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DLN: 93493134065596

## 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)

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

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

OMB No 1545-0047

Open to Public Inspection

A F	or the	2014 ca	alendar year, or tax year beginnin	g 07-01-2014 , and ending 06-30-20	15			
		pplicable	C Name of organization	,		D Emplo	yer id	entification number
	dress ch	• •	The George Washington University			53-0:	19658	34
Г Na	me cha	nge	% SHARON HEINLE AVP COMPTLR Doing business as			_		
┌ In	ıtıal retu	rn						
FII			Number and street (or P O box if n TAX DEPT 45155 RESEARCH PL 260	nail is not delivered to street address) Room/s	suite	E Teleph		
		mınated	TAX DEPT 45155 RESEARCH PL 200			(571)	553-	8324
	nended		City or town, state or province, cou ASHBURN, VA 201474198	ntry, and ZIP or foreign postal code		G Gross	receints	\$ 2,288,556,221
Ap	plication	n pending	· ·			<b>G</b> 01033 1	СССТРЕЗ	
			F Name and address of prin	ncipal officer		s this a group		
			2121 EYE ST NW 801		S	ubordinates?		Γ Yes <b>Γ</b> No
			WASHINGTON, DC 20052		<b>H(b)</b> △	re all subord	ınates	┌ Yes ┌ No
	av avam	npt statu	<u> </u>	Insert no ) 4947(a)(1) or 527		ncluded?		· / · m-hmh
_		•		Insert no )   4947(a)(1) or   527	-  '	i NO, attaci	ı a iist	(see instructions)
J W	/ebsite	e:► W	WW GWU EDU		H(c)	Group exempt	tion ni	ımber ►
		ganızatıo	on 🔽 Corporation 🗆 Trust 🗀 Association	on	<b>L</b> Year	of formation 18	321 <b>I</b>	<b>M</b> State of legal domicile DC
Pa	rt I	Sur	nmary					
			describe the organization's mission					
a)	'	EDUCA	ATION AND RESEARCH - SEE S	CHEDULE O				
ě								
Ě		<u> </u>				2501 51		
Governance	2 '	Check	this box 🞮 - if the organization di	scontinued its operations or disposed	of more th	an 25% of its	net a	ssets
	3	Numbe	r of voting members of the govern	ing body (Part VI, line 1a)			з	34
Activities &	1			of the governing body (Part VI, line 11			4	33
Ĕ	5	Total n	umber of individuals employed in	calendar year 2014 (Part V, line 2a)			5	15,977
<u>5</u>	6	Total n	umber of volunteers (estimate if r	necessary)			6	4,100
•	7a <sup>-</sup>	Total u	nrelated business revenue from P	art VIII, column (C), line 12			7a	15,672,806
	ь	Net unr	related business taxable income f	rom Form 990-T, line 34	<u> </u>		7b	0
						Prior Year		Current Year
a)	8		- · · · · · · · · · · · · · · · · · · ·	ne 1 h)		155,008,		202,937,761
Rayenue	9			ne 2g)		1,216,602,		1,251,691,115
歪	10 11			(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)	·	67,684, 33,140,		148,216,040 33,373,990
	12			(must equal Part VIII, column (A), li	ne 💳	33,140,	307	33,373,990
		12)				1,472,435,	669	1,636,218,906
	13			IX, column (A), lines 1-3)		334,141,		337,502,433
	14			X, column (A), line 4)			0	0
ø	15	Salar 5-10		ee benefits (Part IX, column (A), lines		644,408,	814	667,797,888
D3e	16a		•	column (A), line 11e)		895,	913	1,064,396
Expenses	Ь	Total 1	fundraising expenses (Part IX, column (D	), line 25) <b>&gt;</b> 29,348,563				
í)	17			lines 11a-11d, 11f-24e)		432,830,	530	460,853,765
	18			st equal Part IX, column (A), line 25)		1,412,277,	<del></del>	1,467,218,482
	19			18 from line 12		60,158,		169,000,424
<b>大空</b>						ning of Curre		
Net Assets or Fund Balances						Year		End of Year
S. B.	20					3,782,212,		4,041,401,259
200	21					1,652,606,	<del></del>	1,841,220,305
	22	_	nature Block	line 21 from line 20		2,129,606,	043	2,200,180,954
	rt II	_		amıned thıs return, ıncludıng accompa	nuna caba	dulas and sta	.+	nto and to the best of
my k	nowled	dge and	belief, it is true, correct, and cor	nplete  Declaration of preparer (other				
prep	arer ha	as any l	knowledge					
		Tk				2016-05-03		
Sig	n	Sıgı	nature of officer			Date		
Her			N MCCORVEY DEPUTY EVP & TREASURE	ι				
		<u> 11 -                                 </u>	pe or print name and title					
_			Print/Type preparer's name TRAVIS L PATTON	Preparer's signature TRAVIS L PATTON	Date	Check if self-employed	PTIN P0036	59623
Pai		ŀ	Firm's name FricewaterhouseCoope	ers LLP		Firm's EIN 🟲	1	
	pare		Firm's address ► 600 13TH STREET NW	SUITE 1000		Phone no (202	2) 414-	1000
Use	e On	ıy	WASHINGTON, DC 20			110 (202	-, '	<b>v</b>
			WASHINGTON, DC 20	· · ·				

✓ Yes ☐ No

Form	990 (2014)				Page
Par	Statement of Program Check if Schedule O contain			ш	
1	Briefly describe the organization's	mission			
UNITSTUI OF I CEN THE FROI ENV	GEORGE WASHINGTON UNIVERS TED STATES IN 1821, DEDICATES DENT-FOCUSED COMMUNITY STI NTEGRITY, CREATIVITY, AND OP TERED IN THE NATIONAL AND IN CREATION, DISSEMINATION, AN M BOTH GLOBAL AND INTEGRATI IRONMENT FOR ITS DIVERSE STU ERS OUTSTANDING LEARNING EX PROFESSIONAL PROGRAMS IN V	SITSELF TO FURTHERING ITSELF TO FURTHERING SOLUTION OF KITCH TO THE EXPLOYED OF THE EXPLOY	ING HUMAN WELL-BE AL AND INTELLECTU ORATION OF NEW ID SROADS OF WASHIN NOWLEDGE TO PRO HE UNIVERSITY PRO ' BY FOSTERING EXC -TIME AND PART-TI	EING THE UNIVERSITY VA JAL DIVERSITY AND BUILT DEAS THE GEORGE WASHI GTON, D C , COMMITS ITSI MOTE THE PROCESS OF LI VIDES A STIMULATING IN DELLENCE IN TEACHING, T ME STUDENTS IN UNDERG	LUES A DYNAMIC, UPON A FOUNDATION NGTON UNIVERSITY, ELF TO EXCELLENCE IN FELONG LEARNING TELLECTUAL HE UNIVERSITY
2	Did the organization undertake any the prior Form 990 or 990-EZ?		vices during the year	which were not listed on	
	If "Yes," describe these new service				.   Yes   No
3	Did the organization cease conduct services?			ducts, any program	
	If "Yes," describe these changes o	n Schedule O			
4	Describe the organization's progra expenses Section 501(c)(3) and 5 the total expenses, and revenue, if	01(c)(4) organizations	are required to report		
4a	(Code ) (Expense	es \$ 1,020,808,927	ıncludıng grants of \$	263,763,514 ) (Revenue \$	986,093,509 )
	EDUCATION OUR NAMESAKE ENVISIONE OVER THE WORLD TODAY, WE ARE THAT FULL ADVANTAGE OF OUR SETTING IN A UNPARALLELED ACCESS TO OPPORTUNIT FACULTY AND STUDENTS NOT ONLY STU	TUNIVERSITY WITH STUDENT GLOBAL NERVE CENTER, A GV IES IN EVERY SECTOR OF SOO	S AND FACULTY MEMBERS W EDUCATION INTEGRATES CIETY IN A CITY SHAPING	FROM EVERY STATE AND MORE TH. INTELLECTUAL DISCOVERY, INTERA	AN 130 COUNTRIES TAKING ACTIVE LEARNING, AND
4b	(Code ) (Expense	es \$ 194,874,023	ıncludıng grants of \$	73,738,919 ) (Revenue \$	169,973,202 )
	RESEARCH AND RESEARCH SUPPORT G' LIVES THIS UNIQUE APPROACH TO RESE EXPERIENCES THAT FEW CAN MATCH W HEALTH, NATIONAL SCIENCE FOUNDATIO PROBLEMS WHILE GIVING OUR STUDENT STUDENTS CONTINUE TO OPEN NEW DO	ARCH GIVES SPECIAL CHARAC ITH OUR LOCATION, CONNEC N, THE SMITHSONIAN INSTITU S LEARNING OPPORTUNITIES	CTER TO OUR TEACHING AI TIONS AND CLOSE PROXIM UTION, AND LIBRARY OF CO	ND ENABLES US TO OFFER OUR STU ITY TO INSTITUTIONS SUCH AS THE ONGRESS, GW'S RESEARCH HELPS :	DENTS LEARNING ENATIONAL INSTITUTES OF SOLVE NATIONAL AND GLOBAL
	(Code ) (Expense	es \$ 88,922,442	ıncludıng grants of \$	0 ) (Revenue \$	95,658,616 )
4c	AUXILIARY ENTERPRISES - STUDENTS AN THE OVERALL QUALITY OF STUDENT LIFE PARKING, STUDENT HEALTH, MAIL, AND ROOMS AND IS UTILIZED BY STUDENTS, FINANCIAL REPORT ON THE FINANCE DI	ID COMMUNITY GW PROVIDE AUXILIARY ENTERPRISES IN LAUNDRY SERVICES GW'S MA FACULTY, STAFF, AND VISITO	ES A NUMBER OF SERVICES CLUDE FACILITIES AND RES ARVIN CENTER HOUSES DI RS FOR MORE INFO ABOU	THAT SUPPORT LEARNING, BUILD OF THE TRANSPORT OF THE TRAN	COMMUNITY, AND ENHANCE , DINING, BOOKSTORE, ZATION OFFICES AND MEETIN
	Other program services (Describe	 e in Schedule O )			
	(Expenses \$	including grants of s	\$	) (Revenue \$	)
<b>4</b> e	Total program service expenses	1 304 605 392			

Part IV	Checklist of	Required	<b>Schedules</b>

			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)? 🕏	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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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
е	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? If "Yes," complete Schedule F, Parts III and IV	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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnotemark$	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	 Yes	▽ No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   41,802		1 62	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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
	Tax Statements, filed for the calendar year ending with or within the year covered by this return	,		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	.,	ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	ĺ
	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	
	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	4a	\ <sub>\</sub>	ĺ
	account)?	<u> </u>	Yes	
b	If "Yes," enter the name of the foreign country BR, CH See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	l _ '		
	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?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		) 	
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
02	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
9a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	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	1		
	against amounts due or received from them)	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
а	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans	┤		
	Enter the amount of reserves on hand	 1	 	 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b	1	1

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

Check if Schedule O	contains a response or note to any line in this Part VI						_	V
Check if Schedule O	contains a response or note to any line in this Part VI							

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	<u>No</u>
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	
b 11a	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	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b c 13 14	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?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15	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	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  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 taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b  11a  12a  12b  12c  13  14  15a  15b  16a	Yes Yes Yes Yes Yes Yes Yes Yes	No

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►SHARON HEINLE AVP COMPTLR
45155 RESEARCH PLACE SUITE 260

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n is l	ne l both	box, an d	officer	1	( <b>D</b> ) 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		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

lb	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	<b>►</b> [	12,629,618	0	1,102,505

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1,388

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	ı
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	·	No

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
CLARK CONSTRUCTION GROUP, 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814	CONSTRUCTION	140,089,326
GWU MEDICAL FACULTY ASSOCIATES, 2150 PENNSYLVANIA AVE NW WASHINGTON, DC 20037	TEACHING & RESEARCH	33,702,107
WHITING TURNER CONTRACTING CO, 300 E JOPPA RD BALTIMORE, MD 21286	CONSTRUCTION	18,985,564
TISHMAN CONSTRUCTION CORPORATION OF, 1150 18TH ST NW WASHINGTON, DC 20036	CONSTRUCTION	12,419,472
ARAMARK CORPORATION, 1101 MARKET STREET PHILADELPHIA, PA 19107	FACILITY SERVICES	11,632,891
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	

Form 99		<u> </u>						Page <b>9</b>
Part V	/##1	Statement o	o <b>f Revenue</b> ule O contains a respor	nse or note to any li	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
χ£	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
ي ي	С	Fundraising eve	ents <b>1c</b>	23,125				
iffs ar /	d	Related organiz	zations 1d					
% ⊞:€	e	Government grant	s (contributions) <b>1e</b>	10,131,807				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	192,782,829				
ntrib d Oth	g	Noncash contributi 1a-1f \$	ons included in lines	81,277,663				
G B	h	Total. Add lines	s 1 a - 1 f	· · · · •	202,937,761			
<u> </u>				Business Code				
жеп	2a	STUDENT TUITION	& FEES	900099	890,774,998	890,774,998		
22	b	GRANTS & CONTRA		900099	179,349,386	179,349,386		
MCe		AUXILIARY ENTERF		611710	95,658,616	95,658,616		
<b>3</b> 8	d	MEDICAL EDUCATI	<del>-</del>	900099	61,958,048	61,958,048		
E	e		SERVICE REVENUE	611710	23,950,067	23,950,067		
Program Service Revenue	f	All other progra	am service revenue					
	g	Total. Add lines			1,251,691,115			
	3		ome (including dividendar amounts)		12,738,731			12,738,731
	4		stment of tax-exempt bond		0			
	5	Royalties		►	1,637,962			1,637,962
	_		(i) Real	(II) Personal				
	6a b	Gross rents Less rental	43,097,683 27,040,182					
		expenses Rental income	16,057,501	0				
	C	or (loss)			46.057.504			46.057.504
	d	Net rental inco	me or (loss)	(II) O ther	16,057,501			16,057,501
	7a	Gross amount from sales of assets other than inventory	(1) Securities 745,027,533	15,668,877				
	ь	Less cost or other basis and	609,550,224	15,668,877				
		sales expenses Gaın or (loss)	135,477,309	, ,				
	c d	, ,	(ss)		135,477,309			135,477,309
	8a	Gross income f		· · · · · · · · · ·				
Other Revenue		Ť	s reported on line 1c)					
Ë.	_		a	17,086				
ţ.	b		penses <b>b</b> [ (loss) from fundraising	30,731	-13,645			-13,645
0	c 9a		rom gaming activities	events p-	13,013			15,615
			ne 19 <b>a</b>	78				
	ь	Less direct ex	penses <b>b</b>	14,924				
	С		loss) from gamıng actı) r	vities	-14,846			-14,846
	10a	Gross sales of returns and allo		72,130				
	b		oods sold <b>b</b>	32,377		_		
	С		(loss) from sales of inve		39,753	34,212	5,541	
	11a	UNRELATED P		Business Code 525990	-2,955,827		-2,955,827	
	Ь	INCOME	 T OPERATIONS	721110	18,623,092		18,623,092	
	c	TINDELENDEN	I OF ENATIONS		,,		, -,	
	d	All other reven						
	e	Total. Add lines	ا s 11a-11d	🕨	15 667 365			
	12	Total revenue.	See Instructions	🛌	15,667,265			
	I				1,636,218,906	1,251,725,327	15,672,806	165,883,012

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) 굣 Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) 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 domestic organizations and domestic governments See Part IV, line 21 . . . . 65,167,378 65,167,378 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . 260.862.167 260,862,167 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 11,472,888 11,472,888 and 16 . . . . . . . . . . . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and 8,204,292 1,403,805 4,903,898 1,896,589 key employees . . . 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 . . . 537,607,972 470,433,718 51,395,254 15,779,000 Pension plan accruals and contributions (include section 401(k) 36,216,734 31,057,103 3,975,855 and 403(b) employer contributions) . . . . 1,183,776 Other employee benefits . . . . . . 49,830,821 42,731,653 5,470,403 1,628,765 35,938,069 30,818,137 3,945,264 1,174,668 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . 4,031,926 2,360,935 1,670,991 200,591 2,451,965 2,652,556 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 1,064,396 1,064,396 Investment management fees . . 6,400,873 6,400,873 Other (If line 11g amount exceeds 10% of line 25, column (A) 115,088,537 108,301,978 6,325,276 461,283 amount, list line 11g expenses on Schedule O) . . . . 12 Advertising and promotion . . . 5,156,865 3,583,119 1,328,830 244,916 Office expenses . . . . . . 35,560,851 13 29,153,488 5,617,189 790,174 22,639,585 17,786,857 14 Information technology . . . . . 4,665,732 186,996 15 Royalties . . 225,016 225,016 16 58,864,986 54,144,704 4,552,266 168,016 21,669,990 19,294,480 703,929 1,671,581 17 Payments of travel or entertainment expenses for any federal, 4,159 state, or local public officials . . . . . 4,159 19 Conferences, conventions, and meetings . . . . 21,905,523 14,991,443 4,530,287 2,383,793 20 48,252,235 46,555,866 1,696,369 21 Payments to affiliates . . . . . . 22 73,089,759 3,757,237 Depreciation, depletion, and amortization . . . . . 69,332,522 3,162,688 3,126,370 36,318 Other expenses Itemize expenses not covered above (List 24 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 9,429,665 9,320,008 84,044 25,613 MEMBERSHIPS 2,981,775 2,431,464 497,985 52,326 20,041 c UBITAX 20,041 d INTERDEPARTMENTAL ASSESSMENTS 3,882,921 -4,377,946 495.025 e All other expenses 29,716,735 5,962,622 23,612,467 141,646 25 Total functional expenses. Add lines 1 through 24e 1,467,218,482 1,304,605,392 133,264,527 29,348,563 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pal	rt X	Check if Schedule O contains a response or note to any lin	ne in this	Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,525,425	1	1,348,674
	2	Savings and temporary cash investments			39,034,113	2	81,047,411
	3	Pledges and grants receivable, net			158,392,283	3	123,833,718
	4	Accounts receivable, net			27,496,704	4	29,313,027
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Con Schedule L	rs, direc nplete P	tors, trustees, art II of	59,715		39,592
ŧ	6	Loans and other receivables from other disqualified person section $4958(f)(1)$ ), persons described in section $4958(c)$ employers and sponsoring organizations of section $501(c)$ beneficiary organizations (see instructions) Complete Part	)(3 )(B), a (9 ) volu	and contributing ntary employees'	0	6	0
Assets	,	Notes and lang recovable not			291,649	7	292,033
AS.	7	Notes and loans receivable, net			291,049	8	407,787
	8	Inventories for sale or use			18,238,416		16,355,576
	9 10a	Prepaid expenses and deferred charges  Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	3,396,324,894	10,230,410	9	10,333,370
	Ь	Less accumulated depreciation	10b	754,861,814	2,404,310,058	10c	2,641,463,080
	11	Investments—publicly traded securities			533,077,617		605,938,252
	12	Investments—other securities See Part IV, line 11			553,848,769		494,233,663
	13	Investments—program-related See Part IV, line 11			28,705,030	13	29,846,587
	14	Intangible assets			7,945,484	14	7,945,484
	15	Other assets See Part IV, line 11			9,286,934	15	9,336,375
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,782,212,197	16	4,041,401,259
	17	Accounts payable and accrued expenses			209,836,996		207,780,511
	18	Grants payable			200,000,000	18	207,700,017
	19	Deferred revenue			46,643,622	19	48,018,930
	20	Tax-exempt bond liabilities			0	20	40,010,000
	21				0	21	0
ities	22	Escrow or custodial account liability Complete Part IV of Loans and other payables to current and former officers, di	rectors,		0	21	0
ত		key employees, highest compensated employees, and disc	•		0	22	_
Liabiliti		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third pa			214,576,886	23	112,000,000
	24	Unsecured notes and loans payable to unrelated third part			1,146,453,319	24	1,437,843,540
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complet D	e Part X		35,095,331	25	35,577,324
	26	Total liabilities. Add lines 17 through 25			1,652,606,154	26	1,841,220,305
		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.			. , , .		
3UC	27	Unrestricted net assets			1,467,033,147	27	1,470,712,380
<u> </u>	28	Temporarily restricted net assets			420,551,716	28	461,841,967
<u> </u>	29	Permanently restricted net assets			242,021,180	29	267,626,607
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.			, ,		
<u>.</u>	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fu	nd -			31	
355	32	Retained earnings, endowment, accumulated income, or ot				32	
Net #	33	Total net assets or fund balances		·	2,129,606,043	33	2,200,180,954
ž	34	Total liabilities and net assets/fund balances	· • •		3,782,212,197	34	4,041,401,259
		rotar nabinties and net assets/luna balances	<u> </u>		5,102,212,197	54	4,041,401,259

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			,	. ৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,636,2	218,906
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,467,2	218,482
3	Revenue less expenses Subtract line 2 from line 1	3			00,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			306,043 354,573
6	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		-6,!	570,940
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			.80,954
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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revial separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	tht of th	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	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 Compensated Employees, and Inde	of Officers,	Direct	ors,	Tru	ste	es, ŀ	<b>(ey</b>	Employees, High	nest	
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more the perso and a	ion ( han o n is b	ne b oth	ox, u an o	ınless fficer		(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 employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(1) NELSON A CARBONELL JR	5 0	×						0	0	0
CHAIR OF THE BD/COMM CHR (1) ELLEN ZANE	5 0			-	-	-				
		X						0	0	0
VICE CHAIR OF THE BD/COMM CHR (2) I ALLAN FROM	5 0									
SECRETARY OF THE BD/COMM CHR	0 0	X						0	0	0
(3) W SCOTT AMEY	2 0	×						0	0	0
TRUSTEE	0 0	^						Ů		
(4) RICHARD W BLACKBURN	3 0	x						0	0	0
TRUSTEE/COMM CHR (5) ROSLYN M BROCK	0 0			-	-					
TRUSTEE	0 0	Х						0	0	0
(6) WESTON D BURNETT	2 0									
TRUSTEE	0 0	X						0	0	0
(7) MARK H CHICHESTER	2 0	×						0	0	0
TRUSTEE	0 0	^						Ů		
(8) GEORGE A COELHO	2 0	X						0	0	o
TRUSTEE (9) TERRY L COLLINS	0 0									
	0 0	Х						0	0	0
TRUSTEE (10) KYLE FARMBRY	2 0									
TRUSTEE	0 0	X						0	0	0
(11) LEE FENSTERSTOCK	3 0	×						0	0	0
TRUSTEE/COMM CHR THRU 6/15	0 0							Ů		
(12) HEATHER S FOLEY	2 0	X						0	0	0
TRUSTEE (13) TITILOLA HARLEY	0 0									
TRUSTEE	0 0	X						0	0	0
(14) DIANA B HENRIQUES	2 0							_	_	_
TRUSTEE	0 0	X						0	0	0
(15) A MICHAEL HOFFMAN	2 0	x						0	0	0
TRUSTEE	0 0									
(16) JAMES F HUMPHREYS	2 0	X						0	0	О
TRUSTEE (17) MADELEINE S JACOBS	3 0									
TRUSTEE/COMM CHR	0 0	X						0	0	0
(18) DAVID C KARLGAARD	2 0	, , , , , , , , , , , , , , , , , , ,								
TRUSTEE	0 0	X						0	0	0
(19) STUART S KASSAN	2 0	X						0	0	0
TRUSTEE (20) JAY E KATZEN	0 0									
		x						0	0	0
TRUSTEE (21) J RICHARD KNOP	2 0									
TRUSTEE	0 0	X						0	0	0
(22) PETER B KOVLER	3 0	×						0	0	0
TRUSTEE/COMM CHR	0 0						<u> </u>			
(23) RANDY L LEVINE	2 0	x						0	0	0
TRUSTEE (24) ANN WALKER MARCHANT	0 0			$\vdash$			<u> </u>			
TRUSTEE	0 0	x						0	0	0
		1	1		1			L		L

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

Compensated Employees, and Inde			rs			, .	,	ıp.o, ees, i.i.g.		
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne booth a	ox, u an of trus	inless fficer tee)		( <b>D)</b> 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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Kej emplojee	Highest compensated employee	Former		2,200	related organizations
(26) DAVID A NADLER	2 0	x						0	0	0
TRUSTEE THRU 2/15 (1) SALLY NUAMAH	0 0									
TRUSTEE	0.0	x						0	0	0
(2) STEVEN S ROSS	3 0	x						0	0	0
TRUSTEE/COMM CHR	0 0							Ů	0	
(3) MARK R SHENKMAN	2 0	x						0	0	0
TRUSTEE (4) GRACE E SPEIGHTS	2 0									
TRUSTEE	0 0	Х						0	0	0
(5) ROBERT K TANENBAUM	2 0	х						0	0	0
TRUSTEE (6) AVRAM TUCKER	0 0									
TRUSTEE	0 0	х						0	0	0
(7) CYNTHIA STEELE VANCE	3 0	.,								
TRUSTEE/COMM CHR	0 0	X						0	0	0
(8) GEORGE W WELLDE JR	2 0	x						0	0	0
TRUSTEE  (9) ART WONG	0 0									
TRUSTEE	0 0	X						0	0	0
(10) STEVEN KNAPP	50 0	×		Х				1,069,414	0	118,442
PRESIDENT - EX OFFICIO	0 0							1,005,111		110,112
(11) LOUIS H KATZ	50 0			х				950,109	0	28,500
EXECUTIVE VP & TREASURER (12) STEVEN LERMAN	50 0								_	
PROVOST & EVP ACADEMIC AFFRS	0 9			Х				707,441	0	159,352
(13) BETH NOLAN	50 0			x				590,162	0	43,356
SR VP & GENERAL COUNSEL (14) JEFFREY S AKMAN	0 0 50 0									
VP FOR HLTH AFFRS/DEAN SMHS	0 0				х			821,727	0	75,734
(15) LEO M CHALUPA	50 0				х			574,907	0	40,696
VP FOR RESEARCH	0 0							374,507	0	40,030
(16) ARISTIDE COLLINS	50 0				х			306,810	0	33,366
VP FOR DEVELOPMENT AS OF 10/14 (17) MICHAEL MORSBERGER	50 0									
VP FOR DEVELOPMENT THRU 10/14	0 0				Х			896,015	0	41,730
(18) DONALD LINDSEY	50 0				х			539,583	0	43,796
CHIEF INV OFFICER THRU 10/14 (19) DAVID P STEINOUR	0 0 50 0									
CHIEF INFORMATION OFFICER	0.0				х			382,013	0	33,039
(20) BEN VINSON III	50 0				х			375,801	0	33,535
DEAN, CCAS	0 0							3/3,801	0	33,333
(21) BLAKE D MORANT	50 0				х			176,862	0	19,688
DEAN, LAW SCHOOL AS OF 9/14 (22) GREGORY E MAGGS	50 0									
INTRM DN, LAW SCHL THRU 8/14	0 0				Х			268,193	0	36,532
(23) SHAHRAM SARKANI	50 0					х		901,316	0	49,855
DIRECTOR & PROF OF EMSE (24) JACK FRIEDENTHAL	0 0 50 0					-	-	, -		<u>,                                      </u>
PROFESSOR EMERITUS OF LAW	0.0					x		795,713	0	25,106
		•							•	<u> </u>

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pore the pore the pore and individual trustee or director	ion (d nan o n is b	ne booth a	ox, u an of	inless ficer tee)	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
(51) MICHAEL LONERGAN	50 0							700.026		07.510
MEN'S BASKETBALL COACH	0 0					X		709,936	0	87,510
(1) DOUG GUTHRIE	50 0					Х		670,235	0	15,300
PROFESSOR THRU 6/14	0 0							070,233	0	13,300
(2) THOMAS A MAZZUCHI	50 0					Х		F70 F74	0	45.004
CHAIR, DEPT OF ENGINEERING	0 0					^		570,574	U	45,994
(3) ROBERT CHERNAK	40 0							110 007	0	22.702
FORMER SR VP SAAS	0 0						X	119,907	0	23,703
(4) PAUL SCHIFF BERMAN	40 0						х	501,529	0	56,783
FORMER DEAN, LAW SCHOOL	0 0						^	301,329	U	30,763
(5) JAMES L SCOTT	40 0						х	406 124	0	26.625
FORMER DEAN,SCHOOL OF MED/HLTH	0 0							406,124		36,625
(6) MARGUERITE BARRATT	40 0	_					х	295,247	0	53,863
FORMER DEAN, CCAS	0 0							293,247	0	33,003

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#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		ne organization					Employer identifica	ation number
The G	eorge V	Washington University					53-0196584	
Da	rt I	Peacon for Dubli	c Charity S	s <b>tatus</b> (All organiza	tions must co	mplete this n		nc
		zation is not a private f		, ,				7115.
1	,, ga	A church, convention		•	= :	· ·	•	
2	<u>'</u>	A school described in	-			ii section 170(b	)(±)(A)(i).	
			=			+: 170/b\/1\/	(A)(:::)	
3		A hospital or a cooper		<del>-</del>				· - · · · ·
4	ı	A medical research or		erated in conjunction v	vith a hospital d	lescribed in <b>sec</b> i	tion 1/0(b)(1)(A)(iii	). Enter the
5	$\vdash$	hospital's name, city, An organization opera	ted for the her	nefit of a college or uni	versity owned o	r operated by a	governmental unit d	escribed in
•	'				versity owned t	operated by a	governmentar unit a	escribed iii
_	_	section 170(b)(1)(A)			do o o w b o d . v	ation 170(b)(1)	\(A\(\	
6	<u> </u>	A federal, state, or loc						1 11
7	ļ	An organization that n	•	<u>.</u>	• •	om a governmei	ntal unit or from the g	jeneral public
8	Г	described in <b>section 1</b> A community trust de				+ II )		
9	<u>'</u>	An organization that n					uitions membershin	fees and aross
	'	receipts from activitie						
		its support from gross						
								i busillesses
4.0	_	acquired by the organ		•		•	•	
10	<u> </u>	An organization organ	•	·		•		
11	ļ	An organization organ one or more publicly s						
		the box in lines 11a th			•			
а	Г	Type I. A supporting of						
	·	supported organizatio						
	_	organization You mus						
b		Type II. A supporting	-	•				
		management of the su			same persons t	hat control or m	anage the supported	organization(s) <b>You</b>
_	$\vdash$	must complete Part I Type III functionally	•		n operated in c	onnection with	and functionally inte	grated with its
•	,	supported organizatio	_		•	•		gracea with, its
d	Γ	Type III non-function						janization(s) that is
		not functionally integr					ment and an attentiv	eness requirement
	_	(see instructions) Yo						
е	ļ	Check this box if the o					a Type I, Type II, T	ype III functionally
f		integrated, or Type II Enter the number of s						
		Provide the following i						
9		Trovide the following i	mormation ab	out the supported orge	11112461011(3)			
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of
		organization	(11) 2111	organization	listed in your		monetary support	other support (see
		<b>y</b>		(described on lines	docume		(see instructions)	instructions)
				1-9 above or IRC				
				section (see				
				ınstructions))	, , , , , , , , , , , , , , , , , , ,			
					Yes	No		
Tota								

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

S	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 20	014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	64,628,819	80,014,552	70,589,630	155,008,188	202	2,937,761	573,178,950
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	64,628,819	80,014,552	70,589,630	155,008,188	202	2,937,761	573,178,950
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							12,820,508
6	Public support. Subtract line 5							560,358,442
	from line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 20	14	<b>(f)</b> Total
_	beginning in)	` '						
7 8	A mounts from line 4 Gross income from interest,	64,628,819	80,014,552	70,589,630	155,008,188	202	,937,761	573,178,950
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	59,983,751	55,222,549	56,480,959	55,924,238	57	,474,376	285,085,873
9	Net income from unrelated business activities, whether or not the business is regularly carried on	508,726						508,726
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	31,659	4,927	85,068			79,418	201,072
11	Total support Add lines 7 through 10							858,974,621
12	Gross receipts from related activit	ıes, etc (see ıns	tructions)	I	I.	12	,	5,836,723,172
13	First five years. If the Form 990 is organization, check this box and stection C. Computation of Pu	op here	<u> </u>		•		501(c)(3	3)
14	Public support percentage for 201			11, column (f))		14		65 236 %
15	Public support percentage for 201			,(-,,		15		57 122 %
	33 1/3% support test—2014. If the	-	•	x on line 13, and	line 14 is 33 1/3%			
17a	and stop here. The organization qu 33 1/3% support test—2013. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organization	e organization did in qualifies as a p — <b>2014.</b> If the orgation meets the " ets the "facts-and — <b>2013.</b> If the organization meets the	I not check a box of the properties of the prope	on line 13 or 16a organization check a box on li stances" test, ch ' test The organi check a box on li umstances" test	ne 13, 16a, or 16 eck this box and s ization qualifies as ne 13, 16a, 16b, , check this box a	b, and lin stop here s a public or 17a, a nd stop h	e 14 . Explain ly suppo nd line <b>iere.</b>	rted ▶┌
18	supported organization <b>Private foundation.</b> If the organizations	tion did not chec	k a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and	see	►□ ►□

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

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

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

Section D. Computation of Investment Income Percentage

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

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

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

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

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

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

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

	Current Year
1	
2	
3	
4	
5	
6	

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

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

Facts And Circumstances Test	

Return Reference	Explanation
SCHEDULE A, PART II, SECTION B,	OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING EVENTS, GAMING EVENTS,
LINE 10	AND SALES OF INVENTORY

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134065596

OMB No 1545-0047

Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization The George Washington University Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

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)).

- A 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

	Limits on Lobbying E (The term "expenditures" means ar	_	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisle	ative body (direct lobbying)	575	
c	Total lobbying expenditures (add lines 1a and 1i	o)	575	
d	Other exempt purpose expenditures		1,448,025,628	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	1,448,026,203	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ue 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 4720	) 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 separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) Total lobbying expenditures 1,469 4,488 15,402 575 21,934 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section	)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Information (continued)					
Return Reference	Explanation				

Schedule C (Form 990 or 990EZ) 2014

#### DLN: 93493134065596

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

	e of the organization eorge Washington University		En	nployer identificati	on numbe	r
ic 00	.orge Washington Oniversity		53	3-0196584		
art	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990,		nilar Funds	s or Accounts.	Complet	e if the
		(a) Donor advised fund	ls	<b>(b)</b> Funds and otl	her accou	nts
Т	otal number at end of year					
Α	ggregate value of contributions to (during year)					
Α	ggregate value of grants from (during year)					
Α	ggregate value at end of year					
	Old the organization inform all donors and donor adviso unds are the organization's property, subject to the org			lvised	┌ Yes	┌ No
u	Old the organization inform all grantees, donors, and do ised only for charitable purposes and not for the benefi conferring impermissible private benefit?				┌ Yes	┌ No
rt	II Conservation Easements. Complete if	the organization answered	"Yes" to Fo	rm 990, Part IV,	line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a	or education)	ion of an histo ion of a certif	orically important la led historic structu rm of a conservatio	re	
е	asement on the last day of the tax year			=		
_				Held at the E	nd of the	Year
	otal number of conservation easements		2a			
	otal acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	• •	2c			
h	lumber of conservation easements included in (c) acquistoric structure listed in the National Register		2d			
N	lumber of conservation easements modified, transferre	ed, released, extinguished, or t	erminated by	the organization du	ırıng	
t	he tax year 🗠					
Ν	lumber of states where property subject to conservati	on easement is located ►				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspect	ion, handling	of violations, and	┌ Yes	┌ No
S	staff and volunteer hours devoted to monitoring, inspect	cting, and enforcing conservation	on easements	during the year		
Δ	mount of expenses incurred in monitoring, inspecting	and enforcing conservation ea	asements duri	ing the year		
	• \$	,gg				
	oes each conservation easement reported on line 2(d and section 170(h)(4)(B)(ii)?	) above satisfy the requiremen	ts of section	170(h)(4)(B)(ı)	┌ Yes	┌ No
I b	n Part XIII, describe how the organization reports convalance sheet, and include, if applicable, the text of the he organization's accounting for conservation easeme	footnote to the organization's				
t	Organizations Maintaining Collections Complete if the organization answered "Ye			other Similar A	ssets.	
٧	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset ervice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, edi	ucation, or res	search in furtherand		
٧	f the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset ervice, provide the following amounts relating to these	ts held for public exhibition, edi				ıc
(	i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$		
(	ii) Assets included in Form 990, Part X			<b>▶</b> \$	13,21	8,057
Ι	f the organization received or held works of art, historiollowing amounts required to be reported under SFAS:					<u> </u>
	evenue included in Form 990 Part VIII line 1	-		<b>b-</b> ⊄		

**b** Assets included in Form 990, Part X

ar	Organizations Maintaining Co	ollections of Art,	Historical T	reas	ures, or O	ther	Similar	Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other records	, check any of	the fo	llowing that a	re a	sıgnıfıcant	use of	its	
а	Public exhibition		d 🔽 Loan	orex	change progra	ams				
b	Scholarly research		e	er						
c	✓ Preservation for future generations									
4	Provide a description of the organization's of Part XIII	collections and explain	how they furth	er the	organization'	's ex	empt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than						ılar	Г	Yes	√ No
Pai	Escrow and Custodial Arrange Part IV, line 9, or reported an a	gements. Complete	e if the orgar	nızatı			es" to For	m 990	),	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	dıan or other ıntermedı	ıary for contrıb	utions	or other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	III and complete the fo	ollowing table		Г			Amou		
c	Beginning balance				-	1c				
d	Additions during the year				-	1d				
e	Distributions during the year				-	1e				
f	Ending balance				<u> </u>	1f				
2a	Did the organization include an amount on F	Form 990 Part X line :	21 for escrow	or cus	<u> </u>		hility?		Yes	┌ No
b										
	If "Yes," explain the arrangement in Part XI  rt V Endowment Funds. Complete							10	<u> </u>	<u> </u>
- 0	Endowment Funds. Complete		(b)Prior year		Two years back				Four ye	ars back
la	Beginning of year balance	1,576,508,282	1,375,201,717	,	1,305,891,938		1,331,100,	652	1,14	3,581,701
b	Contributions	59,754,333	26,745,275	5	21,777,666		12,722,	014	2	0,048,815
c	Net investment earnings, gains, and losses	60,164,398	254,771,454		125,522,204		37,171,	754	23	9,647,928
d	Grants or scholarships	9,885,842	8,986,348	+	8,429,072		8,196,			7,817,598
e	Other expenditures for facilities and programs	63,783,359	62,467,435	5	59,890,790		58,511,	818	5	6,012,499
f	Administrative expenses	6,400,872	8,756,381		9,670,229		8,394,	477		8,347,695
g	End of year balance	1,616,356,940	1,576,508,282	2	1,375,201,717		1,305,891,	938	1,33	1,100,652
2	Provide the estimated percentage of the cu	rrent year end balance	(line 1g, colur	nn (a)	) held as					
а	Board designated or quasi-endowment ►	69 185 %								
b	Permanent endowment ▶ 13 850 %									
С	Temporarily restricted endowment ► 16 The percentages in lines 2a, 2b, and 2c sho	966 %								
3a	Are there endowment funds not in the posse	·	ion that are he	اطممط	a diminista ra d	1 60 - 1	·h a			
oa	organization by	ession of the organizati	ion that are he	iu aiiu	aummstereu	1 101 1	.iie		Yes	No
	(i) unrelated organizations						[	3a(i)		No
	(ii) related organizations						[	3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	· · · · · · · · · · · · · · · · · · ·		•		•	[	3b		
<u> </u>	Describe in Part XIII the intended uses of t									
aı,	t VI Land, Buildings, and Equipm 11a. See Form 990, Part X, line		e organizatio	n ans	swered 'Yes'	' to I	Form 990	, Part	IV, lır	ne
	Description of property	10.	(a) Cost or	other	(b)Cost or oth	er	(c) Accumula	ated	(d) Boo	k value
	, , , , , , , , , , , , , , , , , , , ,		basis (invest		basis (other)		depreciation		•	
a	_and		56	1,105	190,660,3	375		$\dashv$	10	1,221,480
	Buildings		933,09	<del>'  </del>	1,996,697,2	-	584 076	636		
	Leasehold improvements		333,09	J, J3Z	13,431,	-		4,076,636     2,345,710,972       8,296,572     5,135,019		
	Equipment				261,884,2	-	162,488	<del>`                                    </del>		5,135,019 9,395,609
	Other		-		201,004,2		102,700	,,,,,,		2,333,003
_										

2,641,463,080

See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book		(c)	Method of valuation
(including name of security)				Cost or	end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests					
(3)Other (A) DEF COMP LIFE INS - CSV			3,246,191		F
(B) INV FUND FOR 457 LIABILITIES			35,636,868		F
(C) BENEFICIAL INT PERPETUAL TSTS			37,380,602		F
(D) REC FROM CRUTS HELD BY 3RD PTY			3,448,932		F
(E) LIFE INCOME FUNDS			14,672,331		F
(F) LIMITED PARTNERSHIPS			60,658,022		F
(G) OTHER SECURITIES		3	337,718,688		F
(H) BONDS AND NOTES			11,000		F
(I) OTHER STOCKS					F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	4	1,461,029 194,233,663		Г
Part VIII Investments—Program Related. Con	nplete if the			Yes' to Fo	rm 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	<b>(b)</b> Bool	c value	(c) M	ethod of va	luation
(a) Bescription of investment	(3) 2001	· varac			narket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX Other Assets. Complete if the organization		' to Form 990	, Part IV , line	11d See F	
(a) Descrip	tion				(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	) .				
Part X Other Liabilities. Complete if the organ	ıızatıon answ	ered 'Yes' to	o Form 990,	Part IV, lı	ne 11e or 11f. See
Form 990, Part X, line 25.  (a) Description of liability	(b) Book	value			
Federal income taxes		0			
REFUNDABLE ADVANCES		29,942,956			
INSURANCE RESERVES		5,634,368			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		35,577,324			
(		22,211,324			

Part X		evenue per Audited Financial Sta		nts With Revenue <sub> </sub>	per R	Page 4 <b>eturn</b> Complete ıf
<b>1</b> T	<u> </u>	ered 'Yes' to Form 990, Part IV, line : support per audited financial statements			1	1,304,858,060
	, - ,	not on Form 990, Part VIII, line 12			-	1,504,050,000
	Net unrealized gains (losses) o		2a	-91,854,573		
	- · · · · · · · · · · · · · · · · · · ·	cilities	2b	71,034,373		
			2c			
	· · · · · · · · ·		2d	-8,446,968		
	Add lines <b>2a</b> through <b>2d</b> .				2e	-100,301,541
	ū				3	1,405,159,601
		), Part VIII, line 12, but not on line <b>1</b>				1,100,100,001
		ded on Form 990, Part VIII, line 7b.	4a	6,400,873		
	·		4b	224,658,432		
					4c	231,059,305
		<b>4c.</b> (This must equal Form 990, Part I, line			5	1,636,218,906
Part X	Reconciliation of Ex	<b>openses per Audited Financial Sta</b> Swered 'Yes' to Form 990, Part IV, line	tem	ents With Expense:	s per	
1 T		audited financial statements			1	1,236,192,688
2 A	Amounts included on line 1 but	not on Form 990, Part IX, line 25				
a D	Donated services and use of fa	cilities	2a			
<b>b</b> P	Prior year adjustments		2b		1	
<b>c</b> 0	Other losses		2c		1	
d C	Other (Describe in Part XIII )		2d	27,151,725	1	
e A	Add lines <b>2a</b> through <b>2d</b>				2e	27,151,725
<b>3</b> S	Subtract line <b>2e</b> from line <b>1</b> .				3	1,209,040,963
4 4	Amounts included on Form 990	, Part IX, line 25, but not on line 1:				
a I	nvestment expenses not inclu	ded on Form 990, Part VIII, line 7b	4a	6,400,873		
<b>b</b> 0	Other (Describe in Part XIII )		4b	251,776,646		
c A	Add lines <b>4a</b> and <b>4b</b>				4c	258,177,519
<b>5</b> T	Total expenses Add lines <b>3</b> an	d <b>4c.</b> (This must equal Form 990, Part I, lir	e 18)		5	1,467,218,482
Part X	Supplemental Info	ormation				
	line 4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 1a lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
SCHEDU	JLE D, PART III, LINE 4	THE UNIVERSITY HOLDS A COLLECTION \$13,218,057 IN ADDITION, THE UNIVOF ARCHIVES, HISTORICAL DOCUMEN	ERSIT	Y HOLDS SEVERAL PE	RMAN	ENT COLLECTIONS

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	THE UNIVERSITY HOLDS A COLLECTION OF HISTORICAL DOCUMENTS IN THE AMOUNT OF \$13,218,057 IN ADDITION, THE UNIVERSITY HOLDS SEVERAL PERMANENT COLLECTIONS OF ARCHIVES, HISTORICAL DOCUMENTS, AND ARTWORK THE GEORGE WASHINGTON UNIVERSITY MUSEUM (THE "MUSEUM") HOUSES THE TEXTILE MUSEUM COLLECTION, WHICH INCLUDES TEXTILES, CERAMICS, HISTORIC FURNISHINGS AND PHOTOGRAPHS THAT ARE ON PERMANENT LOAN TO GW THE MUSEUM ALSO HOUSES THE ALBERT SMALL COLLECTION, WHICH FEATURES MAPS, PHOTOGRAPHS AND ARTIFACTS RELATED TO THE HISTORY OF WASHINGTON, D C THROUGH EXHIBITIONS, PROGRAMS AND ACADEMIC COURSES, THE MUSEUM COLLECTIONS ENRICH UNIVERSITY RESEARCH, EDUCATION AND CULTURAL UNDERSTANDING A SEPARATE COLLECTION IS MANAGED BY THE UNIVERSITY'S LUTHER W BRADY ART GALLERY, AN EDUCATIONAL GALLERY LOCATED ON CAMPUS, WHICH INCLUDES PAINTINGS, SCULPTURES, GRAPHICS AND PHOTOGRAPHS FINALLY, THE UNIVERSITY ALSO MAINTAINS THE DIMOCK GALLERY, WHICH SUPPORTS ITS FINE ARTS AND HISTORY STUDENTS AND PROVIDES A "HANDS-ON" EXPERIENCE FOR CURATING AND PRESENTING STUDENTS' CREATIVE ENDEAVORS
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 - (\$2,217,852) SUBSIDIARY REVENUE - \$6,647 RECOVERIES (LOSSES) ON PLEDGE CONTRIBUTIONS - (\$6,235,763) TOTAL TO SCHEDULE D, PART XI, LINE 2D - (\$8,446,968)
SCHEDULE D, PART XI, LINE 4B - OTHER ADJUSTMENTS	UNIVERSITY FUNDED SCHOLARSHIPS NETTED AGAINST FS REVENUE - \$251,776,646 RENTAL PROPERTY EXPENSES NETTED AGAINST TAX REVENUE - (\$27,040,182) FUNDRAISING/GAMING EVENTS EXPENSES NETTED AGAINST TAX REVENUE - (\$45,655) COST OF GOODS SOLD NETTED AGAINST TAX REVENUE - (\$32,377) TOTAL TO SCHEDULE D, PART XI, LINE 4B - \$224,658,432
SCHEDULE D, PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL PROPERTY EXPENSES NETTED AGAINST TAX REVENUE - \$27,040,182 FUNDRAISING/GAMING EVENTS EXPENSES NETTED AGAINST TAX REVENUE - \$45,655 COST OF GOODS SOLD NETTED AGAINST TAX REVENUE - \$32,377 SUBSIDIARY EXPENSE - \$33,511 TOTAL TO SCHEDULE D, PART XII, LINE 2D - \$27,151,725
SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS	UNIVERSITY FUNDED SCHOLARSHIPS NETTED AGAINST FS REVENUE - \$251,776,646

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

Schedule D (Form 990) 2014

#### **Additional Data**

(I) OTHER STOCKS

Software ID:

**Software Version:** 

**EIN:** 53-0196584

Name: The George Washington University

Form 990, Schedule D, Part VII - Investments Other Securities					
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation  Cost or end-of-year market value			
(3)Other					
(A) DEF COMP LIFE INS - CSV	3,246,191	F			
(B) INV FUND FOR 457 LIABILITIES	35,636,868	F			
(C) BENEFICIAL INT PERPETUAL TSTS	37,380,602	F			
(D) REC FROM CRUTS HELD BY 3RD PTY	3,448,932	F			
(E) LIFE INCOME FUNDS	14,672,331	F			
(F) LIMITED PARTNERSHIPS	60,658,022	F			
(G) OTHER SECURITIES	337,718,688	F			
(H) BONDS AND NOTES	11,000	F			
	1				

1,461,029

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As Filed Data -

DLN: 93493134065596

Employer identification number

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Name of the organization

**SCHEDULE E** 

(Form 990 or 990-EZ)

### **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

he G	George Washington University			
Pa	rt I 53-01965	84	YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, other governing instrument, or in a resolution of its governing body?	bylaws,	Yes	
2	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?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media the period of solicitation for students, or during the registration period if it has no solicitation program, in a vithat 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	way	Yes	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscrim basis?	inatory 4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>4c</b>	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	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			
	Students' rights or privileges?	5a		No
Ŀ	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	<u>5c</u>		Νo
d	Scholarships or other financial assistance?	5d		No
e	e Educational policies?	5e		No
f	Use of facilities?	5f		Νo
g	J Athletic programs?	<u>5g</u>		No
H	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	6a	Yes	
	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 01 through of Rev. Proc. 75-50.1975-2 C.B. 587.covering racial nondiscrimination? If "No." explain on Part II	4 0 5	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also 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) (2014)

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As Filed Data -

DLN: 93493134065596

States

2014

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

53-0196584

# 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.

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

Name of the organization The George Washington University

SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Yes No

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space 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)					
<b>3a</b> Sub-total	4	236			328,807,000
b Total from continuation sheets to Part I					41,919,000
<b>c Totals</b> (add lines 3a and 3b)	4	236			370,726,000

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if 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)	<b>(c)</b> 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			l		l

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized a	as
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 additio	nal space is ne	eeded.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) Amount 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	20	148,000	EFT			
(2) STUDY ABROAD SCHOLARSHIPS	East Asia and the Pacific	130	1,318,000				
(3) STUDY ABROAD SCHOLARSHIPS	Europe (Including Iceland and Greenland)	620	5,347,000	EFT			
(4) STUDY ABROAD SCHOLARSHIPS	Mıddle East and North Afrıca	60	459,000	EFT			
(5) STUDY ABROAD SCHOLARSHIPS	North America	1	10,000	EFT			
(6) STUDY ABROAD SCHOLARSHIPS	South America	60	680,000	EFT			
(7) STUDY ABROAD SCHOLARSHIPS	South Asia	30	73,000	EFT			
(8) STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	50	583,000	EFT			
(9)							
(10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							
							I- F (F 000) 2014

## 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)	<b>▼</b>	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; do not file with Form 990)	Γ	Yes	<b>▽</b>	No
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)	굣	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)	দ	Yes	Γ	No
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)	۱✓	Yes	Γ	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; do not file with Form 990)	<b>√</b>	Yes	Г	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

#### Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS GW MAINTAINS A FORMAL SUBRECI
	PIENT MONITORING POLICY FOR USE OF SPONSORED FUNDS THE POLICY APPLIES TO SUBRECIPIENTS WH
	O ARE PERFORMING A PORTION OF THE SPONSORED PROJECT WORK EXTERNALLY AND CONFORMS TO THE AP
	PLICABLE 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 SUB
	AWARD IS DRAFTED AND SUBSEQUENTLY EXECUTED PROCEDURES FOR EARLY RISK ASSESSMENT AND DURIN
	G THE AWARD MONITORING ARE DEFINED BY ROLES AND RESPONSIBILITIES AT GW AND INCLUDE, BUT AR
	E NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, HIS/HER DEPARTMENT ADMINISTRATORS, CENTRAL R
	ESEARCH, AND FINANCIAL OFFICES WITHIN GW GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS THE
	FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES TH
	E AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELEC
	TION 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 ENRO
	LLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUS
	TMENTS THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT F
	OR 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 A
	PPROVED BEFORE AWARDS ARE OFFERED TO A STUDENT AND A STUDENT MUST ACCEPT THE AWARD
	BEFORE
	PAYMENT PROCESSES BEGIN QUALIFICATIONS FOR ENDOWMENT AWARDS ARE CHECKED AND THE MINIMUM
	R
	EQUIREMENTS FOR AWARDS ARE CHECKED FOR EVERY ENDOWMENT AWARDEE. PAPERWORK IS KEPT IN THE O
	FFICE FOR THREE YEARS AND THE AWARD LETTERS ELECTRONICALLY FOR FIVE YEARS OUR ELECTRONIC SYSTEMS, BANNER AND EAS, HAVE THE RECORDS OF PAYMENTS
	OTOTERO, DARRICA ARO DAO, TAVE ITIE RECORDO OF FATIRIDATO

### **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		9	Program Services	EDUCATION AND RESEARCH	493,000
East Asia and the Pacific		10	Program Services	EDUCATION AND RESEARCH	4,513,000
Europe (Including Iceland and Greenland)	3	100	Program Services	EDUCATION AND RESEARCH	17,158,000

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			
Middle East and North Africa		7	· · · · <b>3</b> · · · · · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	1,569,000			
North America		12		EDUCATION AND RESEARCH	2,127,000			
Russia and the Newly Independent States		34	· · · · <b>3</b> · · · · · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	210,000			

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			
South America	1	25	· · · <b>3</b> · · · · · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	1,970,000			
South Asia		18	· · · <b>3</b> · · · · · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	525,000			
Sub-Saharan Africa		21	1 -	EDUCATION AND RESEARCH	3,888,000			

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			Fundraising		2,000			
East Asia and the Pacific			Fundraising		177,000			
Europe (Including Iceland and Greenland)			Fundraising		103,000			

Form 990 Schedule F	Part I - Activit	ties 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
Middle East and North Africa			Fundraising		91,000
North America			Fundraising		1,000
South America			Fundraising		15,000

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			Fundraising		14,000
Central America and the Caribbean			Investments		295,951,000
East Asia and the Pacific			Investments		31,412,000

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			
South Asia			Investments		10,507,000			

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)
		Sub-Saharan Africa	SUBAWARD	855,000	EFT			
		East Asia and the Pacific	SUBAWARD	285,000	EFT			
		Sub-Saharan Afrıca	SUBAWARD	18,000	EFT			
		Middle East and North Africa	SUBAWARD	22,000	EFT			

Form 990 Schedu	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) Amount 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)		
		South America	SUBAWARD	61,000	EFT					
		East Asia and the Pacific	SUBAWARD	8,000	EFT					
		Sub-Saharan Africa	SUBAWARD	33,000	EFT					
1		East Asia and the Pacific	SUBAWARD	56,000	EFT					

Form 990 Schedu	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)	
		Europe (Including Iceland and Greenland)	SUBAWARD	67,000	EFT				
		East Asia and the Pacific	SUBAWARD	202,000	EFT				
		Europe (Including Iceland and Greenland)	SUBAWARD	106,000	EFT				
		North America	SUBAWARD	22,000	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 valuation (book, FMV, appraisal, other)
		North America	SUBAWARD	679,000	EFT			
		East Asia and the Pacific	SUBAWARD	202,000	EFT			
		Sub-Saharan Africa	SUBAWARD	44,000	EFT			
		North America	SUBAWARD	15,000	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)
		Europe (Including Iceland and Greenland)	SUBAWARD	7,000	EFT			
		South America	SUBAWARD	13,000	EFT			
		Europe (Including Iceland and Greenland)	SUBAWARD	115,000	EFT			
		Europe (Including Iceland and Greenland)	SUBAWARD	21,000	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)		(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	25,000	EFT				

DLN: 93493134065596

**Supplemental Information Regarding** 

**Employer identification number** 

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization The George Washington University

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ

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

filers are not required to complete this part.

- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- Solicitation of non-government grants
- Solicitation of government grants
- ▼ Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1 HEATON SMITH GROUP 1380 W PACES FERRY RD NW	PLANNED GIVING		No	160,000	332,466	-172,467
ATLANTA, GA 30327						
2 HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25	STRATEGY DIRECT SOLI		No	26,514	248,592	-222,078
BREWSTER, NY 10509						
3 RUFFALO NOEL LEVITZ 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS, IA	TELE FUNDRAISING		No	106,278	243,953	-137,675
52404						
4 SLOANE CORRIN HURST 7207 13TH AVE TAKOMA PARK, MD	STRATEGIC PLANNING		No	160,000	95,130	64,871
20912						
5 GRENZEBACH GLIER AND ASSOCIATES INC 401 NORTH MICHIGAN AVE SUITE 2800	OVERALL STRATEGY		No		76,941	-76,941
CHICAGO, IL 60611						
10435 NEW YORK AVE	DESIGN CONSULTING		No		63,446	-63,446
DES MOINES, IA 50322  7 BENTZ WHALEY FLESSNER AND ASSOCIATE 7251 OHMS LANE  MINNEAPOLIS, MN 55439	FUNDRAISING ANALYSIS		No		3,868	-3,868
8						
9						
10						
Total			<b>&gt;</b>	452,792	1,064,396	-611,604

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. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
		<u> </u>	(a) Event #1  GOLF FUNDRAISER (event type)	(b) Event #2	(c) O ther events  0 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	37,08!			37,085
Revenue	2	Less Contributions	21,37!	5		21,375
<u>~</u>	3	Gross income (line 1 minus line 2)	15,710			15,710
	4	Cash prizes				
မွာ	5	Noncash prizes	3,81	1		3,811
Expenses	6	Rent/facility costs	22,520	o l		22,520
Ä	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	nes 4 through 9 ın column	ı(d)		(26,331)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		-10,621
Par	t III	<b>Gaming.</b> Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Gross revenue				
Expenses	2	Cash prizes				
ed X	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes %	Г Yes% Г No		_
		Direct expense summary Add line  Net gaming income summary Subt	-	•		
9 a b	Ent Is t If "I	er the state(s) in which the organization licensed to conduction." No," explain	ation conducts gaming ac t gaming activities in eac	tivitiesh of these states?		
10a b	Wer	re any of the organization's gaming Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	· · Fyes Fno

Sche	edule G (Form 990 or 990-EZ) 2014	1		Page <b>3</b>				
11	Does the organization conduct gar	ning activities with nonme	embers?	☐ Yes ☐ No				
L2	Is the organization a grantor, bene	ficiary or trustee of a trus	st or a member of a partnership or other entity					
	formed to administer charitable ga	ming?		┌ <sub>Yes</sub> ┌ <sub>No</sub>				
3	Indicate the percentage of gaming	activities conducted in						
а	The organization's facility		13a	%				
b	An outside facility		13b	%				
4	Enter the name and address of the	person who prepares the	e organization's gaming/special events books and records	5				
	Name ▶							
	Address ►							
.5a			m whom the organization receives gaming					
h			he erganization <b>b</b> t	· I Yes I No				
ט		-	he organization 🟲 \$ and the					
_	amount of gaming revenue retaine							
	If "Yes," enter name and address	or the third party						
	Name 🟲							
	Address ►							
6	Gaming manager information							
	Name 🕨							
	aming manager compensation ► \$							
	Description of services provided	r						
	Director/officer	Employee	☐ Independent contractor					
7	Mandatory distributions							
а	·	state law to make charita	able distributions from the gaming proceeds to					
	retain the state gaming license?			Γ <sub>Yes</sub> Γ <sub>No</sub>				
b	Enter the amount of distributions i	equired under state law d	distributed to other exempt organizations or spent	, , , , , , , , , , , , , , , , , , , ,				
	ın the organızatıon's own exempt a	activities during the tax ye	ear 🕨 \$					
Pai			planations required by Part I, line 2b, columns (ii 7b, as applicable. Also provide any additional info					
	Return Reference		Explanation					
	EDULE G, PART I, LINE 2B, UMN (I)	CONNECT LLC - 15 65 KIRDWOOD NOF 13TH AVE, TAKOM, NORTH MICHIGAN	GROUP- 1380 W PACES FERRY RD NW, ATLANTA, GA 511 ROUTE 22, SUITE C-25, BREWSTER, NY 10509 3 RTH RD SW, CEDAR RAPIDS, IA, 52404 4 SLOANE CO A PARK, MD 20912 5 GRENZEBACH GLIER AND ASSO AVE, SUITE 2800, CHICAGO, IL 60611 6 THE STELT ES MOINES IA 50322 7 BENTZ WHALEY FLESSNER A	RUFFALO NOEL LEVI DRRIN HURST - 7207 OCIATES INC - 401 TER COMPANY - 104				

	'
COLUMN (I)	1 HEATON SMITH GROUP- 1380 W PACES FERRY RD NW, ATLANTA, GA 30327 2 HARRIS CONNECT LLC - 1511 ROUTE 22, SUITE C-25, BREWSTER, NY 10509 3 RUFFALO NOEL LEVITZ - 65 KIRDWOOD NORTH RD SW, CEDAR RAPIDS, IA, 52404 4 SLOANE CORRIN HURST - 7207 13TH AVE, TAKOMA PARK, MD 20912 5 GRENZEBACH GLIER AND ASSOCIATES INC - 401 NORTH MICHIGAN AVE, SUITE 2800, CHICAGO, IL 60611 6 THE STELTER COMPANY - 10435 NEW YORK AVE, DES MOINES, IA 50322 7 BENTZ WHALEY FLESSNER AND ASSOCIATES INC - 7251 OHMS LANE, MINNEAPOLIS, MN 55439
I COLUMN (V)	FUNDRAISER AGREEMENTS THAT PROVIDE BOTH PAYMENTS FOR SERVICES AND PAYMENTS FOR EXPENSES REQUIRE EXPENSES TO BE DOCUMENTED WITH RECEIPTS THERE WERE NO AGREEMENTS WITH FUNDRAISERS EXCLUSIVELY FOR EXPENSES

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

DLN: 93493134065596

OMB No 1545-0047

**Grants and Other Assistance to Organizations,** (Form 990) **Governments and Individuals in the United States** 

Department of the Treasury Internal Revenue Service	nue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.							
Name of the organization						Employer	identificatio	n number
The George Washington University						53-0196	5584	
Part I General Informatio	n on Grants an	d Assistance						
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as	ssistance?						▽ Yes
Part II Grants and Other A Form 990, Part IV, line								s" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1 /	ription of assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table								

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

177 29

Schedule I (Form 990) 2014

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

(a)Type of grant or assistance	<b>(b)</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	9000	243,159,000			
(2) STIPENDS, PRIZES, AND AWARDS	2000	17,346,000			
(3) SUBAWARDS	4	357,000			
	<u> </u>	<u> </u>	<u> </u>	·	

Part IV Supplemental I	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS (INCLUDING SUBAWARD TO INDIVIDUAL) GW MAINTAINS A 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 A PPLICABLE 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 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
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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACKCO INC1616 E INDIAN SCHOOL ROAD PHOENIX,AZ 85004	46-0316645		800,000				SUBA WARD
ALBERT EINSTEIN COLL OF MEDICINE OF YESHIVA UNIV1300 MORRIS PK AVE RM 1108 BRONX,NY 10461	13-1624225	501(C)(3)	797,000				SUBA WA RD
ALLIANCE FOR HEALTH 1345 MONROE AVE NW GRAND RAPIDS,MI 49505	38-2004919	501(C)(3)	101,000				SUBA WARD

Form 990,Schedule I, Par	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> 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		
ALMAC CLINICAL SERVICES2661 AUDUBON RD AUDUBON,PA 19403	23-2857741		49,000				SUBA WA RD		
ALTARUM INSTITUTE3520 GREEN COURT ANN ARBOR,MI 48105	38-1983442		39,000				SUBA WARD		
AMER ACADEMY OF FAMILY PHYSICIANS FOUNDATION11400 TOMAHAWK CREEK PKWY STE 300 LEAWOOD,KS 66211	44-6013671	501(C)(3)	89,000				SUBA WARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMER ASSN ADVANCEMENT OF SCIENCE1200 NEW YORK AVE NW WASHINGTON, DC 20005	53-0196568	501(C)(3)	84,000				SUBA WARD		
AMER BD OF MED SPECIALTIES RESEARCH AND EDUC FDN222 NORTH LASALLE ST CHICAGO,IL 60601	23-7304902	501(C)(3)	150,000				SUBAWARD		
AMERICAN INSTITUTE FOR RESEARCH1000 THOMAS JEFF ST NW WASHINGTON, DC 20007	25-0965219	501(C)(3)	598,000				SUBAWARD		

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
AMERICAN NATIONAL STANDARDS INSTITUTE25 WEST 43RD STREET NEW YORK, NY 10036	13-1635253	501(C)(3)	25,000				SUBA WA RD			
AMERICAN UNIVERSITY 4400 MASS AVE NW WASHINGTON, DC 20016	53-0196546	501(C)(3)	34,000				SUBA WA RD			
AMERICA'S PROMISE THE ALLIANCE OF YOUTH1110 VERMONT AVE NW WASHINGTON,DC 20005	54-1848713	501(C)(3)	131,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ARKANSAS CHILDRENS HOSPITALFS SLOT 663 LITTLE ROCK,AR 72202	71-0694931	501(C)(3)	25,000				SUBA WA RD		
ASSOCIATION OF IMMUNIZATION MANAGERS620 HUNGERFORD DRIVE ROCKVILLE, MD 20850	52-2346043	501(C)(3)	25,000				SUBAWARD		
ATLANTA RESEARCH AND EDUCATION FOUNDATION INC1902 CLAIRMONT ROAD DECATUR, GA 30033	58-1857346	501(C)(3)	464,000				SUBAWARD		

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</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 LLC1350 CONN AVE NW WASHINGTON, DC 20036	26-2471868		35,000				SUBAWARD		
BAILIT HEALTH PURCHASING LLC56 PICKERING STREET NEEDHAM, MA 02492	04-3340991		138,000				SUBAWARD		
BAYLOR COLLEGE OF MEDICINEP O BOX 201361 HOUSTON,TX 77216	74-1613878	501(C)(3)	1,070,000				SUBAWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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 INSTITUTE3310 LIVE OAK ST DALLAS,TX 75204	75-1921898	501(C)(3)	300,000				SUBA WA RD		
BILL HILLARY & CHELSEA CLINTON FOUNDATION610 PRES CLINTON AVE STE 501 LITTLE ROCK,AR 72201	31-1580204	501(C)(3)	19,000				DONATION		
BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO1501 SAN PEDRO SE ALBUQUERQUE,NM 87108	85-0374063	501(C)(3)	141,000				SUBA WARD		

<u> Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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 CHILDRENS HOSPITALPO BOX 414413 BOSTON,MA 02241	04-2774441	501(C)(3)	27,000				SUBA WARD			
BOSTON MEDICAL CENTER CORPORATION660 HARRISON AVE BOSTON,MA 02118	04-3314093	501(C)(3)	112,000				SUBA WARD			
BOSTON UNIVERSITY881 COMMONWEALTH AVE 2ND FLOOR BOSTON,MA 02215	04-2103547	501(C)(3)	110,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BRIDGES TO EXCELLENCE 111 ROCKVILLE PIKE ROCKVILLE, MD 20850	51-0461495	501(C)(3)	373,000				SUBA WARD	
BRONX LEBANON HOSPITAL CENTER1276 FULTON AVE AT 169TH ST BRONX,NY 10456	11-3125823	501(C)(3)	33,000				SUBA WA RD	
CAPITAL CITY AREA HEALTH EDU CTR1700 EAST CAP ST NE Washington, DC 20003	26-3301051	501(C)(3)	199,000				SUBA WA RD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</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	
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVE CLEVELAND,OH 44106	34-1018992	501(C)(3)	1,476,000				SUBA WA RD	
CENTER FOR CREATIVE LEADERSHIPPO BOX 26300 GREENSBORO,NC 27438	23-7079591	501(C)(3)	54,000				S U B A W A R D	
CENTER FOR HEALTH CARE STRATEGIES200 AMER METRO BLVD HAMILTON,NJ 08619	22-3375015	501(C)(3)	216,000				SUBA WA RD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	<b>(b)</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		720,000				S U B A W A R D	
CHANDLER CHICCO AGENCY450 W 15TH ST 7TH FLOOR NEW YORK, NY 10011	13-3837881		73,000				SUBA WA RD	
CHILDRENS HOSP OF PHILADELPHIA3615 CIVIC CTR BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	520,000				SUBA WARD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD LOS ANGELES,CA 90027	95-1690977	501(C)(3)	517,000				SUBA WA RD	
CHILDRENS HOSPITAL MEDICAL CENTER3333 BURNET AVENUE CINCINNATI,OH 45229	34-0714357	501(C)(3)	95,000				SUBA WA RD	
CHILDRENS NATL MEDICAL CENTER111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1640403	501(C)(3)	24,000				SUBA WARD	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CHILDRENS RESEARCH INSTITUTE111 MICHIGAN AVE NW WASHINGTON, DC 20010	52-1654453	501(C)(3)	302,000				S U B A W A R D	
COASTAL MEDICAL INC STE 400 10 DAVOL SQ PROVIDENCE,RI 02903	05-0483739		53,000				S U B A W A R D	
COLUMBIA UNIVERSITY 615 W 131ST ST 4TH FL NEWYORK,NY 10027	13-5598093	501(C)(3)	2,760,000				SUBA WARD	

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
COMMUNITY CATALYST INC30 WINTER ST 1004 BOSTON,MA 02108	04-3355127	501(C)(3)	59,000				SUBA WA RD				
COMMUNITY EDUCATION GROUP3233 PENN AVE S EAST WASHINGTON, DC 20020	52-1853388	501(C)(3)	86,000				SUBA WA RD				
COMMUNITY WEALTH PARTNERS1825 K STREET NW WASHINGTON, DC 20006	52-2025260		30,000				SUBA WA RD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
COOPER HEALTH SYSTEM3 EXECUTIVE CAMPUS CHERRY HILL,NJ 08002	21-0634462	501(C)(3)	60,000				SUBA WA RD			
DARTMOUTH COLLEGE11 ROPE FERRY RD 6210 HANOVER,NH 03755	02-0222111	501(C)(3)	25,000				SUBA WA RD			
DC PRIMARY CARE ASSOCIATION1411 K ST NW STE 300 WASHINGTON, DC 20005	52-1999196	501(C)(3)	139,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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DENVER HEALTH AND HOSPITAL AUTHORITY AUTHORITY PO BOX 17093 DENVER,CO 80217	84-1343242		58,000				SUBA WA RD			
DNA - PEOPLES LEGAL SERVICESPO BOX 306 WINDOW ROCK, AZ 86515	86-0207220	501(C)(3)	10,000				SUBA WA RD			
DREXEL UNIVERSITY COLLEGE OF MEDICINEPO BOX 9500-1090 PHILADELPHIA,PA 19195	23-2979433	501(C)(3)	36,000				SUBA WA RD			

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DUKE UNIVERSITY2200 W MAIN STREET DURHAM,NC 27705	56-0532129	501(C)(3)	1,019,000				SUBA WA RD			
E CONSTRUCT USA LLC 11823 ARBOR STREET STE 820 OMAHA,NE 68144	27-0538416		19,000				SUBA WA RD			
EL RIO HEALTH CENTER 839 W CONGRESS ST STE 200 TUCSON,AZ 85745	86-0285857	501(C)(3)	113,000				SUBA WA RD			

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
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EMORY UNIVERSITY1599 CLIFTON RD NE 4TH FL ATLANTA,GA 30322	58-0566256	501(C)(3)	19,000				SUBA WA RD			
FAMILY AND MED COUNSELLING SERV INC 2041 MLK JR AVE WASHINGTON, DC 20020	52-1073362	501(C)(3)	164,000				S U B A W A R D			
FLORIDA INTL UNIVERSITY 11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	FLORIDA	27,000				S U B A W A R D			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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		
FRED HUTCHINSON CANCER RSCH CTR1100 FAIRFVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	346,000				SU BA WA RD		
FREEDMAN HEALTHCARE 29 CRAFTS STREET NEWTON,MA 02458	20-4509536		68,000				SUBA WA RD		
GENERAL ELECTRIC COMPANY1 RESEARCH CIRCLE STE 470 NISKAYUNA,NY 12309	14-0689340		812,000				SU BA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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GEORGE MASON UNIVERSITY4400 UNIVERSITY DR FAIRFAX,VA 22030	54-0836354	VIRGINIA	47,000				SUBA WARD			
GEORGETOWN UNIVERSITY37TH O ST NW WASHINGTON,DC 20057	53-0196603	501(C)(3)	288,000				SUBAWARD			
GFK CUSTOM RESEARCH LLC120 EAGLE ROCK AVE EAST HANOVER,NJ 07936	36-2948619		119,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GREATER DETROIT AREA HEALTH COUNCIL407 E FORT ST DETROIT,MI 48226	38-1360904	501(C)(3)	177,000				SUBA WA RD			
GROUP HEALTH COOPERATIVEPO BOX 34587 6TH FLOOR SEATTLE, WA 98124	91-0511770	501(C)(3)	78,000				SUBA WA RD			
HCM STRATEGISTS LLC 1156 15TH STREET NW WASHINGTON,DC 20005	26-2120999		134,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HEALTH IMPROVEMENT COLLAB OF GREATER CINCINNATI2649 ERIE AVE CINCINNATI,OH 45208	31-1449807	501(C)(3)	215,000				SUBAWARD			
HEALTHCARE 21 BUSINESS COALITION625 MARKET STREET FL 2 KNOXVILLE,TN 37902	62-1709733	501(C)(3)	81,000				SUBAWARD			
HEALTHCARE QUALITY INSTITUTE9483 RANCH PARK WAY FL 9 ELK GROVE,CA 95624	27-0655513		382,000				SUBAWARD			

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
HEALTHY MEMPHIS COMMON TABLE6027 WALNUT GROVE RD MEMPHIS,TN 38120	62-1820264	501(C)(3)	157,000				SUBAWARD				
HENRY FORD HEALTH SYSTEMONE FORD PLACE 5EF DETROIT,MI 20422	38-1357020	501(C)(3)	87,000				SUBAWARD				
HILLELL AT THE GEORGE WASHINGTON UNIVERSITY INC2300 H STREET NW WASHINGTON, DC 20037	52-6081729	501(C)(3)	817,000				JNT FUND CAMP				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
HOSPITAL FOR SPECIAL SURGERY535 E 70TH STREET NEW YORK, NY 10021	13-1624135	501(C)(3)	9,000				SUBA WA RD			
HOWARD UNIVERSITY525 BRYANT ST NW WASHINGTON,DC 20059	53-0204707	501(C)(3)	783,000				SUBA WA RD			
HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAMS FDNPO BOX 1185 ARCATA,CA 95518	94-6050071	501(C)(3)	190,000				SUBA WA RD			

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(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			
IDENTITY414 EAST DIAMOND AVE GAITHERSBURG,MD 20877	52-2120012	501(C)(3)	538,000				SUBA WARD			
IMMUNIZATION ACTION COALITION2550 UNIV AVE W SAINT PAUL, MN 55114	41-1768237	501(C)(3)	25,000				SUBA WARD			
INDIANA UNIVERSITY620 UNION DR RM 518 INDIANAPOLIS,IN 46202	35-6001673	INDIANA	424,000				SUBAWARD			

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INSTITUTE FOR CLINICAL RESEARCHPO BOX 29545 WASHINGTON, DC 20017	52-1336656	501(C)(3)	506,000				SUBA WARD			
INSTITUTE FOR FAMILY CENTERED CARE7900 WISCONSIN AVE BETHESDA,MD 22301	52-1777133	501(C)(3)	126,000				SUBA WA RD			
INSTITUTE FOR PUBLIC HEALTH INNOVATION1301 CONN AVE NW WASHINGTON, DC 20036	83-0398572	501(C)(3)	93,000				SUBA WARD			

<u>Form 990,Schedule I, Par</u>	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
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INTERNATIONAL DIABETES CENTERPO BOX 16115 MINNEAPOLIS, MN 55416	41-0961862		791,000				SUBA WA RD				
J CRAIG VENTER INSTITUTION9704 MEDICAL CENTER DR ROCKVILLE, MD 20850	52-1842938	501(C)(3)	26,000				SUBA WARD				
JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CTR DR CHICAGO,IL 60693	52-0595110	501(C)(3)	500,000				SUBA WA RD				

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KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST FL 16 OAKLAND,CA 94612	94-1105628	501(C)(3)	774,000				SUBA WARD			
KANSAS CITY QUALITY IMPROVEMENT CONSORTUM6000 N OAK KANSAS CITY,MO 64118	20-2294428	501(C)(3)	200,000				SUBA WARD			
LA CLINICA DEL PUEBLO INC2831 15TH ST NW STE 300 WASHINGTON,DC 20010	52-1942551	501(C)(3)	87,000				SUBAWARD			

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LATIN AMERICAN YOUTH CENTER1419 COLUMBIA RD NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	383,000				SUBA WA RD				
LOUISIANA STATE UNIVERSITY6400 PERKINS ROAD BATON ROUGE,LA 70808	72-6000848	LOUISIANA	343,000				SUBA WA RD				
MAGEE WOMENS RESEARCH INST3339 WARD ST PITTSBURGH,PA 15213	25-1462312	501(C)(3)	22,000				SUBA WARD				

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MARYS CTR MATERNAL AND CHILD CARE2333 ONTARIO RD NW WASHINGTON, DC 20009	52-1594116	501(C)(3)	128,000				S U B A W A R D			
MASSACHUSETTS GENERAL HOSPITALPO BOX 3829 BOSTON,MA 02241	04-2697983	501(C)(3)	2,101,000				S U B A W A R D			
MASSACHUSETTS HEALTH QUALITY42 PLEASANT ST STE 3 WATERTOWN,MA 02472	04-3542817	501(C)(3)	142,000				SUBAWARD			

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MATHEMATICA POLICY RESEARCH INCPO BOX 2393 PRINCETON,NJ 08543	22-2112296		36,000				SUBA WA RD			
MEDICAL FACULTY ASSOCIATES INC2021 K ST NW STE 600 WASHINGTON, DC 20006	52-2220700	501(C)(3)	1,166,000				JNT FUND CAMP			
MEDICAL FACULTY ASSOCIATES INC2021 K ST NW STE 600 WASHINGTON,DC 20006	52-2220700	501(C)(3)	2,982,000				SUBA WA RD			

Form 990,Schedule I, Pa	<u>rt II, Grants an</u>	<u>d Other Assistance</u>	<u>to Domestic Orga</u>	anizations and Do	<u>mestic Governmer</u>	its.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDPHARMA PARTNERS LLC101 FEDERAL ST STE 1900 BOSTON,MA 02110	20-0271583		7,000				SUBA WA RD
MEDSTAR HEALTH RESEARCH INSTITUTEPO BOX 418223 BOSTON,MA 02241	52-6056274	501(C)(3)	1,308,000				SUBA WA RD
METRO HEALTH INC1012 14TH STREET NW WASHINGTON,DC 20005	52-1556535	501(C)(3)	254,000				SUBA WARD

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METROHEALTH MEDICAL CENTER2500 METRO HEALTH DRIVE CLEVELAND,OH 44109	34-6004382	CUYAHOGA COUNTY	200,000				S U B A W A R D				
MIRIAM HOSPITAL164 SUMMIT ST PROVIDENCE,RI 02906	05-0258905	501(C)(3)	13,000				S U B A W A R D				
MN COMMUNITY MEASUREMENT3433 BROADWAY ST NE MINNEAPOLIS, MN 55413	35-2246162	501(C)(3)	200,000				SUBA WA RD				

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N TONIC INC11636 RIVERSIDE DR VALLEY VILLAGE, CA 91602	95-4862323		823,000				SUBA WA RD		
NATIONAL ACADEMY OF EDUCATION500 FIFTH STREET WASHINGTON, DC 20001	77-0415802	501(C)(3)	38,000				SUBA WA RD		
NATIONAL ACADEMY OF ENGINEERING1975 WEST HIGHGATE CT HUDSON,OH 44236	23-7284092	501(C)(3)	10,000				DONATION		

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NATIONAL BUSINESS COALITION ON HEALTH 1015 18TH STREET NW WASHINGTON,DC 20036	65-0328971	501(C)(6)	58,000				SUBA WARD			
NATIONAL LEGAL AID & DEFENDER ASSOCIATION 1901 PENN AVE NW WASHINGTON, DC 20006	36-2337880	501(C)(3)	20,000				SUBAWARD			
NATIONAL MATH AND SCIENCE INITIATIVE8350 N CENTRAL EXPY DALLAS,TX 75206	11-3769438	501(C)(3)	42,000				SUBAWARD			

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NETWORK FOR REGIONAL HEALTHCARE IMPROVEMENT217 COMMERCIAL ST PORTLAND, ME 04104	45-1754340	501(C)(3)	146,000				SUBA WARD			
NEW MEXICO MEDICAL REVIEW ASSOCIATION 5801 OSUNA RD NE STE 205 ALBUQUERQUE,NM 87109	23-7394943	501(C)(3)	136,000				SUBA WARD			
NORTHEASTERN UNIVERSITY360 HUNTINGTON AVE BOSTON,MA 02115	04-1679980	501(C)(3)	80,000				SUBA WA RD			

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NORTHERN MICHIGAN UNIVERSITY1401 PRESQUE ISLE AVE 960 RP MARQUETTE,MI 49855	38-6029206	MICHIGAN	24,000				SUBA WARD		
NORTHWESTERN UNIVERSITY750 N LAKE SHORE DR FL7 CHICAGO,IL 60611	36-2167817	501(C)(3)	636,000				S U B A W A R D		
NWRPCA6512 23RD AVE NW SEATTLE,WA 98117	91-1252785	501(C)(3)	68,000				SUBAWARD		

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OHIO STATE UNIV RSCH FOUNDATION1960 KENNY RD STE 305 COLUMBUS,OH 43210	31-6401599	501(C)(3)	381,000				SUBA WA RD			
OREGON HEALTH SCIENCES UNIVERSITY 2525 SW 1ST AVE STE 220 PORTLAND,OR 97201	93-1176109	OREGON	737,000				S U B A W A R D			
OREGON HEALTHCARE QUALITY CORPORATION 520 SW 6TH AVE PORTLAND,OR 97204	93-1293103	501(C)(3)	200,000				SUBA WARD			

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P2 COLLABORATIVE OF WNY INC355 HARLEM RD STE 830 WEST SENECA,NY 14224	42-1604185	501(C)(3)	141,000				SUBA WARD		
PACIFIC HEALTH RESEARCH & EDUCATION INSTITUTE3375 KOAPAKA ST BLDG C HONOLULU,HI 96819	99-0312283	501(C)(3)	661,000				SUBA WA RD		
PENNSYLVANIA STATE UNIVERSITY227 BEAVER AVE STE I-540 STATE COLLEGE,PA 16802	24-6000376	PENNSYLVANIA	383,000				SUBA WARD		

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POLICY STUDIES ASSOCIATES INC1718 CONN AVE NW WASHINGTON, DC 20009	52-1265755		108,000				S U B A W A R D		
PRASAD ENGG LLC10406 MILLWOOD DRIVE PLYMOUTH,MI 48170	80-0237167		27,000				S U B A W A R D		
PROTEA BIOSCIENCES INC 955 HARTMAN RUN ROAD MORGANTOWN, WV 26505			151,000				SUBA WARD		

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PROVIDENCE HOSPITAL 1150 VARNUM ST NE WASHINGTON, DC 20017	53-0196636	501(C)(3)	33,000				SUBA WARD		
QUALITY COUNTS30 ASSOCIATION DRIVE MANCHESTER,ME 04351	20-4935972	501(C)(3)	194,000				SUBA WARD		
RAND CORPORATION1700 MAIN ST SANTA MONICA,CA 90406	95-1958142	501(C)(3)	41,000				SUBA WARD		

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REGIONAL ECONOMIC MODELS INC433 WEST STREET AMHERST, MA 01002	04-2699678		110,000				SUBAWARD			
RESEARCH FOUNDATION OF SUNY750 EAST ADAMS ST SYRACUSE,NY 13210	14-1368361	501(C)(3)	1,007,000				SUBAWARD			
RESEARCH FDN OF THE CITY UNIVERSITY OF NEW YORK230 WEST 41 STREET NEW YORK,NY 10036		501(C)(3)	10,000				SUBAWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
RESEARCH INSTITUTE AT NATIONWIDEDEPT 781653 DETROIT,MI 48278	31-6056230	501(C)(3)	31,000				SUBAWARD		
RESOURCES ONLINE LLC 3530 BAGLEY AVE N PO BOX 78000 SEATTLE, WA 98103	93-1170591		82,000				SUBAWARD		
ROOT CAUSE INSTITUTE 11 AVE DE LAFAYETTE BOSTON, MA 02111	20-0703238	501(C)(3)	40,000				SUBAWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
RUSH UNIVERSITY MEDICAL CTR1700 W VAN BUREN CHICAGO,IL 60612	36-2174823	501(C)(3)	51,000				SUBA WA RD			
RUTGERS UNIVERSITY249 UNIV AVE STE 206 STE 284 NEW JERSEY, NJ 07102	22-6001086	NEW JERSEY	25,000				S U B A W A R D			
SEATTLE INST FOR BIOMEDICAL AND CLINICAL RESEARCH1100 OLIVE WAY SEATTLE, WA 98101	91-1452438		375,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SIPRI NORTH AMERICA 1111 19TH ST NW STE 940 WASHINGTON, DC 20036	90-0790172	501(C)(3)	61,000				SUBA WA RD		
SMITHSONIAN INSTITUTION24411 NETWORK PLACE FL 12 CHICAGO,IL 60673	53-0206027	501(C)(3)	25,000				DONATION		
SMITHSONIAN INSTITUTION24411 NETWORK PLACE CHICAGO,IL 60673	53-0206027	501(C)(3)	7,000				SUBA WA RD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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 INC1201 NW 16TH STREET MIAMI,FL 33125	65-0207903	501(C)(3)	449,000				SUBA WA RD			
SRI INTERNATIONALPO BOX 2767 MENLO PARK, CA 94025	94-1160950	501(C)(3)	1,035,000				SUBA WARD			
ST LUKES RSVLT INST HLTH SCI555 WEST 57TH STREET NEW YORK, NY 10019	44-0565393	501(C)(3)	503,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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)	54,000				S U B A W A R D		
TEMPLE UNIVERSITYPO BOX 824242 PHILADELPHIA,PA 19182	23-1365971	501(C)(3)	110,000				SUBAWARD		
THE BROAD INSTITUTE INC7 CAMBRIDGE CENTER CAMBRIDGE,MA 02142	26-3428781	501(C)(3)	2,623,000				S U B A W A R D		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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 COMPETITIVENESSPO BOX 100127 ARLINGTON,VA 22210	54-1968125	501(C)(3)	56,000				SUBA WA RD		
THE DIAN FOSSEY GORILLA FUND INTL INC800 CHEROKEE AVE SE ATLANTA,GA 30315	52-1118866	501(C)(3)	12,000				SUBA WA RD		
THE WOMENS COLLECTIVE 1331 RHODE ISL AVE NE WASHINGTON, DC 20018	52-1929922	501(C)(3)	107,000				SUBA WARD		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
THIRD SECTOR CAPITAL PARTNERS INC 200 CLARENDON ST BOSTON, MA 02116	46-1301032	501(C)(3)	12,000				SUBAWARD				
THOMAS JEFFERSON UNIVERSITY1020 WALNUT STREET 9TH FLOOR PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	288,000				SUBAWARD				
TRANSCEN INC401 NORTH WASHINGTON ST ROCKVILLE, MD 20850	52-1487462	501(C)(3)	8,000				SUBAWARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
TUFTS NEW ENGLAND MED CENTER800 WASHINGTON ST BOSTON, MA 02111	04-3400617	501(C)(3)	25,000				SUBA WA RD			
TUFTS UNIVERSITY136 HARRISON AVENUE BOSTON,MA 02111	04-2103634	501(C)(3)	56,000				SUBA WARD			
TULANE UNIVERSITY800 COMMERCE RD EAST HARAHAN,LA 70123	72-0423889	501(C)(3)	101,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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)	351,000				SUBA WA RD			
UNIVERSITY OF ALABAMA BIRMINGHAM1530 3RD AVE SOUTH STE 120 BIRMINGHAM,AL 35294	63-6005396	ALABAMA	822,000				SUBA WA RD			
UNIVERSITY OF ARKANSAS PO BOX 1404 FAYETTEVILLE, AR 72701	71-6003252	ARKANSAS	50,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF CA BERKELEY2195 HEARST AVENUE BERKELEY,CA 94720	94-6002123	CALIFORNIA	50,000				SUBA WA RD			
UNIVERSITY OF CA IRVINE 3200 EDUCATION BLDG RM 130 IRVINE,CA 92697	95-2226406	CALIFORNIA	63,000				SUBA WA RD			
UNIVERSITY OF CA LOS ANGELES1125 MURPHY HALL LOS ANGELES,CA 90095	95-6006143	CALIFORNIA	133,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF CA SAN DIEGO9500 GILMAN DR MC-0954 LA JOLLA,CA 92093	95-6006144	CALIFORNIA	61,000				S U B A W A R D			
UNIVERSITY OF CA SAN FRANCISCO 1855 FOLSOM ST SAN FRANCISCO, CA 94103	94-6036493	CALIFORNIA	125,000				S U B A W A R D			
UNIVERSITY OF CHICAGO 6054 SOUTH DREXEL AVE CHICAGO,IL 60637	36-2177139	501(C)(3)	24,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> 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 CINCINNATIPO BOX 932641 CLEVELAND,OH 44193	31-6000989	оно	478,000				SUBA WA RD			
UNIVERSITY OF COLORADODEPARTMENT 238 DENVER,CO 80291	84-6000555	COLORADO	1,408,000				SUBA WARD			
UNIVERSITY OF CONNECTICUT438 WHITNEY ROAD EXT STORRS,CT 06269	06-0772160	CONNECTICUT	51,000				S U B A W A R D			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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 NEWARK,DE 19716	51-6000297	501(C)(3)	18,000				SUBA WA RD			
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE,FL 32610	59-6002052	FLORIDA	6,000				S U B A W A R D			
UNIVERSITY OF HOUSTON CBFPO BOX 988 HOUSTON,TX 77001	74-6001399	TEXAS	39,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF IOWAB5 JESSUP HALL IOWA CITY,IA 52242	42-6004813	IO WA	436,000				S U B A W A R D			
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	MARYLAND	311,000				SUBAWARD			
UNIVERSITY OF MASSACHUSETTS100 MORRISSEY BLVD BOSTON,MA 02125	04-3167352	MASSACHUSETTS	121,000				SUBAWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	<b>(b)</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 MIAMIP O BOX 405803 ATLANTA,GA 30384	59-0624458	501(C)(3)	74,000				S U B A W A R D		
UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH,PA 15251	38-6006309	MICHIGAN	486,000				S U B A W A R D		
UNIVERSITY OF MINNESOTANW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	MINNESOTA	1,584,000				SUBAWARD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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 MONTANA 32 CAMPUS DRIVE MISSOULA,MT 59812	81-6001713	MONTANA	20,000				SUBA WA RD			
UNIVERSITY OF NEBRASKA 2200 VINE STREET LINCOLN,NE 68583	47-0491233	NEBRASKA	507,000				S U B A W A R D			
UNIVERSITY OF NEW MEXICOHSC CONTR GRANT ACCT ALBUQUERQUE,NM 87131		NEW MEXICO	597,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DR CHAPEL HILL,NC 27599	56-6001393	NORTH CAROLINA	737,000				SUBA WA RD			
UNIVERSITY OF OKLAHOMAROOM 228 BOX 26901 OKLAHOMA CITY,OK 73190	73-6017987	OKLAHOMA	392,000				SUBA WA RD			
UNIVERSITY OF OREGON PO BOX 3237 EUGENE,OR 97403	93-6001786	OREGON	119,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF PENNSYLVANIAPO BOX 785541 PHILADELPHAIA,PA 19178	23-1352685	501(C)(3)	144,000				SUBA WA RD			
UNIVERSITY OF PITTSBURGHPO BOX 371220 PITTSBURGH,PA 15251	25-0965591	501(C)(3)	570,000				S U B A W A R D			
UNIVERSITY OF TENNESSEE62 S DUNLAP STE 300 MEMPHIS,TN 38163	62-6001636	TENNESSEE	129,000				SUBA WA RD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF TEXASPO BOX 203382 HOUSTON,TX 77216	74-1761309	TEXAS	839,000				SUBA WARD			
UNIVERSITY OF TEXAS HEALTH SCIENCE CTR AT HOUSTONPO BOX 301418 DALLAS,TX 75303	74-1761309	TEXAS	520,000				SUBA WARD			
UNIVERSITY OF TEXAS SOUTHWESTERN5323 HARRY HINES BLVD DALLAS,TX 75390	75-6002868	TEXAS	1,127,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	<b>(b)</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 UTAH201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	87-6000525	UTAH	1,103,000				S U B A W A R D				
UNIVERSITY OF WASHINGTON12455 COLLECTIONS DR CHICAGO,IL 60693	91-6001537	WASHINGTON	1,853,000				S U B A W A R D				
UNIVERSITY OF WISCONSINDRAWER 538 MILWAUKEE,WI 53278	39-1805963	WISCONSIN	115,000				SUBAWARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY TEXAS HEALTH SCIENCE CTR7703 FLOYD CURL DR SAN ANTONIO,TX 78229	74-1586031	TEXAS	73,000				SUBA WARD				
UNIVERSITY TEXAS MEDICAL BRANCH IMHPO BOX 4786 LOCKBOX 750 HOUSTON,TX 77210	74-6000949	TEXAS	327,000				SUBA WARD				
US HELPING US PEOPLE INTO LIVING INC3636 GEORGIA AVENUE NW WASHINGTON,DC 20010	52-1628279	501(C)(3)	79,000				SUBAWARD				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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			
VANDERBILT UNIVERSITY 2200 CHILDRENS WAY NASHVILLE,TN 37232	62-0476822	501(C)(3)	286,000				S U B A W A R D			
VETERANS MEDICAL RESEARCH FOUNDATION OF SD3350 LA JOLLA VILL DR SAN DIEGO,CA 92161	33-0189397	501(C)(3)	336,000				S U B A W A R D			
VIRGINIA COMMONWEALTH UNIVERSITYPO BOX 843039 RICHMOND,VA 23284	54-6001758	VIRGINIA	105,000				SUBAWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
VIRGINIA POLYTECHNIC INST AND STATE UNIVERSITY1880 PRATT DR STE 2006 BLACKSBURG, VA 24060	54-6001805	VIRGINIA	9,000				SUBA WA RD				
VISONARY CONSULTING PARTNERS LLC4031 UNIVERSITY DR FAIRFAX,VA 22030	26-2736634		6,000				SUBA WA RD				
WAKE FOREST UNIVERSITY MEDICAL CENTER BLVD STE 200 WINSTON SALEM, NC 27157	56-0532138	501(C)(3)	31,000				S U B A W A R D				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	<b>(b)</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			
WAKE FOREST UNIVERSITY HEALTH2000 WEST FIRST ST WINSTONSALEM,NC 27104	22-3849199	501(C)(3)	184,000				SUBA WA RD			
WASHINGTON HEALTH ALLIANCE600 STEWART STREET SEATTLE, WA 98101	47-0948895	501(C)(3)	135,000				SUBAWARD			
WASHINGTON HOSPITAL CENTER110 IRVING ST EAST STE 824 WASHINGTON, DC 20010	52-1272129	501(C)(3)	20,000				SUBAWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS,MO 63112	43-0653611	501(C)(3)	612,000				SUBA WARD			
WAYNE STATE UNIVERSITY 3750 WOODWARD AVE STE 200 DETROIT,MI 48201		MICHIGAN	33,000				S U B A W A R D			
WEILL MEDICAL COLLEGE 1300 YORK AVE NEW YORK, NY 10065	13-1623978	501(C)(3)	11,000				SUBAWARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WELLSPAN HEALTHPO BOX 2767 YORK,PA 17401	22-2517863	501(C)(3)	128,000				S U B A W A R D			
WHITMAN WALKER HEALTH 1701 14TH ST NW WASHINGTON,DC 20009	52-1122122	501(C)(3)	154,000				S U B A W A R D			
WISCONSIN COLLAB FOR HEALTHCARE QUALITY INCPO Box 628051 MIDDLETON, WI 53562	55-0848113		185,000				SUBA WARD			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> 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			
WOMEN & INFANTS HOSPITAL OF RI101 DUDLEY ST PROVIDENCE,RI 02905	05-0258937	501(C)(3)	635,000				SUBA WARD			
YALE UNIVERSITY155 WHITNEY AVENUE NEW HAVEN,CT 06520	06-0646973	501(C)(3)	957,000				SUBA WA RD			

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#### DLN: 93493134065596

# OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

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

Open to Public Inspection

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

\_\_ \_\_ \_\_

			53-0196584			
Pa	rt I Questions Regarding Compensa	ition				
			г		Yes	No
1a			ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expense			1b	Yes	
2	Did the organization require substantiation prio directors, trustees, officers, including the CEO,		or allowing expenses incurred by all or rector, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check used by a related organization to establish com	all that apply				
	Compensation committee	굣	Written employment contract			
	Form 990 of other organizations	<b>▽</b>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 9 or a related organization	90, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-cor	ntrol paymen	nt?	4a	Yes	
ь	Participate in, or receive payment from, a suppl	emental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equi		<b>-</b>	4c		No
	If "Yes" to any of lines 4a-c, list the persons ar		<b> -</b>			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	ınizations mı	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	on A , line 1a	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of		, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Ye			7	Yes	
8	Were any amounts reported in Form 990, Part V	/II, paid or a	occured pursuant to a contract that was	$\neg \neg$		
	subject to the initial contract exception describ		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follo section 53 4958-6(c)?	w the 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>(B)</b> Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of	(F) Compensation in	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation			columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS THE UNIVERSITY REIMBURSES REASONABLE AND NECESSARY BUSINESS TRAVEL EXPENSES FOR THE SPOUSE OF AN OFFICER THE UNIVERSITY ALSO REIMBURSES 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 PAYMENTS. THE UNIVERSITY PROVIDED A GROSS-UP FOR A LIMITED TYPE OF 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 DEAN OF CCAS, PER AGREEMENT, WAS PROVIDED TRANSITIONAL HOUSING SUPPORT FOR A PORTION OF THE YEAR. THE INCOMING 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 1 KEY EMPLOYEE. 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	MICHAEL MORSBERGER RECEIVED A PAYMENT IN THE AMOUNT OF \$461,250 JACK FRIEDENTHAL RECEIVED A PAYMENT IN THE AMOUNT OF \$600,000 FOR A BUY-OUT OF TENURE DOUG GUTHRIE RECEIVED A PAYMENT IN THE AMOUNT OF \$500,000 FOR A BUY-OUT OF TENURE
SCHEDULE J, PART I, LINE 4B	IN RECOGNITION OF THE FACT THAT THE UNIVERSITY'S CONTRIBUTIONS ON BEHALF OF AN EMPLOYEE TO ITS QUALIFIED RETIREMENT PLAN ('401(a) PLAN') ARE LIMITED BY THE INTERNAL REVENUE CODE'S CAP ON AN EMPLOYEE'S COMPENSATION (\$260,000 FOR 2014) AND THE CONTRIBUTION LIMITS FOR DEFINED CONTRIBUTION PLANS (\$52,000 IN 2014), 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 - \$44,559 LOUIS H KATZ - \$32,903 STEVEN LERMAN - \$36,281 BETH NOLAN - \$25,051 JEFFREY S AKMAN - \$41,668 LEO M CHALUPA - \$102,509 DONALD W LINDSEY - \$11,341 DAVID P STEINOUR - \$6,655 SHAHRAM SARKANI - \$59,137 JACK FRIEDENTHAL - \$246 MICHAEL LONERGAN - \$40,155 THOMAS MAZZUCHI - \$28,719 PAUL SCHIFF BERMAN - \$3,089 JAMES L SCOTT - \$13,784
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 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

Software ID: Software Version:

**EIN:** 53-0196584

Name: The George Washington University

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pa	•	•					<b>(F)</b> Compensation in
<b>(A)</b> Name and Title	( <b>B</b> ) Breakdown of ( <b>i</b> ) Base Compensation	of W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
STEVEN KNAPP, PRESIDENT - EX OFFICIO	(I) 873,191 (II) 0	1 0 112,276 0	83,947	26,000	100,850	1,196,264 0	0
LOUIS H KATZ, EXECUTIVE VP & TREASURER	(I) 761,530 (II)	0 116,515 0 0	72,064	26,000 0	5,169 0	981,278 0	0
STEVEN LERMAN, PROVOST & EVP ACADEMIC AFFRS	(1) 594,362	2 0 85,635 0	27,444	62,281	98,329	868,051	0
BETH NOLAN, SR VP & GENERAL COUNSEL	(I) 484,062 (II)	2 0 59,985 0	46,115	26,000 0	18,666 0	634,828 0	0
JEFFREY S AKMAN, VP FOR HLTH AFFRS/DEAN SMHS	(I) 714,243 (II) 7	3 0 87,662 0	19,822	67,668 0	9,235	898,630	0
LEO M CHALUPA, VP FOR RESEARCH	(I) 403,333 (II)	3 0 45,916 0	125,658	26,000 0	15,856 0	616,763 0	59,176 0
ARISTIDE COLLINS, VP FOR DEVELOPMENT AS OF 10/14	(I) 301,851 (II) C	0 0	4,959 0	26,000 0	8,437 0	341,247 0	0
MICHAEL MORSBERGER, VP FOR DEVELOPMENT THRU 10/14	(I) 359,813 (II)	0 0	479,698 0	26,000 0	16,783 0	938,798 0	0
DONALD LINDSEY, CHIEF INV OFFICER THRU 10/14	(I) 410,263 (II) 0	3 0 100,266 0	29,054 0	26,000 0	29,284 0	594,867 0	0
DAVID P STEINOUR, CHIEF INFORMATION OFFICER	(I) 306,628 (II) 0	8 49,801 0 0	25,584 0	26,000 0	8,137 0	416,150 0	0
BEN VINSON III, DEAN, CCAS	(I) 362,482 (II)	0 0	13,319	26,000 0	8,629 0	410,430 0	0
BLAKE D MORANT, DEAN, LAW SCHOOL AS OF 9/14	(I) 141,763 (II) 0	0	35,099	15,500 0	4,377 0	196,739 0	0
GREGORY E MAGGS, INTRM DN, LAW SCHL THRU 8/14	(I) 266,511 (II) C	0	1,682	26,000 0	11,562 0	305,755 0	0
SHAHRAM SARKANI, DIRECTOR & PROF OF EMSE	(I) 822,357 (II) 0	0 0	78,959 0	26,000 0	25,165 0	952,481 0	0
JACK FRIEDENTHAL, PROFESSOR EMERITUS OF LAW	(I) 177,967 (II) C	0 0	617,746 0	19,926 0	5,462 0	821,101 0	0
MICHAEL LONERGAN, MEN'S BASKETBALL COACH	(I) 632,037 (II) 0	7 0 45,000 0	32,899	66,155 0	22,613 0	798,704 0	0
DOUG GUTHRIE, PROFESSOR THRU 6/14	(I) 167,291 (II) 0	1 0 0	502,944 0	7,200 0	8,494 0	685,929 0	0
THOMAS A MAZZUCHI, CHAIR, DEPT OF ENGINEERING	(1) 522,033	3 0 0	48,541	26,000 0	21,252 0	617,826 0	
PAUL SCHIFF BERMAN, FORMER DEAN, LAW SCHOOL	(I) 483,280 (II) 0	0 0	18,249 0	29,089 0	28,910 0	559,528 0	0
JAMES L SCOTT, FORMER DEAN,SCHOOL OF MED/HLTH	(I) 373,045 (II)	5 0 0	,		11,810	443,934 0	0

# Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation				ins <b>(F)</b> Compensation in column (B)		
	1	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990		
MARGUERITE BARRATT, FORMER DEAN, CCAS	(I) (II)	287,051 0	0	8,196 0	26,000	28,924 0	350,171	0 0		
ROBERT CHERNAK, FORMER SR VP SAAS	(I) (II)	92,629	15,768 0	11,510 0	10,000	14,148 0	144,055	0		

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DLN: 93493134065596

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

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

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

Name of the organization **Employer identification number** The George Washington University 53-0196584 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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
	4958
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization
	Enter the amount of tax, if any, on the 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

(a) Name of interested person		(c) Purpose of loan	(d) Loan to or from the organization	ie	(e)O riginal principal amount	<b>(f)</b> Balance due			(h) Approved by board or committee?		(i)Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) PAUL SCHIFF BERMAN	FMR KEY EMPL	SEE PART V		Х	100,000	39,592		Νo	Yes		Yes	

Γotal		<b>▶</b> \$		39,592			
Part III		ssistance Benefiting Ir					
	Complete if the	<u>ne organization answered</u>	"Yes" on Form 990, Part	t IV, line 2	27.		
. ,	e of interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	<b>(d)</b> Type	e of assistanc	e (e) Purpos	e of assistance

Complete if the organization	n answered "Yes" on I	Form 990, Part IV, lin	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 reveni	: zation's
				Yes	No
(1) FAMILY MEMBER OF PAUL SCHIFF BERMAN	SEE PART V	314,096	EMPLOYMENT OF SPOUSE		No

# Part V Supplemental Information

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

Return Reference	Explanation				
, , , ,	PURPOSE OF LOAN UPON RECRUITMENT AND RELOCATION, GW PROVIDED ASSISTANCE WITH PURCHASE OF RESIDENCE				
, , ,	RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THE INDIVIDUAL IS A FAMILY MEMBER OF FORMER KEY EMPLOYEE PAUL SCHIFF BERMAN				

Schedule L (Form 990 or 990-EZ) 2014

DLN: 93493134065596

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**SCHEDULE M** (Form 990)

# **Noncash Contributions**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶Information about Schedule M (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Inspection Employer identification number

	e of the organization George Washington University				Emp	loyer identificat	ion nu	ımber	
THE C	seorge washington oniversity				53-	0196584			
Pa	Tt I Types of Property			l.		3130301			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c)  Noncash contributio  amounts reported of  Form 990, Part VIII  line 1g	n	Method of a noncash contri		_	nts
1	Art—Works of art	Х	12						
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications	Х		133,8	33 F	MV - APPR OR	EST		
5	Clothing and household								
_	goods				-				
	Cars and other vehicles			22.0			БСТ		
7	Boats and planes	X	1	32,0	1001	MV - APPR OR	ESI		
	Intellectual property		125	1 021 1	C 2 A				
9	Securities—Publicly traded . Securities—Closely held stock .	X	135	1,031,1	03/	VG HI/LOW GII	FIDA	1 =	
	Securities—Crosely field stock .  Securities—Partnership, LLC,				-				
11	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .	Х	1	475,0	00 A	APPRAISAL			
16	Real estate—Commercial	Х	2	73,171,0	33 A	APPRAISAL			
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .	X	2	220,6	63 F	MV - APPR OR	EST		
21	Taxidermy								
	Historical artifacts				_				
23	Scientific specimens				_				
	Archeological artifacts			4 0 4 0 0					
EQL	Other►( JIPMENT)	_ X	22			MV - APPR OR	ESI		
	Other►( HIVES)	X	1	1,295,5		APPRAISAL			
27	Other►(	Х	64	68,4	49 R	RECEIPTS			
	Other► ( TO LIFE INS POLICIES )	Х	1	31,6	62 N	IET CASH VALU	JE		
29	Number of Forms 8283 received by t for which the organization completed				29				6
		· · · · · · · · · · · · · · · · · · ·	,	- <b>9</b>				Yes	No
30a	During the year, did the organization	receive by	contribution any property i	reported in Part I, lines	s 1 th	rough 28, that			
	it must hold for at least three years f	rom the dat	e of the initial contribution	, and which is not requ	ired	to be used			
	for exempt purposes for the entire ho						30a		No
ь	If "Yes," describe the arrangement i								
31	Does the organization have a gift acc		licy that requires the revie	ew of any non-standard	Lcon	trıbutıons?	31	Yes	
32a	Does the organization hire or use thi contributions?	iu parties 01	related organizations to s	soncit, process, or sell	nonc	.a511		l	
							32a	Yes	
	If "Yes," describe in Part II		aluman (a) fanc tuur f	المساور المساور المساور المساور المساور	/-\·-	المام مادم ا			
33	If the organization did not report an a describe in Part II	amount IN Co	olumn (c) for a type of prop	perty for which column	(a) is	спескеа,			

32b, and 33, and wi	nether the organization is reporting in Part I, column (b), the number of contributions, the served, 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
,	AS SHOWN IN ATTACHMENT 1, NONCASH CONTRIBUTIONS CONSISTED OF ARCHIVES AT \$1,295,577 THE ORIGINAL ARCHIVES GIFT WAS SHOWN ON THIS SCHEDULE IN FY13 AT \$5,280,390 THE ADDITIONAL AMOUNT THIS YEAR REPRESENTS AN INCREASE IN APPRAISAL THE NEW, TOTAL APPRAISAL AMOUNT WAS \$6,575,967
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) (2014)

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DLN: 93493134065596

OMB No 1545-0047

2014

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## SCHEDULE O (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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

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

Return Reference	Explanation
FORM 990, PART V, LINE 7H	GW DID NOT FILE FORM 1098-C BECAUSE THE TAXPAYER IDENTIFICATION NUMBER WAS NOT PROVIDED PER THE FORM 1098-C INSTRUCTIONS, THE FILING IS NOT REQUIRED WITHOUT THE TAX IDENTIFICATION NUMBER

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 THE 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
' '	W SCOTT AMEY AND DAVID 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 FORMS 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, 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 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
FORM 990, PART 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/GOVERNING-DOCUMENTS THE MISSION STATEMENT CAN BE FOUND AT HTTP://TRUSTEES GWU EDU/GW-MISSION-STATEMENT 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
OTHER CHANGES IN NET	CHANGE IN VALUE OF CHARITABLE TRUSTS - (\$2,217,852) ADJUSTMENT FOR SUBSIDIARY ACTIVITY - (\$33,325) POST RETIREMENT RELATED CHARGES FAS 158 - \$1,916,000 RECOVERIES (LOSSES) ON PLEDGE CONTRIBUTIONS - (\$6,235,763) TOTAL TO FORM 990, PART XI, LINE 9 - (\$6,570,940)

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Open to Public Inspection

# **SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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

53-0196584

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.							
(a) Name, address, and EIN (If applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) DYNAMO BRASIL VII LLC CORP TST CTR 1209 ORANGE ST WILMINGTON, DE 19801	INVESTMENTS	DE	9,866,517	27,859,098	GW		
(2) GEORGE WASHINGTON WORLDWIDE LLC 2121 EYE STREET NW WASHINGTON, DC 20052	INTL EDUC	DC		282,601	GW		

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No
(1) THE COLUMBIAN WOMEN OF THE GWU 2020 PENNSYLVANIA AVE NW STE 270	SCHOLARSHIPS	DC	501(C)(3)	TYPE III	NA		No
WASHINGTON, DC 20006 _23-7045248							
(2) THE GEORGE WASHINGTON ALUMNI ASSOCIATION 1918 F STREET NW	ALUM ACTIVITY	DC	501(C)(3)	TYPE III	NA		No
WASHINGTON, DC 20052 52-1437464							
(3) MOUNT VERNON COLLEGE TAX DEPT 45155 RESEARCH PLACE STE	EDUC/SUPP GW	DC	501(C)(3)	TYPE I	GW	Yes	
ASHBURN, VA 20147 _53-0196635							
(4) WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE	LIBRARY SVCS	DC	501(C)(3)	TYPE II	NA		No
UPPER MARLBORO, MD 20774 52-1559828							

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3	34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	(j)		(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	Genera	ılor P	Percentage
related organization		domicile	controlling	ıncome(related,	total income	end-of-year	allocati	ions?	amount in box	manag	ing c	ownership
		(state or	entity	unrelated,		assets	ĺ		20 of	partne	er?	
		foreign		excluded from			ĺ		Schedule K-1	ı		
		country)		tax under			ĺ		(Form 1065)	ı		
				sections 512-			ĺ		ı	ı		
•	'			514)			<u> </u>		ı	—		
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) (e) Direct controlling Type of entity (C corp, S corp, or trust)			(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i) contro enti	n 512 13) olled
								Yes	No
(1) CHARITABLE TRUSTS (35)	CHARITABLE GI		NA	TRUST				Yes	
(2) QIAOHUA MGMT CONSULTING (SUZHOU) CO LTD  KAI TAI BLDG NO 158 RENAI RD SUZHOU, JIANGSU CH	CONSULTING SV	СН	GWWW LLC	C CORP	564,286	489,994	100 000 %	Yes	

No

No

No

No

No

No

No No No No

No

No

No

No

No

No No

1q Yes

Part V	<b>Fransactions With Related Organizations</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, o	or 36.
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Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes
<b>1</b> Du	iring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	ı
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n :	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
0	Sharing of haid employees with related organization(s)	10	

- **p** Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- **s** Other transfer of cash or property from related organization(s)

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

1 <u> </u>		<u>'</u>	
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLUMBIAN WOMEN OF THE GWU	С	9,234	INVOICES
(2) THE GEORGE WASHINGTON ALUMNI ASSOCIATION	Q	110,937	INVOICES
(3) QIAOHUA MGMT CONSULTING (SUZHOU) CO LTD	М	564,100	INVOICES
(4) WASHINGTON RESEARCH LIBRARY CONSORTIUM	М	1,551,890	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

1 <u> </u>														
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	so 50 organ	(e) all partners section 01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionat allocations?	7	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		( <b>k</b> ) Percentage ownership	
	<u> </u>	<u> </u>	514)	Yes	No	1	<u> </u>	Yes	No		Yes	No		
									$\Box$	1				

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Part VII Supplemental Information

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

Return Reference Explanation

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