14	Enter the name and address of the pe	rson who prepares the organization's gaming/special events books and records	
	Name 🟲		
	Address ►		
15a b	revenue?	t with a third party from whom the organization receives gaming Yes revenue received by the organization * \$ and the	: Г _{No}
	amount of gaming revenue retained b	y the third party 🟲 \$	
C	If "Yes," enter name and address of t	he third party	
	Name 🕨		
	Address ▶		
16	Gaming manager information		
	Name 🕨		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer	☐ Employee ☐ Independent contractor	
17	Mandatory distributions	, ,,==	
a	•	ate law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license? .		. Г _{No}
ь	5 5	uired under state law distributed to other exempt organizations or spent	INO
	ın the organization's own exempt acti	· · ·	
Pai	t IV Supplemental Informat	ion. Provide the explanations required by Part I, line 2b, columns (iii) and (v. 5b, 15c, 16, and 17b, as applicable. Also complete this part to provide any), and
	Return Reference	Explanation	
	EDULE G, PART I, E 2B, COLUMN (I)	1 GRENZEBACH GLIER AND ASSOCIATES INC - 401 NORTH MICHIGAN AVE, SUCHICAGO, IL 60611 2 HARRIS CONNECT LLC - 1511 ROUTE 22, SUITE C-25, BI 10509 3 HEATON SMITH GROUP - 1380 W PACES FERRY RD NW, ATLANTA, GAIS SLOANE CORRIN HURST - 7207 13TH AVE, TAKOMA PARK, MD 20912 5 RUFFAL 65 KIRDWOOD NORTH RD SW, CEDAR RAPIDS, IA 52404 6 BENTZ WHALEY FLES ASSOCIATES INC - 7251 OHMS LANE, MINNEAPOLIS, MN 55439 7 THE STELTE 10435 NEW YORK AVE, DES MOINES, IA 50322	REWSTER, NY 30327 4 LOCODY LLC - SSNER AND
	EDULE G, PART I, E 2B, COLUMN (V)	FUNDRAISER AGREEMENTS THAT PROVIDE BOTH PAYMENTS FOR SERVICES AT FOR EXPENSES REQUIRE EXPENSES TO BE DOCUMENTED WITH RECEIPTS THE AGREEMENTS WITH FUNDRAISERS EXCLUSIVELY FOR EXPENSES	

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493133055485

Department of the Treasury Internal Revenue Service	► Information		rm 990) and its instruct	ions is at <u>www.i<i>rs.gov /</i></u>	<u>form990</u> .		Inspection
Name of the organization The George Washington University						Employer identificat	on number
The George Washington University						53-0196584	
Part I General Information	n on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	vard the grants or as:	sıstance?					✓ Yes N
Part II Grants and Other A Form 990, Part IV, lin							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50	l D1(c)(3) and governr	l ment organizations list	ed in the line 1 table .			<u> </u>	168

Enter total number of other organizations listed in the line 1 table

26

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UNIV-AWARDED GRANTS, SCHOLARSHIPS, AND ALLOCATIONS	11000	228,973,000			
(2) STIPENDS, PRIZES, AND AWARDS	2000	17,243,000			
(3) SUBAWARDS	2	201,000			
Part IV Supplemental Informat	tion Provide the info	rmation required in P	art I line 2 Part III	column (b) and any other	additional information

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

SCHEDULE I, PART I, LINE 2

Return Reference

Explanation

FORMAL SUBRECIPIENT MONITORING POLICY FOR USE OF SPONSORED FUNDS THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE PERFORMING A PORTION OF THE SPONSORED PROJECT WORK EXTERNALLY AND CONFORMS TO THE APPLICABLE FEDERAL RULES AND REGULATIONS REQUIRED BY VARIOUS OMB CIRCULARS GW HAS INTERNAL PROCEDURES ASSESSING RISK RELATED TO LOW, MEDIUM, AND HIGH RISK SUBRECIPIENTS BEFORE A SUBAWARD IS DRAFTED AND SUBSEQUENTLY EXECUTED PROCEDURES FOR EARLY RISK ASSESSMENT AND DURING THE AWARD MONITORING ARE DEFINED BY ROLES AND RESPONSIBILITIES AT GW AND INCLUDE, BUT ARE NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, HIS/HER DEPARTMENT ADMINISTRATORS, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW GW HILLEL ONLY - THE ORGANIZATION PRESENTED PLANS FOR THE RENOVATION, MAINTENANCE, FURNISHING, AND ENDOWMENT OF GW HILLEL'S FACILITIES LOCATED ON THE GW CAMPUS DETAILS, SUCH AS BUDGETS, ARE PROVIDED TO GW ON REQUEST IN CONNECTION WITH ITS REVIEW A REPORT WILL BE PROVIDED TO GW UPON COMPLETION OF THE RENOVATION MEDICAL FACULTY ASSOCIATES, INC JOINT FUNDRAISING CAMPAIGN ONLY - MFA AGREES TO SPEND PHILANTHROPICALLY RAISED FUNDS CONSISTENT WITH DONOR INTENT AND TO PROVIDE ANNUAL REPORTS ON THE USE OF EXPENSED FUNDS AND RELATED DETAIL TO GW SMYAL/THE DC CENTER FOR THE LGBT COMMUNITY ONLY - THESE AWARDS WERE GIVEN BY THE LEARNING BY GIVING FOUNDATION GW COMPLETES A SITE VISIT TO ENSURE THE ORGANIZATION COMPLETED THE PROJECT AND TO ALLOW STUDENTS TO SEE THE RESULTS $\,$ A REPORT IS ALSO PROVIDED. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS. THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES THE SYSTEM CHECKS THAT THE STUDENT IS STILL ENROLLED BEFORE ISSUING THE REFUND AT THE GRADUATE LEVEL, AWARDS ARE INITIATED, CHECKED TO ENSURE ELIGIBILITY AND APPROVED BEFORE AWARDS ARE OFFERED TO A STUDENT AND A STUDENT MUST ACCEPT THE AWARD BEFORE PAYMENT PROCESSES BEGIN QUALIFICATIONS FOR IENDOWMENT AWARDS ARE CHECKED AND THE MINIMUM REQUIREMENTS FOR AWARDS ARE CHECKED FOR EVERY ENDOWMENT AWARDEE PAPERWORK IS KEPT IN THE OFFICE FOR THREE YEARS AND THE AWARD LETTERS ELECTRONICALLY FOR FIVE YEARS OUR ELECTRONIC SYSTEMS, BANNER AND EAS, HAVE THE RECORDS OF PAYMENTS HAVE THE RECORDS OF PAYMENTS

GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS (INCLUDING SUBAWARD TO INDIVIDUAL) GW MAINTAINS A

SCHEDULE I, PART II

IN RECOGNITION OF THE SERVICES THAT GW HILLEL PROVIDES TO STUDENTS AT GW, GW AND GW HILLEL CONDUCTED A JOINT FUNDRAISING CAMPAIGN FOR THE RENOVATION, MAINTENANCE, FURNISHINGS, AND ENDOWMENT OF GW HILLEL'S FACILITIES LOCATED ON THE GW CAMPUS ALL RESTRICTED CONTRIBUTIONS RECEIVED BY GW UNDER THE CAMPAIGN ARE AWARDED AS GRANTS TO GW HILLEL UNDER THE TERMS OF THE JOINT FUNDRAISING AGREEMENT

Additional Data

Software ID:

Software Version:

EIN: 53-0196584

Name: The George Washington University

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACKCO INC 1616 E INDIAN SCHOOL RD PHOENIX,AZ 85004	46-0316645		1,264,000				SUBA WA RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ALBERT EINSTEIN COLL OF MEDICINE OF YESHIVA UNIV 1300 MORRIS PK AVE RM 1108 BRONX,NY 10461	13-1624225	501(C)(3)	987,000				SU BA WA RD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
ALLIANCE FOR HEALTH 1345 MONROE AVE NW GRAND RAPIDS,MI 49505	38-2004919	501(C)(3)	20,000				SUBA WARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMER ACADEMY OF FAMILY PHYSICIANS FOUNDATION 11400 TOMAHAWK CREEK PKWY LEAWOOD,KS 66211	44-6013671	501(C)(3)	10,000				SUBA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMER ASSN ADVANCEMENT OF SCIENCE 1200 NEW YORK AVE NW WASHINGTON, DC 20005	53-0196568	501(C)(3)	136,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMER BD OF MED SPECIALTIES RESEARCH AND EDUC FDN 222 N LASALLE ST 1500 CHICAGO,IL 60601	23-7304902	501(C)(3)	515,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN INSTITUTE FOR RESEARCH 1000 THOMAS JEFF ST NW WASHINGTON, DC 20007	25-0965219	501(C)(3)	758,000				SUBA WA RD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN NATIONAL STANDARDS INSTITUTE 25 WEST 43RD STREET NEWYORK,NY 10036	13-1635253	501(C)(3)	25,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN UNIVERSITY 4400 MASS AVE NW WASHINGTON,DC 20016	53-0196549	501(C)(3)	56,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICA'S PROMISE THE ALLIANCE OF YOUTH 1110 VERMONT AVE NW WASHINGTON,DC 20005	54-1848713	501(C)(3)	104,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ASSOCIATION OF IMMUNIZATION MANAGERS 620 HUNGERFORD DRIVE ROCKVILLE, MD 20850	52-2346043	501(C)(3)	113,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ATLANTA RESEARCH AND EDUCATION FOUNDATION INC 1902 CLAIRMONT ROAD DECATUR,GA 30033	58-1857346	501(C)(3)	397,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AVALERE HEALTH LLC 1350 CONN AVE NW WASHINGTON, DC 20036	26-2471868		35,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BAILIT HEALTH PURCHASING LLC 56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		28,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BARRERA ASSOCIATES INC 1025 CONN AVE NW WASHINGTON,DC 20036	75-2285168		17,000				SUBA WARD	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BAYLOR COLLEGE OF MEDICINE P O BOX 201361 HOUSTON,TX 77216	74-1613878	501(C)(3)	1,613,000				SUBA WARD	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BAYLOR RESEARCH INSTITUTE 3310 LIVE OAK ST DALLAS,TX 75204	75-1921898	501(C)(3)	387,000				SUBA WA RD	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BIOMEDICAL RESEARCH INST OF NM 1501 SAN PEDRO DR SE ALBUQUERQUE,NM 87108	85-0374063	501(C)(3)	114,000				SU BA WA RD	

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM 1220 LINDEN DRIVE MILWAUKEE,WI 53278	39-6006492	WISCONSIN	89,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BOSTON MEDICAL CENTER CORPORATION 660 HARRISON AVE BOSTON,MA 02118	04-3314093	501(C)(3)	11,000				SU BA WA RD		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRIDGES TO EXCELLENCE 111 ROCKVILLE PIKE 2ND FLOOR ROCKVILLE, MD 20850	51-0461495	501(C)(3)	357,000				SUBA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BRIGHAM AND WOMENS HOSPITAL PO BOX 3887 6 FL BOSTON,MA 02241	04-2312909	501(C)(3)	133,000				SUBA WARD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BRONX LEBANON HOSPITAL CENTER 1276 FULTON AVE AT 169TH ST BRONX,NY 10456	11-3125823	501(C)(3)	469,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CANCER SUPPORT CENTER 1050 17TH ST NW WASHINGTON,DC 20036	95-4163931	501(C)(3)	6,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAPITAL CITY AREA HEALTH EDU CTR 1700 E CAPITOL ST NE 500 WASHINGTON, DC 20003	26-3301051	501(C)(3)	173,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CARNEGIE MELLON UNIVERSITY PO BOX 371032 PITTSBURGH,PA 15250	25-0969449	501(C)(3)	64,000				SUBA WA RD		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501(C)(3)	1,775,000				SUBA WA RD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CENTER FOR HEALTH CARE STRATEGIES 200 AMER METRO BLVD 119 HAMILTON,NJ 08619	22-3375015	501(C)(3)	102,000				S U B A W A R D			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	43-1196944		422,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILDRENS HOSP OF PHILADELPHIA 3615 CIVIC CTR BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	1,144,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES,CA 90027	95-1690977	501(C)(3)	1,630,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI,OH 45229	34-0714357	501(C)(3)	459,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVE NW WASHINGTON,DC 20010	52-1654453	501(C)(3)	233,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CINCINNATI CHILDRENS HOSPITAL 3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(C)(3)	10,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COLUMBIA UNIVERSITY 615 W 131ST ST 4TH FL NEW YORK,NY 10027	13-5598093	501(C)(3)	4,265,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY CATALYST INC 30 WINTER ST BOSTON,MA 02108	04-3355127	501(C)(3)	14,000				SUBA WARD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COMMUNITY WEALTH PARTNERS 1825 K ST NW 1004 WASHINGTON,DC 20006	52-2025260		318,000				SUBA WA RD			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COOPER HEALTH SYSTEM 3 EXEC CAMPUS RT 70 SUITE 1000 CHERRY HILL,NJ 08002	21-0634462	501(C)(3)	439,000				SUBA WA RD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DENVER HEALTH AND HOSPITAL AUTHORITY AUTHORITY PO BOX 17093 DENVER,CO 80217	84-1343242		363,000				SUBA WARD		

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
DREXEL UNIVERSITY COLLEGE OF MEDICINE PO BOX 9500-1090 PHILADELPHIA,PA 19195	23-2979433	501(C)(3)	36,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DUKE UNIVERSITY 2200 W MAIN ST DURHAM,NC 27705	56-0532129	501(C)(3)	904,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
E CONSTRUCT USA LLC 11823 ARBOR STREET SUITE 820 OMAHA,NE 68144	27-0538416		21,000				SUBA WA RD		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
EL RIO HEALTH CENTER 839 W CONGRESS ST SUITE 200 TUCSON,AZ 85745	86-0285857	501(C)(3)	58,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EMORY UNIVERSITY 201 DOWMAN DR ATLANTA,GA 30322	58-0566256	501(C)(3)	233,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FAMILY AND MED COUNSELLING SERV INC 2041 MLK JR AVE WASHINGTON,DC 20020	52-1073362	501(C)(3)	132,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FLORIDA INTL UNIVERSITY MARC 470 MIAMI,FL 33199	65-0177616	FLORIDA	17,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRED HUTCHINSON CANCER RSCH CTR 1100 FAIRFVIEW AVE N 11200 SW 8TH STREET SEATTLE, WA 98109	23-7156071	501(C)(3)	431,000				SUBA WA RD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FREEDMAN HEALTHCARE 29 CRAFTS STREET NEWTON,MA 02458	20-4509536		20,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GATEWAY BEHAVIORAL HEALTH 700 COASTAL VILLAGE DR SUITE 470 BRUNSWICK,GA 31520	58-2109306		12,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GE MEDICAL SYSTEMS CORP PO BOX 102586 ATLANTA,GA 30365	14-0689340		95,000				SU BA WA RD		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX,VA 22030	54-0836354	VIRGINIA	111,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GEORGETOWN UNIVERSITY 37TH O ST NW WASHINGTON,DC 20057	53-0196603	501(C)(3)	443,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GFK CUSTOM RESEARCH LLC PO BOX 347353 PITTSBURGH,PA 15251	36-2948619		69,000				SUBA WA RD		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GREATER DETROIT AREA HEALTH COUNCIL 407 E FORT ST DETROIT,MI 48226	38-1360904	501(C)(3)	23,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GROUP HEALTH COOPERATIVE PO BOX 34587 6TH FLOOR SEATTLE, WA 98124	91-0511770	501(C)(3)	102,000				SUBA WA RD			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HARBOR-UCLA RESEARCH AND EDUC INST 1125 MURPHY HALL LOS ANGELES,CA 90095	95-2138184	501(C)(3)	35,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HCM STRATEGISTS LLC 1156 15TH STREET NW WASHINGTON,DC 20005	26-2120999		113,000				SU BA WA RD		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEALTHCARE 21 BUSINESS COALITION 625 MARKET STREET KNOXVILLE,TN 37902	62-1709733	501(C)(3)	85,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEALTHCARE QUALITY INSTITUTE 9483 RANCH PARK WAY 9 FL ELK GROVE,CA 95624	27-0655513		364,000				SUBA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEALTHY MEMPHIS COMMON TABLE 6027 WALNUT GROVE RD 215 MEMPHIS,TN 38120	62-1820264	501(C)(3)	55,000				SU BA WA RD			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5EF DETROIT,MI 20422	38-1357020	501(C)(3)	391,000				SUBA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HILLEL AT THE GEORGE WASHINGTON UNIVERSITY INC 2300 H STREET NW WASHINGTON, DC 20037	52-6081729	501(C)(3)	213,000				JNT FUND CAMP			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOWARD UNIVERSITY 525 BRYANT ST NW WASHINGTON,DC 20059	53-0204707	501(C)(3)	512,000				SU BA WA RD			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FDN PO BOX 1185 137 ARCATA,CA 95518	94-6050071	501(C)(3)	10,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	(h) Purpose of grant or assistance			
IDENTITY 414 EAST DIAMOND AVE GAITHERSBURG,MD 20877	52-2120012	501(C)(3)	838,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
IMMUNIZATION ACTION COALITION 1573 SELBY AVE STE 234 SAINT PAUL, MN 55104	41-1768237	501(C)(3)	20,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INDIANA UNIVERSITY 620 UNION DR RM 518 INDIANAPOLIS,IN 46266	35-6001673	INDIANA	466,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INSTITUTE FOR CLINICAL RESEARCH PO BOX 29545 WASHINGTON,DC 20017	52-1336656	501(C)(3)	614,000				SUBA WARD			

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
INSTITUTE FOR FAMILY CENTERED CARE 7900 WISCONSIN AVE 405 BETHESDA,MD 22301	52-1777133	501(C)(3)	110,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INTEGRATED CLINICAL TRIAL SERVICES 6300 CREEDMOORE RD RALEIGH,NC 27612	32-0065766		45,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
INTERNATIONAL DIABETES CENTER 3800 PK NICOLLET BLVD MINNEAPOLIS, MN 55416	41-0961862		504,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR CHICAGO,IL 60693	52-0595110	501(C)(3)	245,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST 16TH FL OAKLAND,CA 94612	94-1105628	501(C)(3)	270,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LA CLINICA DEL PUEBLO INC 2831 15TH ST NW WASHINGTON,DC 20009	52-1942551	501(C)(3)	39,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA RD NW WASHINGTON,DC 20009	52-1023074	501(C)(3)	291,000				SUBA WARD			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LOUISIANA STATE UNIVERSITY 6400 PERKINS ROAD BATON ROUGE,LA 70808	72-6000848	LOUISIANA	253,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LYNN ETHEREDGE GROUP 4805 DERUSSEY PKWY CHEVY CHASE, MD 20815	52-1580137		44,000				SUBA WARD		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAGEE WOMENS RESEARCH INST 3339 WARD ST PITTSBURGH,PA 15213	25-1462312	501(C)(3)	21,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARIPOSA COMMUNITY HEALTH CENTER INC 1852 N MASTICK WAY NOGALES,AZ 85621	86-0524321	501(C)(3)	8,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARYMOUNT UNIVERSITY 2807 NORTH GLEBE RD ARLINGTON,VA 22207	54-0573801	501(C)(3)	8,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARYS CTR MATERNAL AND CHILD CARE 2333 ONTARIO RD NW WASHINGTON,DC 20009	52-1594116	501(C)(3)	213,000				SUBA WARD			

Form 990,Schedule 1, Par	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829 BOSTON,MA 02241	04-2697983	501(C)(3)	2,278,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MASSACHUSETTS HEALTH QUALITY 42 PLEASANT ST STE 3 WATERTOWN,MA 02472	04-3542817	501(C)(3)	25,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MATHEMATICA POLICY RESEARCH INC PO BOX 2393 PRINCETON,NJ 08543	22-2112296		43,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MEDICAL FACULTY ASSOCIATES INC 2021 K ST NW STE 600 WASHINGTON, DC 20006	52-2220700	501(C)(3)	1,985,000				JNT FUND CAMP			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MEDICAL FACULTY ASSOCIATES INC 2021 K ST NW STE 600 WASHINGTON,DC 20006	52-2220700	501(C)(3)	2,361,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MEDPHARMA PARTNERS LLC 101 FEDERAL ST SUITE 1900 BOSTON,MA 02110	20-0271583		203,000				S U B A W A R D			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MEDSTAR HEALTH RESEARCH INSTITUTE PO BOX 418223 BOSTON,MA 02241	52-6056274	501(C)(3)	626,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MEHARRY MEDICAL COLLEGE 1005 DR DB TODD BLVD NASHVILLE,TN 37208	62-0488046	501(C)(3)	6,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
METRO HEALTH INC 1012 14TH STREET NW WASHINGTON,DC 20005	52-1556535	501(C)(3)	94,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MIRIAM HOSPITAL 164 SUMMIT ST PROVIDENCE,RI 02906	05-0258905	501(C)(3)	33,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE L LEVY PLACE New York, NY 10029	13-6171197	501(C)(3)	23,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NASA LANGLEY RESEARCH CENTER MAIL STOP 147 HAMPTON,VA 23681	54-0515603	UNITED STATES	53,000				SU BA WA RD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL ACADEMY OF EDUCATION 500 FIFTH STREET WASHINGTON,DC 20001	77-0415802	501(C)(3)	110,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATIONAL BUSINESS COALITION ON HEALTH 1015 18TH STREET NW WASHINGTON,DC 20036	65-0328971	501(C)(6)	244,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATIONAL MATH AND SCIENCE INITIATIVE 8350 N CENTRAL EXPY DALLAS,TX 75206	11-3769438	501(C)(3)	87,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATL ASSN COMMUNITY HEALTH CTRS 7200 WISCONSIN AVE 210 BETHESDA,MD 20814	52-0939952	501(C)(3)	50,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATL BUREAU OF ECONOMIC RESEARCH INC 1050 MASS AVE CAMBRIDGE, MA 02138	13-1641075	501(C)(3)	23,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NATL CENTER FOR CREATIVE AGING 4125 ABLEMARLE ST NW WASHINGTON,DC 20016	13-3135292		26,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NATL CTR FOR MANUFACTURING SCIENCES 3025 BOARDWALK ST ANN ARBOR,MI 48108	38-2761126	501(C)(3)	129,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NETWORK FOR REGIONAL HEALTHCARE IMPROVEMENT 217 COMMERCIAL STREET PORTLAND,ME 04104	45-1754340	501(C)(3)	95,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON,MA 02115	04-1679980	501(C)(3)	34,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTHWEST REGIONAL EDUC LAB 101 SW MAIN ST SUITE 500 960 RP PORTLAND,OR 97204	93-0553346	501(C)(3)	15,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DR 7 FL CHICAGO,IL 60611	36-2167817	501(C)(3)	629,000				SUBA WARD			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NWRPCA 6512 23RD AVE NW SEATTLE, WA 98117	91-1252785	501(C)(3)	106,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OAKLAND UNIVERSITY 2200 NORTH SQUIRROL RD SUITE 305 ROCHESTER,MI 48309	38-1714400	MICHIGAN	6,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OHIO STATE UNIV RSCH FOUNDATION 1960 KENNY RD COLUMBUS,OH 43210	31-6401599	501(C)(3)	591,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OREGON HEALTH SCIENCES UNIVERSITY 2525 SW 1ST AVE STE 220 PORTLAND,OR 97201	93-1176109	OREGON	500,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OREGON SOCIAL LEARNING CENTER INC 10 SHELTON MCMURPHEY BLVD EUGENE,OR 97401	93-0679478	501(C)(3)	16,000				S U B A W A R D		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PACIFIC BUSINESS GROUP ON HEALTH 221 MAIN ST SAN FRANCISCO, CA 94105	94-3093623	501(C)(3)	63,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PACIFIC HEALTH RESEARCH & EDUCATION INSTITUTE 3375 KOAPAKA ST 1500 HONOLULU,HI 96819	99-0312283	501(C)(3)	729,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PENNSYLVANIA STATE UNIVERSITY 227 BEAVER AVE 401 I-540 STATE COLLEGE,PA 16802	24-6000376	PENNSYLVANIA	287,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PHFE 12801 CROSSROADS PKWY INDUSTRY,CA 91746	95-2557063	501(C)(3)	12,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISC AVE NW 400 WASHINGTON, DC 20016	52-1394893	501(C)(3)	7,000				SUBA WARD		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PINELAND MHDDAD CSB PO BOX 745 STATESBORO,GA 30459	58-2107992	GEORGIA	37,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
POLICY STUDIES ASSOCIATES INC 1718 CONN AVE NW WASHINGTON,DC 20009	52-1265755		245,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PRASAD ENGG LLC 10406 MILLWOOD DRIVE 400 PLYMOUTH,MI 48170	80-0237167		129,000				SUBA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PROTEA BIOSCIENCES INC 955 HARTMAN RUN ROAD MORGANTOWN, WV 26505	52-2328803		41,000				SU BA WA RD		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
QUALITY COUNTS 30 ASSOCIATION DRIVE MANCHESTER,ME 04351	20-4935972	501(C)(3)	18,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
QUILL RESEARCH ASSOCIATES LLC 4777 N 33RD STREET ARLINGTON,VA 22207	27-0607639		45,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RAND CORPORATION FILE 53174 LOS ANGELES,CA 90074	95-1958142	501(C)(3)	61,000				SUBA WA RD		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RESEARCH FOUNDATION OF SUNY 750 EAST ADAMS ST SYRACUSE,NY 13210	14-1368361	501(C)(3)	769,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RUSH UNIVERSITY MEDICAL CTR 1700 WEST VAN BUREN CHICAGO,IL 60612	36-2174823	501(C)(3)	110,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RUTGERS UNIVERSITY 65 DAVIDSON ROAD 306 284 PISCATAWAY,NJ 08854	22-6001086	NEW JERSEY	236,000				SUBA WARD		

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SEATTLE INSTITUTE FOR BIOMED AND CLINICAL RESEARCH 1100 OLIVE WAY SEATTLE, WA 98101	91-1452438	501(C)(3)	406,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SIPRI NORTH AMERICA 1111 19TH ST NW SUITE 940 WASHINGTON,DC 20036	90-0790172	501(C)(3)	68,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SMYAL 410 7TH STREET SE 12 FL WASHINGTON,DC 20003	52-1394900	501(C)(3)	10,000				LBGF AWARD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOUTH FLORIDA VA FDN FOR RESEARCH AND EDUC INC 1201 NW 16TH STREET MIAMI,FL 33125	65-0207903	501(C)(3)	351,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SRI INTERNATIONAL 333 RAVENSWOOD AVE 2A103 MENLO PARK,CA 94025	94-1160950	501(C)(3)	231,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST LOUIS UNIVERSITY 1100 SOUTH GRAND BLVD ST LOUIS,MO 63134	43-0654872	501(C)(3)	9,000				SUBA WARD			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST LUKES RSVLT INST HLTH SCI 555 WEST 57TH ST NEW YORK,NY 10019	44-0565393	501(C)(3)	534,000				SUBA WA RD		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
STANFORD UNIVERSITY PO BOX 44253 5TH FL SAN FRANCISCO,CA 94144	94-1156365	501(C)(3)	983,000				SUBA WA RD		

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SYRACUSE UNIVERSITY 102 ARCHBOLD GYMNASIUM SYRACUSE,NY 13244	15-0532081	501(C)(3)	8,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA,PA 19182	23-1365971	501(C)(3)	170,000				SUBA WARD			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE BROAD INSTITUTE INC 7 CAMBRIDGE CENTER CAMBRIDGE,MA 02142	26-3428781	501(C)(3)	85,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE CENTER FOR REGIONAL ECONOMIC COMPETITIVENESS PO BOX 100127 ARLINGTON,VA 22210	54-1968125	501(C)(3)	10,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE DC CENTER FOR THE LGBT COMMUNITY 2000 14TH ST NW 105 WASHINGTON, DC 20009	20-0118307	501(C)(3)	10,000				LBGF AWARD			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE LIVESTRONG FOUNDATION 2201 E 6TH STREET AUSTIN,TX 78702	74-2806618	501(C)(3)	8,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TRANSCEN INC 401 N WASHINGTON ST ROCKVILLE, MD 20850	52-1487462	501(C)(3)	40,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TUFTS NEW ENGLAND MED CENTER 800 WASHINGTON ST BOX 453 BOSTON,MA 02111	04-3400617	501(C)(3)	9,000				SU BA WA RD		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TULANE UNIVERSITY 800 COMMERCE RD EAST 203 HARAHAN,LA 70123	72-0423889	501(C)(3)	395,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNITY HEALTH CARE INC 1220 12TH ST SE WASHINGTON,DC 20003	52-1572431	501(C)(3)	96,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF ALABAMA BIRMINGHAM 1530 3RD AVE SOUTH 120 BIRMINGHAM,AL 35294	63-6005396	ALABAMA	968,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF ARKANSAS PO BOX 1404 130 FAYETTEVILLE, AR 72701	71-6003252	ARKANSAS	163,000				SUBA WA RD		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CA SAN FRANCISCO 1855 FOLSOM STREET SAN FRANCISCO,CA 94143	94-6036493	CALIFORNIA	778,000				SU BA WA RD		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVENUE BERKELEY,CA 94720	94-6002123	CALIFORNIA	17,000				SUBA WA RD		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA IRVINE 3200 EDUCATION BLDG 130 IRVINE,CA 92697	95-2226406	CALIFORNIA	58,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF CALIFORNIA LOS ANGELES 1125 MURPHY HALL LOS ANGELES,CA 90095	95-6006143	CALIFORNIA	13,000				SUBA WA RD	

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA,CA 92093	95-6006144	CALIFORNIA	64,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CINCINNATI PO BOX 691031 CINCINNATI,OH 45269	31-6000989	оню	392,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF COLORADO DEPARTMENT 238 DENVER,CO 80291	84-6000555	COLORADO	2,099,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT F428 STORRS,CT 06269	06-0772160	CONNECTICUT	46,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BLDG 1133 NEWARK,DE 19716	51-6000297	501(C)(3)	77,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF HOUSTON CBF PO BOX 988 HOUSTON,TX 77001	74-6001399	TEXAS	58,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF ILLINOIS P O BO X 20787 SPRING FIELD,IL 62708	36-4102592	ILLINOIS	8,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF IOWA B5 JESSUP HALL IOWA CITY,IA 52242	42-6004813	AWOI	396,000				SUBA WARD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF KENTUCKY RESEARCH FDN 201 KINKEAD HALL LEXINGTON,KY 40508	61-6033693	501(C)(3)	6,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MARYLAND PO BOX 41428 F428 BALTIMORE,MD 21203	52-6002033	MARYLAND	656,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF MARYLAND BALTIMORE CO PO BOX 41428 1133 BALTIMORE,MD 21203	52-6002033	MARYLAND	71,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF MEDICINE AND DENTISTRY OF NJ PO BOX 2685 NEW BRUNSWICK, NJ 08903	22-1775306	NEW JERSEY	258,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HWY CORAL GABLES,FL 33124	59-0624458	501(C)(3)	63,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	38-6006309	MICHIGAN	466,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF MINNESOTA NW 5957/PO BOX 1450 MINNEAPOLIS,MN 55485	41-6007513	MINNESOTA	1,378,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF NEBRASKA 312 N 14TH ST ALEXANDER W LINCOLN,NE 68588	47-0491233	NEBRASKA	598,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF NEW MEXICO MSC09 5225 1 ALBUQUERQUE,NM 87131	85-6000642	NEW MEXICO	525,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DR 200 CHAPEL HILL,NC 27599	56-6001393	NORTH CAROLINA	1,278,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF OKLAHOMA RM 228 PO BOX 26901 OKLAHOMA CITY,OK 73190	73-6017987	OKLAHOMA	750,000				SU BA WA RD			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF OREGON PO BOX 3237 EUGENE,OR 97403	93-6001786	OREGON	62,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P-221 PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	367,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH,PA 15251	25-0965591	501(C)(3)	744,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF SOUTH CAROLINA 516 1/2 MAIN ST COLUMBIA,SC 29208	57-6001153	SOUTH CAROLINA	60,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF TENNESSEE 62 S DUNLAP STE 300 MEMPHIS,TN 38163	62-6001636	TENNESSEE	483,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF TEXAS PO BOX 203382 HOUSTON,TX 77216	74-1761309	TEXAS	1,328,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF TEXAS SOUTHWESTERN 5323 HARRY HINES BLVD DALLAS,TX 75390	75-6002868	TEXAS	1,319,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF UTAH 201 PRESIDENTS CR SALT LAKE CITY,UT 84112	87-6000525	UTAH	2,167,000				SU BA WA RD		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO,IL 60693	91-6001537	WASHINGTON	3,467,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY OF WISCONSIN DRAWER 538 MILWAUKEE,WI 53278	39-1805963	WISCONSIN	250,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UNIVERSITY TEXAS HEALTH SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO,TX 78229	74-1586031	TEXAS	844,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY TEXAS MEDICAL BRANCH IMH PO BOX 4786 LOCKBOX 750 HOUSTON,TX 77210	74-6000949	TEXAS	878,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UTAH STATE UNIVERSITY 5005 OLD MAIN HILL LOGAN,UT 84322	87-6000528	UTAH	7,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VANDERBILT UNIVERSITY 2200 CHILDRENS WAY NASHVILLE,TN 37232	62-0476822	501(C)(3)	231,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VETERANS MEDICAL RESEARCH FOUNDATION OF SD 3350 LA JOLLA VILL DR SAN DIEGO,CA 92161	33-0189397	501(C)(3)	424,000				SU BA WA RD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND,VA 23298	54-6001758	VIRGINIA	402,000				SU BA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VISONARY CONSULTING PARTNERS LLC 4031 UNIVERSITY DRIVE FAIRFAX,VA 22030	26-2736634		8,000				SUBA WARD		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD 200 WINSTON SALEM, NC 27157	56-0532138	501(C)(3)	115,000				SU BA WA RD			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WAKE FOREST UNIVERSITY HEALTH MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	174,000				SUBA WA RD			

Form 990,Schedule I, Pai	Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
WASHINGTON HEALTH ALLIANCE 600 STEWART STREET SEATTLE, WA 98101	47-0948895	501(C)(3)	19,000				SU BA WA RD					

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WASHINGTON HOSPITAL CENTER 110 IRVING ST E BLDG 824 WASHINGTON,DC 20010	52-1272129	501(C)(3)	10,000				SU BA WA RD				

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS ST LOUIS,MO 63112	43-0653611	501(C)(3)	1,781,000				SUBA WARD				

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
WAYNE STATE UNIVERSITY 3750 WOODWARD AVE DETROIT,MI 48201	38-6028429	MICHIGAN	494,000				SUBA WARD					

Form 990,Schedule 1, Pa	Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
WELLSPAN HEALTH PO BOX 2767 YORK,PA 17401	22-2517863	501(C)(3)	23,000				SUBA WARD					

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
WHITMAN WALKER HEALTH 1701 14TH ST NW WASHINGTON,DC 20009	52-1122122	501(C)(3)	290,000				SUBA WA RD				

<u>Form 990,Schedule I, Pa</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
WOMEN & INFANTS HOSPITAL OF RI 101 DUDLEY ST PROVIDENCE, RI 02905	05-0258937	501(C)(3)	624,000				SU BA WA RD					

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
YALE UNIVERSITY 155 WHITNEY AVENUE NEW HAVEN,CT 06520	06-0646973	501(C)(3)	964,000				SUBA WARD				

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DLN: 93493133055485

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization The George Washington University **Employer identification number**

				53-0196584					
Pa	rt I Qı	uestions Regarding Compensation							
						Yes	No		
1a				ny of the following to or for a person listed in Form ride any relevant information regarding these items					
	▼ First	-class or charter travel	굣	Housing allowance or residence for personal use					
	▽ Trav	el for companions	Γ	Payments for business use of personal residence					
	▽ Taxı	demnification and gross-up payments	~	Health or social club dues or initiation fees					
	☐ Disc	retionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)					
b	reimburs	ement or provision of all of the expenses des	scribed	ion follow a written policy regarding payment or l above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?								
3	organızat	which, if any, of the following the filing organ ion's CEO/Executive Director Check all tha related organization to establish compensa	at apply	•					
	▽ Com	pensation committee	굣	Written employment contract					
	✓ Inde	pendent compensation consultant	<u>~</u>	Compensation survey or study					
	▼ Form	990 of other organizations	▽	Approval by the board or compensation committee					
4		e year, did any person listed in Form 990, P ed organization	art VII	, Section A, line 1a with respect to the filing organization					
а	Receive	severance payment or change-of-control p	aymen	t?	4a	Yes			
b	Participa	te ın, or receıve payment from, a supplemen	tal non	qualified retirement plan?	4b	Yes			
C	Participa	te in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo		
	If "Yes" t	o any of lines 4a-c, list the persons and pro	vide th	e applicable amounts for each item in Part III					
	Only 501	(c)(3) and $501(c)(4)$ organizations only mus	st comp	olete lines 5-9.					
5		ns listed in Form 990, Part VII, Section A, ation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any					
а	The orgai	nization?			5a	Yes			
b	Any relat	ed organization?			5b		No		
	If "Yes,"	to line 5a or 5b, describe in Part III							
6		ns listed in Form 990, Part VII, Section A, ation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any					
а	The orgai	nization?			6a		No		
b	Any relat	ed organization?			6b		No		
	If "Yes,"	to line 6a or 6b, describe in Part III							
7	For perso			, did the organization provide any non-fixed	7	Yes			
8		amounts reported in Form 990, Part VII, pa							
	subject to	the initial contract exception described in		tions section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part II	I			8		Νo		
9		o line 8, did the organization also follow the 3 4958-6(c)?	rebutta	able presumption procedure described in Regulations	9				

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of	(F) Compensation reported as deferred in prior Form 990
. ,	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation		columns (B)(ı)-(D)	
See Additional Data Table							

Schedule J (Form 990) 2013

SCHEDULE J, PART II

Supplemental Information

Also complete this part for any add	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II tional information
Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL THE UNIVERSITY PROVIDED CHARTER TRAVEL FOR ONE BUSINESS TRIP BY ONE OFFICER TRAVEL FOR COMPANIONS THE UNIVERSITY REIMBURSES REASONABLE AND NECESSARY BUSINESS TRAVEL EXPENSES FOR THE SPOUSE OF AN OFFICER THE UNIVERSITY ALSO REIMBURSES 1 KEY EMPLOYEE AND 1 HIGHEST COMPENSATED EMPLOYEE FOR REASONABLE TRAVEL COSTS FOR THEIR SPOUSE TO ATTEND CERTAIN MEETINGS AND NATIONAL CONFERENCES RELATED TO UNIVERSITY BUSINESS TAX INDEMNIFICATION AND GROSS-UP PAYMENT TO 1 OFFICER HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE THE PRESIDENT AND THE PROVOST AND EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS RESIDE IN ON-CAMPUS HOUSING AS A CONDITION OF THEIR EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY THE RESIDENCES ARE USED FOR UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT PURPOSES ON A REASONABLE AND CONTINUAL BASIS THE INCOMING DEAN OF CCAS, PER AGREEMENT, WAS PROVIDED TRANSITIONAL HOUSING SUPPORT FOR 6 MONTHS THE OUTGOING DEAN OF THE LAW SCHOOL, PER AGREEMENT, WAS PROVIDED A HOUSING ALLOWANCE FOR A PORTION OF THE YEAR CLUB DUES CLUB DUES ARE PAID ON BEHALF OF 1 OFFICER AND 2 KEY EMPLOYEES THE MEMBERSHIPS ARE USED PREDOMINANTLY FOR UNIVERSITY BUSINESS PURPOSES THE ABOVE BENEFITS WERE TREATED AS TAXABLE COMPENSATION WHEN APPROPRIATE
SCHEDULE J, PART I, LINE 4A	JEROME BARRON RECEIVED A PAYMENT IN THE AMOUNT OF \$586,658 FOR VOLUNTARY BUY-OUT OF TENURE
SCHEDULE J, PART I, LINE 4B	IN RECOGNITION OF THE FACT THAT THE UNIVERSITY'S CONTRIBUTIONS TO QUALIFIED RETIREMENT PLAN ('401(a) PLAN') ARE LIMITED BY AN IRS CAP ON COMPENSATION (\$255,000 FOR 2013) AND THE CONTRIBUTION LIMITS FOR DEFINED CONTRIBUTION PLANS (\$51,000 IN 2013), THE UNIVERSITY PROVIDES ALL EMPLOYEES WHO PARTICIPATE IN THE 401(a) PLAN AND WHO EARN COMPENSATION IN EXCESS OF THE CAP WITH CONTRIBUTIONS TO A NONQUALIFIED DEFERRED COMPENSATION PLAN ('457(f) RESTORATION PLAN') EQUAL TO THE DIFFERENCE BETWEEN THE BENEFIT THE INDIVIDUAL WOULD HAVE RECEIVED UNDER THE 401(a) PLAN IF NO COMPENSATION OR CONTRIBUTION LIMITS APPLIED AND THE AMOUNT ACTUALLY ACCRUED UNDER THE 401(a) PLAN, LESS ANY EMPLOYER CONTRIBUTION TO THE GEORGE WASHINGTON UNIVERSITY ELIGIBLE DEFERRED COMPENSATION PLAN THE AMOUNTS REPORTED IN THIS SECTION ARE ALREADY INCLUDED IN THE COMPENSATION REPORTED IN SCHEDULE J, PART II STEVEN KNAPP - \$41,672 LOUIS H KATZ - \$29,765 STEVEN LERMAN - \$33,815 BETH NOLAN - \$23,120 LEO M CHALUPA - \$16,170 MICHAEL MORSBERGER - \$19,500 DONALD W LINDSEY - \$5,910 PAUL SCHIFF BERMAN - \$2,675 SHAHRAM SARKANI - \$56,108 JEROME BARRON - \$1,731 MICHAEL LONERGAN - \$27,030 THOMAS MAZZUCHI - \$27,264 VINCENT A CHIAPPINELLI - \$3,999 JAMES L SCOTT - \$13,704
SCHEDULE J, PART I, LINE 5	TWO PERSONS LISTED ARE PAID ADDITIONAL COMPENSATION BASED ON THE GROSS REVENUE OF PROGRAMS THE ADDITIONAL AMOUNT IS PAID FOR THE MANAGEMENT, DEVELOPMENT, AND PARTICIPATION IN OFF CAMPUS EDUCATIONAL PROGRAMS
SCHEDULE J, PART I, LINE 7	GW OFFERED AN ANNUAL INCENTIVE COMPENSATION PLAN FOR CERTAIN SENIOR OFFICIALS THE ANNUAL AWARD OPPORTUNITY IS CAPPED AT A PERCENTAGE OF THEIR SALARY THE PLAN INCLUDES PROGRAMMATIC GOALS AND OBJECTIVES FOR THE YEAR THAT ARE SPECIFIC TO THEIR DEPARTMENT OR DIVISION, AS WELL AS THE INSTITUTIONAL GOALS THE INSTITUTIONAL GOALS INCLUDE OPTIMIZATION OF ENROLLMENT AND TUITION REVENUES, GROWTH IN RESEARCH EXPENDITURES, AND GROWTH IN OVERALL FUNDRAISING AND FUNDRAISING SPECIFIC TO STUDENT AID THE PLAN IS APPROVED ANNUALLY BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE (THE "COMMITTEE") PRIOR TO THE PAYOUT, THE COMMITTEE REVIEWS THE PERFORMANCE OF SENIOR OFFICIALS ON THEIR GOALS AND OBJECTIVES AND AWARDS THE INCENTIVE PAYMENTS BASED ON COMPARABLE MARKET DATA THE UNIVERSITY ALSO ENGAGES ITS INTERNAL AUDITORS TO PERFORM SPECIFIC PROCEDURES TO DETERMINE WHETHER (1) MANAGEMENT'S REVIEW OF THE COMPENSATION PROCESS FOLLOWED INTERNAL POLICIES AND PROCEDURES, AND (2) CALCULATIONS AND SOURCE DATA USED TO DETERMINE THE INCENTIVE PAYMENTS COMPLY WITH THE PLAN BEFORE THE DATA IS PROVIDED TO THE COMMITTEE FOR CONSIDERATION

ASSOCIATES FOR SERVICES PROVIDED TO GW EFFECTIVE 1/1/2014, HE BECAME A GWEMPLOYEE

MOST OF JEFFREY S AKMAN'S COMPENSATION REPORTED IN PART VII AND SCHEDULE J WAS RECEIVED FROM MEDICAL FACULTY

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 53-0196584

Name: The George Washington University

Form 990, Schedule J,	Part IJ	۱ - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees	j	
(A) Name			f W-2 and/or 1099-MIS		(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STEVEN KNAPP PRESIDENT - EX OFFICIO	(I) (II)	838,879	70,892	81,265	25,500	100,769	1,117,305	
LOUIS H KATZ EXECUTIVE VP & TREASURER	(I) (II)	725,150	82,316	68,469	25,500	5,369	906,804	
STEVEN LERMAN PROVOST & EVP ACADEMIC AFFRS	(I) (II)		67,100	24,671	59,315	89,746	808,141	
BETH NOLAN SR VP & GENERAL COUNSEL	(I) (II)	460,880	52,847	44,081	25,500	14,929	598,237	
JEFFREY S AKMAN VP FOR HLTH AFFRS/DEAN SMHS	(I) (II)		119,649				829,449	
LEO M CHALUPA VP FOR RESEARCH	(I) (II)		28,388	23,093	41,670	11,941	499,822	
MICHAEL MORSBERGER VP FOR DEVELOPMENT	(I) (II)		10,030	38,304	45,000	19,279	533,128	
DONALD W LINDSEY CHIEF INVESTMENT OFFICER	(I) (II)	480,920	97,820	35,358	25,500	21,626	661,224	
DAVID P STEINOUR CHIEF INFORMATION OFFICER	(I) (II)		35,182	15,947	25,500	7,820	384,233	
BEN VINSON III DEAN, CCAS - AS OF 8/13	(I) (II)	147,715	35,404	12,655	15,000	3,616	214,390	
MARGUERITE E BARRATT DEAN, CCAS - THRU 6/13	(I) (II)			12,659	25,500	27,520	389,754	
PAUL SCHIFF BERMAN DEAN, LAW SCHOOL - THRU 1/13	(I) (II)			39,233	28,175	28,444	551,055	
GREGORY E MAGGS INTRM DN, LAW SCHL AS OF 1/13	(I) (II)	297,113		3,576	25,500	15,450	341,639	
SHAHRAM SARKANI DIRECTOR & PROF OF EMSE	(I) (II)	787,905 0		75,930	25,500	24,141	913,476 0	
JEROME A BARRON PROFESSOR EMERITUS OF LAW	(I) (II)	201,166		596,237	19,506	4,595	821,504	
MICHAEL LONERGAN MEN'S BASKETBALL COACH	(I) (II)	496,680	10,000	28,127	52,530	21,641	608,978	
THOMAS A MAZZUCHI CHAIR, DEPT OF ENGINEERING	(1) (11)	503,311		47,086	25,500	20,286	596,183	
VINCENT A CHIAPPINELLI INT ASSC DEAN SMHS/VP HLTH AFF	(I) (II)		30,000	24,829	25,500	20,061	560,793	
JAMES L SCOTT FORMER DEAN,SCHOOL OF MED/HLTH	(I) (II)		55,000	32,972	25,500	11,305	492,506	
ROBERT A CHERNAK FORMER SR VP SAAS	(I) (II)	87,475	15,768	11,062	9,444	13,581	137,330	

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DLN: 93493133055485

OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization The George Washington University 53-0196584 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to (a) Name of (b) (c) (e)Original (f)Balance **(g)** In (h) (i)Written ınterested Relationship Purpose of or from the principal due default? Approved agreement? loan organization? person with amount by board organization or committee? Τо From Yes No Yes Yes No 100,000 59,715 (1) PAUL KEY SEE PART Yes Х Νo Yes SCHIFF EMPLOYEE BERMAN Total 59,715 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the person organization

Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	t zation's
				Yes	No
(1) FAMILY MEMBER OF PAUL SCHIFF BERMAN	SEE PART V	306,554	EMPLOYMENT OF SPOUSE		No
(2)TOWERS WATSON	SEE PART V	· ·	EXECUTIVE COMPENSATION AND P		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, LINE 1, COLUMN C	PURPOSE OF LOAN UPON RECRUITMENT AND RELOCATION, GW PROVIDED ASSISTANCE WITH PURCHASE OF RESIDENCE
SCHEDULE L, PART IV, LINE 1, COLUMN B	RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANZATION THE INDIVIDUAL IS A FAMILY MEMBER OF KEY EMPLOYEE PAUL SCHIFF BERMAN
SCHEDULE L, PART IV, LINE 2, COLUMN B	RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANZATION TRUSTEE LINDA RABBITT IS LEAD DIRECTOR AT TOWERS WATSON
SCHEDULE L, PART IV, LINE 2,	DESCRIPTION OF TRANSACTION EXECUTIVE COMPENSATION AND PROGRAM REVIEW

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493133055485

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Open to Public Inspection

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization The George Washington University

Employer identification number

				53	-0196584			
Pa	TTT Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	() Method of (noncash contri		_	nts
1	Art—Works of art	Х	9					
2	Art—Historical treasures .							
3	Art—Fractional interests							
	Books and publications	X		123,696	FMV - APPR OR	EST		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	X	85	1,859,677	AVG HI/LOW GIF	T DA	TE	
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	3	622,625	APPRAISAL			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other►(IPMENT)	X	6	103,616	FMV - APPR OR	EST		
26	Other► (ER)	Х	64	58,429	RECEIPTS			
	Other►(<u> </u>	1	32 730	NET CASH VALU	F		
	TO LIFE INS POLICIES)	_ ^		32,730	NET CASIT VALO	_		
28	Other ► ()							
29	Number of Forms 8283 received by th	e organizat	ion during the tax year for	contributions				
	for which the organization completed F	orm 8283,	Part IV, Donee Acknowle	dgement 2º	9			8
							Yes	No
30a	During the year, did the organization							
	it must hold for at least three years fr			, and which is not required	l to be used			
	for exempt purposes for the entire ho		?			30a		No
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntrıbutıons?	31	Yes	
32a	Does the organization hire or use thir contributions?	d parties or	related organizations to s	colicit, process, or sell noi	ncash • • •	32a	Yes	
ь	If "Yes," describe in Part II							
	If the organization did not report an a	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II							

32b, and 33, and wh	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
Return Reference	Explanation		
SCHEDULE M, PART I, COLUMN (B)	GW IS REPORTING THE NUMBER OF CONTRIBUTIONS		
SCHEDULE M, LINE 32B	MORGAN STANLEY SMITH BARNEY RECEIVES AND SELLS DONATED SECURITIES		
,	THERE ARE NO REVENUES REPORTED ON PART I, LINE 1, COLUMN (C) BECAUSE THE ORGANIZATION DOES NOT RECORD THESE AS CONTRIBUTIONS EXCEPT FOR CERTAIN COLLECTIONS		

Schedule M (Form 990) (2013)

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DLN: 93493133055485

OMB No 1545-0047 2013

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Employer identification number Name of the organization The George Washington University 53-0196584

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE EXECUTIVE COMMITTEE, DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, SHALL, TO THE EXTENT NOT OTHERWISE SPECIFIED BY THE BOARD, POSSESS AND EXERCISE ALL OF THE POWERS AND DUTIES OF THE BOARD OF TRUSTEES, EXCEPT THE COMMITTEE SHALL HAVE NO POWER TO ELECT OR REMOVE TRUSTEES OR THE PRESIDENT, TO AMEND THESE BYLAWS, OR TO APPROVE THE MERGER OF THE UNIVERSITY WITH ANY OTHER CORPORATION IN ADDITION, THE COMMITTEE SHALL HAVE RESPONSIBILITY FOR ESTABLISHING COMPENSATION POLICIES AND PRACTICES, AS WELL AS APPROVING THE COMPENSATION AND EMPLOY MENT ARRANGEMENTS OF DESIGNATED OFFICIALS OF THE UNIVERSITY, INCLUDING THE PRESIDENT THE PRESIDENT IS NOT A MEMBER FOR PURPOSES OF REVIEWING COMPENSATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	W SCOTT AMEY, MARK V HUGHES, AND DAVID C KARLGAARD - BUSINESS RELATIONSHIP NELSON A CARBONELL, JR AND ROBERT K TANENBAUM - BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS PREPARED IN-HOUSE BY THE UNIVERSITY'S TAX DEPARTMENT. THE PRIMARY SOURCE OF INFORMATION WAS THE AUDITED FINANCIAL STATEMENTS AND SUPPORTING DOCUMENTATION. THE FINANCIAL STATEMENTS NOT ONLY SERVED AS A SOURCE OF INFORMATION BUT ALSO RECONCILED WITH THE COMPLETED 990. THE PRIMARY DIFFERENCE BETWEEN THE AUDITED FINANCIAL STATEMENTS AND THE FORM 990 WAS THE PRESENTATION FORMAT AND SPECIAL GROUPINGS OF INCOME, EXPENSES, AND BALANCE SHEET ACCOUNTS REQUIRED ON THE FORM 990. SECONDARY INFORMATION USED TO PREPARE THE FORM CAME FROM THE OFFICES THAT HAVE PRIMARY RESPONSIBILITY FOR AN ACTIVITY, INCLUDING THE COMPTROLLER'S OFFICE (FINANCIAL REPORTING, GRANTS AND CONTRACTS ACCOUNTING SERVICES), ACCOUNTS PAYABLE, PAYROLL SERVICES, OFFICE OF THE SENIOR VP AND GENERAL COUNSEL, OFFICE OF COMPLIANCE AND PRIVACY, CHIEF INVESTMENT OFFICE, AND ATHLETICS, ALONG WITH OTHER OFFICES AND DEPARTMENTS THROUGHOUT THE UNIVERSITY ONCE PREPARED, THE FORM WAS REVIEWED INTERNALLY BY THE COMPTROLLER, THE OFFICE OF THE SENIOR VP AND GENERAL COUNSEL, THE DEPUTY EXECUTIVE VICE PRESIDENT AND TREASURER, THE PRESIDENT, AND EXTERNALLY BY PRICEWATERHOUSECOOPERS, LLP THE COMPLIANCE AND PRIVACY OFFICE, THE OFFICE OF THE VP FOR DEVELOPMENT, AND VP FOR EXTERNAL RELATIONS PROVIDED INPUT AND REVIEWED SPECIFIC SECTIONS FOR WHICH THEY ARE SUBJECT MATTER EXPERTS A SPECIAL MEETING OF THE COMMITTEE ON FINANCE AND AUDIT OF THE UNIVERSITY'S BOARD OF TRUSTEES PROVIDED A FULL INSTITUTIONAL REVIEW PRIOR TO FILING, A FINAL COPY OF THE 990 WAS PROVIDED TO THE FULL BOARD FOR AN OPPORTUNITY TO REVIEW AND COMMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICIES ARE MONITORED BY THE UNIVERSITY'S OFFICE OF COMPLIANCE AND PRIVACY, WHICH DISTRIBUTES AN ANNUAL QUESTIONNAIRE. THE QUESTIONNAIRES ARE COLLECTED, AND THE DISCLOSURES ARE SUMMARIZED AND SHARED WITH THE OFFICE OF THE SENIOR VP AND GENERAL COUNSEL AND THE BOARD OF TRUSTEES' COMMITTEE ON FINANCE AND AUDIT ANY DISCLOSURE WHICH REVEALS FACTS THAT INDICATE AN ACTUAL OR APPARENT CONFLICT IS REVIEWED AND, WHEN APPROPRIATE, A PLAN IS IMPLEMENTED TO REMEDY, MANAGE OR MINIMIZE SUCH CONFLICT THESE PLANS ARE MONITORED AND ENFORCED THROUGH ONGOING OVERSIGHT, COORDINATED BY THE OFFICE OF COMPLIANCE AND PRIVACY, INCLUDING A THOROUGH REVIEW OF UNIVERSITY PAY MENT REQUESTS THAT MAY CREATE A CONFLICT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE (THE "COMMITTEE") OF THE UNIVERSITY'S BOARD OF TRUSTEES WAS DELEGATED THE AUTHORITY BY THE BOARD TO SET EXECUTIVE COMPENSATION THE UNIVERSITY REVIEWS THE MEMBERSHIP OF THE COMMITTEE FOR POSSIBLE CONFLICTS OF INTEREST AND CONFIRMS THAT MEMBERS DO NOT HAVE A CONFLICT WITH RESPECT TO A COMPENSATION ARRANGEMENT OR PROPERTY TRANSFER UNDER CONSIDERATION THE COMMITTEE, SERVING AS THE COMPENSATION COMMITTEE, ANNUALLY REVIEWS AND DETERMINES THE COMPENSATION FOR THE PRESIDENT, AND REVIEWS AND APPROVES THE COMPENSATION RECOMMENDED BY THE PRESIDENT FOR THE OFFICERS AND KEY EMPLOYEES IN MAKING ITS ASSESSMENTS, THE COMMITTEE OBTAINS COMPENSATION INFORMATION PREPARED BY AN INDEPENDENT COMPENSATION CONSULTING FIRM THAT INCLUDES MARKET DATA FROM COMPARABLE UNIVERSITIES FOR COMPENSATION OF IN DETERMINING THE PRESIDENT'S COMPENSATION, THE COMMITTEE CONSIDERS THE CONSULTANT'S REPORT AND MARKET DATA IN ADDITION TO THE TERMS OF HIS EMPLOYMENT CONTRACT THE COMMITTEE ALSO TAKES INTO CONSIDERATION ACCOMPLISHMENTS FOR THE CURRENT FISCAL YEAR AS WELL AS GOALS FOR THE UPCOMING FISCAL YEAR WHEN REVIEWING THE REASONABLENESS OF THE SENIOR OFFICIALS' COMPENSATION, IN ADDITION TO CONSIDERING THE CONSULTANT'S REPORT AND MARKET DATA, THE COMMITTEE ALSO REVIEWS SENIOR OFFICIALS' PERFORMANCE, TAKING INTO ACCOUNT THE PRESIDENT'S RECOMMENDATIONS AND OTHER INFORMATION AS IT DEEMS APPROPRIATE FROM TIME TO TIME, SUCH AS GOALS AND ACCOMPLISHMENTS, LENGTH OF SERVICE, AND PRIOR SALARY HISTORY IF ANY SENIOR OFFICIAL'S COMPENSATION, EXPLANS ITS RATIONALE AND INCLUDES ITS EXPLANATION IN THE MINUTES THE COMMITTEE KEEPS MINUTES OF ALL FINAL ACTIONS AT EACH MEETING

Т

Return Reference	Explanation
VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS (BY LAWS, CHARTER AND MISSION STATEMENT) ARE AVAILABLE ON THE BOARD OF TRUSTEE'S WEBSITE AT HTTP://TRUSTEES GWU EDU! THE FACULTY AND NON-FACULTY CONFLICT OF INTEREST POLICIES ARE AVAILABLE FROM THE UNIVERSITY'S POLICIES WEBSITE AT WWW POLICY GWU EDU THE FINANCIAL STATEMENTS ARE AVAILABLE IN THE ANNUAL REPORT, WHICH IS POSTED ON THE FINANCE DIVISION WEBSITE AT HTTP://FINANCE.GWU EDU/REPORTS

Return Reference	Explanation
FORM 990, PART VII, ADDITIONAL TRUSTEE INFORMATION	ALL TRUSTEES SERVE WITHOUT COMPENSATION FOR THEIR ROLE AS TRUSTEE. NO TRUSTEE DEVOTES FULL TIME TO THIS POSITION. THE AVERAGE NUMBER OF HOURS EACH TRUSTEE DEVOTES TO HIS/HER POSITION ON THE BOARD OF TRUSTEES DEPENDS UPON THE TRUSTEE'S LEADERSHIP ON THE BOARD AND COMMITTEES. THREE BOARD MEETINGS AND ONE RETREAT WERE HELD DURING THE FISCAL YEAR. EACH TRUSTEE SERVES ON AT LEAST TWO COMMITTEES.

Return Reference	Explanation
FORM 990, PART IX,	INFORMATION TECHNOLOGY EXPENSE INCLUDES HARDWARE, SOFTWARE, AND MAINTENANCE COSTS, AS WELL
LINE 14	AS PAY MENTS TO CONTRACTORS FOR IT SERVICES

Return Reference	Explanation
FORM 990, PART IX, LINE 24D	THE UNIVERSITY REPORTS INDIRECT EXPENSES RECORDED IN VARIOUS COST CENTERS AS A SEPARATE LINE ITEM (LINE 24D) INDIRECT EXPENSES INCLUDE, BUT ARE NOT LIMITED TO, FACILITIES OVERHEAD, POSTAGE, TELEPHONE, PRINT, AND ADVERTISING SERVICES PERFORMED BY INTERNAL DEPARTMENTS THE RECLASSIFICATION OF INDIRECT EXPENSES TO A SEPARATE LINE PRESERVES THE OBJECT CLASSIFICATION OF EACH INDIVIDUAL EXPENSE SO THAT ONLY COSTS PAID TO THIRD PARTIES FOR GOODS AND SERVICES ARE REPORTED

Return Reference	Explanation
9, CHANGES IN NET	CHANGE IN VALUE OF CHARITABLE TRUSTS - \$5,037,434 ADJUSTMENT FOR SUBSIDIARY ACTIVITY - \$136,175 POST RETIREMENT RELATED CHARGES FAS 158 - (\$1,656,000) RECOVERIES (LOSSES) ON PLEDGE CONTRIBUTIONS - (\$1,121,634) TOTAL TO FORM 990, PART XI, LINE 9 - \$2,395,975

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

OMB No 1545-0047

2013

DLN: 93493133055485

Open to Public Inspection

Name of the organization The George Washington University Employer identification number

				53-0196584			
Part I Identification of Disregarded Entities Con	mplete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.			
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	(f) Direct controlling entity		
(1) DYNAMO BRASIL VII LLC CORP TST CTR 1209 ORANGE ST WILMINGTON, DE 19801	INVESTMENTS	DE		66,929,885	GW		
(2) GEORGE WASHINGTON WORLDWIDE LLC 2121 EYE STREET NW WASHINGTON, DC 20052	INTL EDUC	DC		315,927	GW		
Part II Identification of Related Tax-Exempt Orgon more related tax-exempt organizations during		the organization ans	swered "Yes" on	Form 990, Part	IV, line 34 because	it had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))		Section (13) c er	(g) n 512(b) ontrolled itity?
(1) THE COLUMBIAN WOMEN OF THE GWU	SCHOLARSHIPS	DC	501(C)(3)	TYPE III	NA NA	Yes	No No
2020 PENNSYLVANIA AVE NW STE 270	SCHOOL WORLD		301(0)(3)	1111			
WASHINGTON, DC 20006 23-7045248							
(2) THE GEORGE WASHINGTON ALUMNI ASSOCIATION	ALUM ACTIVITY	DC	501(C)(3)	TYPE III	NA		No

Part III Identification of Related O because it had one or more re							ition ans	swered "Ye	s" on	Form	990, Part	IV, lı	ne 34	1	
(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predom Income(I unrela excluded tax ui sections	ninant related, ated, d from nder s 512-	(f) Share of total incom	(g) Share of e end-of-year assets	(h Disprop allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percen owner	itage
					1 31-	''			Yes	No		Yes	No		
Part IV Identification of Related C line 34 because it had one or	rganizations Taxable more related organization	as a Corpo ons treated a	ration s a cor	or Trust (poration or	Comple trust di	te ıf th urıng t	e organ he tax y	zatıon ans ear.	wered	d "Yes	" on Form	990,	Part	IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicil (state or fo country	e reign	Direct o	(d) controlling ntity	(e Type of (C corp, or tru	entity S corp,	(f) Share of total Income	Share	(g) of end- year assets	of- Percen owner	tage		(i) Section 5 (b)(13 controlle entity?	B) ed
(A) 27 CHARTARIE TRUCTO	CHARTTARIE CI			21.0		TDUCT			<u> </u>						No
(1) 37 CHARITABLE TRUSTS	CHARITABLE GI			NA		TRUST								res	
(2) QIAOHUA MGMT CONSULTING (SUZHOU) CO LTD	CONSULTING SV	СН		GWWW	LLC	C CORP		1,115,835		483,0	24 100 00	00 %	,	res .	
KAI TAI BLDG NO 158 RENAI RD SUZHOU, JIANGSU CH															

(4) WASHINGTON RESEARCH LIBRARY CONSORTIUM

Part V	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	e 34, 35b, or 36.							
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During	the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?								
a Rec	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loa	ns or loan guarantees by related organization(s)				1e		No				
f Divi	idends from related organization(s)				1f						
g Sale	e of assets to related organization(s)				1g		No				
h Purchase of assets from related organization(s)											
i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)											
k Lea	se of facilities, equipment, or other assets from related organization(s)				1k		No				
I Performance of services or membership or fundraising solicitations for related organization(s)											
m Perf	formance of services or membership or fundraising solicitations by related organization(s)				1m	Yes					
n Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
o Sha	rring of paid employees with related organization(s)				10		No				
p Reii	mbursement paid to related organization(s) for expenses				1p		No				
q Reii	mbursement paid by related organization(s) for expenses				1q		No				
r Oth	er transfer of cash or property to related organization(s)				1r		No				
s Oth	er transfer of cash or property from related organization(s)				1 s	Yes					
2 Ifth	ne answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds							
(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Method of determining											
L) THE CO	LUMBIAN WOMEN OF THE GWU	С	11,506	INVOICES							
2) THE GE	ORGE WASHINGTON ALUMNI ASSOCIATION	S	87,699	INVOICES							
3) QIAOHU	A MGMT CONSULTING (SUZHOU) CO LTD	М	1,139,500	INVOICES							

1,146,897 INVOICES

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013