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DLN: 93493131030997

Open to Public

OMB No 1545-0047

Department of the Departure Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

nterna	ai Kevei	iue Servic	re I					
			lendar year, or tax year be C Name of organization	ginning 07-01-2015 , and ending 06-3	80-2016	D Empl	over i	dentification number
_	eck if ap Idress ch		The George Washington Unive	ersity			-	
_	ame cha	-	% SHARON HEINLE AVP COMI Doing business as	PTLR		53-0	1965	>84
	ıtıal retu	irn	Doing Dusiness as					
Fı eturn,	nal ⁄termına	ted		oox if mail is not delivered to street address) Ro	om/suite	E Telepl	none n	umber
Am	nended r	eturn	TAX DEPT 45155 RESEARCH F			(571	) 553	3-8324
Ap	plication	pending	City or town, state or province ASHBURN, VA 201474198	ce, country, and ZIP or foreign postal code		<b>G</b> Gross	recein	ots \$ 1,988,122,385
			<b>F</b> Name and address of p	orincipal officer	H(a)	) Is this a grou		· · · · ·
			STEVEN KNAPP	·	''(")	subordinates		⊤ Yes 🗸
			2121 EYE ST NW 801 WASHINGTON,DC 200	52		No Are all suboro	linate	26
[ ⊤a	x-exem <sub>l</sub>	pt status	<b>✓</b> 501(c)(3)	) <b>◀</b> (insert no )		included?	illiate	Yes No
ı w	ebsit e	.► ww	/W GWU EDU					st (see instructions)
					H(c)	Group exemple Group ear of formation 1		
<b>∢</b> Forr	n of org	anızatıon	✓ Corporation Trust	Association   Other ▶		ear or formation i	821	M State of legal domicile Di
Pa	rt I	Sum	mary					
			-	ission or most significant activities				
an an	<u> </u>	JUCATI	ON AND RESEARCH - SE	E SCHEDULE O				
2								
Ě		hock th	us how • Fifthe organizat	tion discontinued its operations or disp	acad of mare	a than 3 E % of it	c not	- accoto
Governance	20	пески	is box P   If the organizat	non discontinued its operations of disp	osea or more	2 (IIdii 23% Oi ii	.s net	assets
	3 N	umber	of voting members of the go	overning body (Part VI, line 1a)			3	34
ACTIVITIES &	4 N	umber	of independent voting meml	bers of the governing body (Part VI, lin	e 1b)		4	33
				ed in calendar year 2015 (Part V, line 2	•		5	15,863
AC			•	te ıf necessary)			6	3,500
				rom Part VIII, column (C), line 12 . me from Form 990-T, line 34			7a	20,085,866
	В Ме	t unitere	ated business taxable incor	ile ilolli i olili 990-1, lille 34	· · · ·	Prior Year	<b>7</b> b	Current Year
	8	Contri	butions and grants (Part V	—	202,937	.761	70,466,662	
Ē	9		-	III, line 2g)		1,251,691,115		1,301,575,296
Ravenua	10	Inves	tment income (Part VIII, c	148,216	,040	22,707,202		
ď	11	Other	revenue (Part VIII, colum	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e	:)	33,373	,990	46,361,569
	12	Total (	revenue—add lines 8 throug	gh 11 (must equal Part VIII, column (A	A), line	1,636,218	,906	1,441,110,729
	13		s and similar amounts paid	(Part IX, column (A), lines 1-3).		337,502	,433	345,900,107
	14	Benefi	ts paid to or for members (	Part IX, column (A), line 4)			0	C
\$2	15	Saları 5–10		nployee benefits (Part IX, column (A), I	ines	667,797	,888,	665,228,586
Expenses	16a		,	art IX, column (A), line 11e)		1,064	,396	645,812
픐	b	Total fu	ındraısıng expenses (Part IX, colu	ımn (D), line 25) ▶ <mark>25,117,942</mark>				
_	17	Other	expenses (Part IX, column	n (A), lines 11a-11d, 11f-24e)		460,853	,765	490,490,405
	18		•	7 (must equal Part IX, column (A), line	. —	1,467,218		1,502,264,910
	19	Reven	ue less expenses Subtrac	t line 18 from line 12	• •	169,000	,424	-61,154,181
Net Assets or Fund Balances					Begi	inning of Current	Year	End of Year
Bak	20		assets (Part X, line 16) .			4,041,401	,259	4,153,102,406
F 2	21				· ·	1,841,220		2,030,272,360
	22			otract line 21 from line 20		2,200,180	,954	2,122,830,046
Jnde ny ki	nowled	lties of ge and		ve examined this return, including acco id complete Declaration of preparer (ot				•
		<b>\</b> _				2017-05-10		
Sign		Signa	ature of officer			Date		
Here	е		DINETTE P MCCORVEY DEPUTY E	VPT				
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	T., . —	PTII	N
Paid	Ŀ		RAVIS L PATTON	TRAVIS L PATTON		Check if self-employed	P00	369623
	- pare	r ⊢	irm's name Pricewaterhouse			Firm's EIN ►		
	Onl	1 1	Firm's address ► 600 THIRTEENTH			Phone no (20	2) 414	<del>l</del> -1000
		- 1	WACHINGTON D	C 2000E		1		

. ✓Yes No

RESEARCH AND RESEARCH SUPPORT GWS RESEARCH IS DISTINGUISHED BY OUR COMMITMENT TO TRANSFORM POLICY THAT AFFECTS PEOPLE IN THEIR DAILY EXPERIENCES THAT FEW CAN MATCH WITH OUR LOCATION, CONNECTIONS AND CLOSE PROXIMITY TO INSTITUTIONS SUCH AS THE NATIONAL INSTITUTES OF HEALTH, NATIONAL SCIENCE FOUNDATION, THE SMITHSONIAN INSTITUTION, AND LIBRARY OF CONGRESS, GWS RESEARCH HELPS SOLVE NATIONAL AND GLOBAL

AUXILIARY ENTERPRISES STUDENTS AND COMMUNITY GW PROVIDES A NUMBER OF SERVICES THAT SUPPORT LEARNING, BUILD COMMUNITY, AND ENHANCE THE OVERALL QUALITY OF STUDENT LIFE AUXILIARY ENTERPRISES INCLUDE FACILITIES AND RESIDENTIAL PROPERTY MANAGEMENT, DINING, BOOKSTORE, PARKING, STUDENT HEALTH, MAIL, AND LAUNDRY SERVICES GW'S MARVIN CENTER HOUSES DINING FACILITIES, STUDENT ORGANIZATION OFFICES AND MEETING ROOMS

Other program services (Describe in Schedule O )

Total program service expenses ▶

REPORT ON THE FINANCE DIVISION WEBSITE AT HTTP //FINANCE GWU EDU/REPORTS

including grants of \$

1.343.533.965

) (Revenue \$

AND IS UTILIZED BY STUDENTS, FACULTY, STAFF, AND VISITORS FOR MORE INFO ABOUT GW'S PROGRAMS & ACCOMPLISHMENTS, SEE THE 2015-2016 FINANCIAL

Form 990 (2015)

(Expenses \$

4d

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	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?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	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	<b>11</b> b	Yes	
	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	<b>11</b> c		No
	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 2	<b>11</b> d		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	<b>12</b> a	•	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	
	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? <i>If "Yes," complete Schedule G, Part I</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	<b>20</b> a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Pai	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		
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, Pait 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 No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? 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, Pait II, III, or IV,	34	Yes	

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

Note. All Form 990 filers are required to complete Schedule O

37

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

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

 35a

35b

36

37

38

Yes

Yes

Yes

Form **990** (2015)

Νo

Νo

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		\			
		Check if Schedule O contains a response or note to any line in this	Part	v		· ·	.  ✓ No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	41,742		103	140
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
С	Did th	ء ne organization comply with backup withholding rules for reportable payments to	vend	dors and reportable			
	_	ng (gambling) winnings to prize winners?	٠.		<b>1</b> c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and statements, filed for the calendar year ending with or within the year covered s return	2a	15,863			
b		east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	g the y	year <sup>?</sup>	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	on in S	Schedule O	3b	Yes	
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc int)?			4a	Yes	
b	If "Ye: See in (FBAR	es," enter the name of the foreign country ►BR , CH nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
<b>6</b> a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont is," did the organization include with every solicitation an express statement the not tax deductible?			6b		
7		nizations that may receive deductible contributions under section 170(c).					
а	Did th	ne organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
b	If"Ye	es," did the organization notify the donor of the value of the goods or services p	rovide	ed?	7b	Yes	
	file Fo	ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		Νo
g	If the requir	zation file Form 8899 as	7g				
h	Form :	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, did	the organization file a	7h		
8	Did a	soring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	sines:	s holdings at any time	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966	٠.		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson <sup>,</sup>	9b		
10		on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	s income from members or shareholders	11a				
b		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b	If "Ye: year	es," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	<b>13</b> c				
		ne organization receive any payments for indoor tanning services during the tax	•		14a		No
b	IT "Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

orm	orm 990 (2015)						Page <b>6</b>
Par	For each "Yes" response to lines 2 describe the circumstances, process	through 7b below, and for a "No"			or 10	b belo	
	Check if Schedule O contains a respons	, -					🔽
Se	Section A. Governing Body and Manage	ment					
						Yes	No
1a	<b>1a</b> Enter the number of voting members of the gov year	erning body at the end of the tax	<b>1</b> a	34			
	If there are material differences in voting rights body, or if the governing body delegated broad or similar committee, explain in Schedule O						
b	<b>b</b> Enter the number of voting members included independent	n line 1a, above, who are	1b	33			
2	2 Did any officer, director, trustee, or key employ other officer, director, trustee, or key employee				2	Yes	
3	3 Did the organization delegate control over man supervision of officers, directors or trustees, or				3		No
4	, ,	ges to its governing documents since	the p	rior Form 990 was	4	Yes	
5	<b>5</b> Did the organization become aware during the y	ear of a significant diversion of the or	ganız	ation's assets?	5		No
6	6  DId the organization have members or stockho	ders?			6		No
7a	<b>7a</b> Did the organization have members, stockholds more members of the governing body?				7a		No
b	<b>b</b> Are any governance decisions of the organization or persons other than the governing body?	,			7b		No
8	8 Did the organization contemporaneously docum year by the following	nent the meetings held or written actio	ns ur	ndertaken during the			
а	a The governing body?				8a	Yes	
b	<b>b</b> Each committee with authority to act on behalf	of the governing body?			8b	Yes	
9	<b>9</b> Is there any officer, director, trustee, or key en organization's mailing address? <i>If "Yes," provid</i>				9		No
Se	Section B. Policies (This Section B request	s information about policies not i	requi	red by the Internal R	evenu	ie Cod	e.)
						Yes	No
L0a	.0a Did the organization have local chapters, branc	hes, or affiliates?			<b>10</b> a		No
b	<b>b</b> If "Yes," did the organization have written polic affiliates, and branches to ensure their operation				10b		
L1a	.1a Has the organization provided a complete copy the form?	of this Form 990 to all members of its	gov	erning body before filing	11a	Yes	
b	<b>b</b> Describe in Schedule O the process, if any, use	ed by the organization to review this Fo	orm 9	90			
L2a	.2a Did the organization have a written conflict of ii	nterest policy? If "No," go to line 13 .			12a	Yes	
b	<b>b</b> Were officers, directors, or trustees, and key en rise to conflicts?				12b	Yes	
c	c Did the organization regularly and consistently in Schedule O how this was done	monitor and enforce compliance with	the p	olicy? If "Yes," describe	12c	Yes	
L3					13	Yes	
L4					14	Yes	
L5	•	of the following persons include a review	ew an	d approval by			
а	a The organization's CEO, Executive Director, or	'			15a	Yes	
	<b>b</b> Other officers or key employees of the organiza	· •			15b	Yes	
-	If "Yes" to line 15a or 15b, describe the proces			-			
L6a	.6a Did the organization invest in, contribute asset taxable entity during the year?	s to, or participate in a joint venture o		9	<b>16</b> a	Yes	
b	<b>b</b> If "Yes," did the organization follow a written poparticipation in joint venture arrangements und organization's exempt status with respect to su	licy or procedure requiring the organi er applicable federal tax law, and take	zatior step	n to evaluate its s to safeguard the	16b	Yes	

### Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed CA\_, IN\_, KS\_, MD\_, MA\_, MI\_, NH\_, NY\_, OR\_, SC

LO	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-1 (501(c)
	(3)s only) available for public inspection Indicate how you made these available Check all that apply
	Own website Another's website Allpon request Cother (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

►SHARON HEINLE AVP COMPTLR 45155 RESEARCH PL STE 260 ASHBURN, VA 20147 (571) 553-1087

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

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

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

- 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	A verage hours per week (list any hours and a director/trustee)  Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization an related organizations
See Additional Data Table										

Name and Title	Average hours per week (list any hours	more than one box, unless list person is both an officer urs and a director/trustee)					3	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	2/1033 11130	organization and related organizations
See Additional Data Table										
1b Sub-Total	eets to Part VII, S		١.		 	. •		12,218,950	0	1,042,020

Yes No Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee 3 Yes 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				
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelate 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 the compensation from the organization. Report compensation for the calendar year en						
(A) Name and business address	(B) Description of services	(C) Compensation				
CLARK CONSTRUCTION GROUP, 7500 OLD GEORGETOWN ROAD BETHESDA, MD 20814  CONSTRUCTION						
GWU MEDICAL FACULTY ASSOCIATES, 2150 PENNSYLVANIA AVE NW WASHINGTON, DC 20037						
ARAMARK SERVICES INC, PO BOX 7548 PHILADELPHIA, PA 19101	FACILITY SERVICES	14,943,298				
WHITING TURNER CONTRACTING CO, 300 E JOPPA RD BALTIMORE, MD 21286	CONSTRUCTION	7,288,788				
SODEXO INC, 9801 WASHINGTONIAN BLVD GAITHERSBURG, MD 20878	DINING SERVICES	5,185,472				
2 Total number of independent contractors (including but not limited to those listed at \$100,000 of compensation from the organization ▶ 342	pove) who received more than					

orm 99		15)						Page <b>S</b>
Part V	****	Statement o						
		Check If Schedu	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies <b>1b</b>					
وَ قَالَ	С	Fundraising eve	ents <b>1</b> c	229,759				
ifts. ar A	d	Related organiz	zations <b>1d</b>					
. E	e	Government grant	s (contributions) <b>1e</b>	9,531,295				
ons Sil	f	All other contribution	ons, gifts, grants, and <b>1f</b>	60,705,608				
outi her		sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines	2,056,334				
	h	Total. Add lines	s 1a-1f	· · · •	70,466,662			
				Business Code				
Program Service Revenue	<b>2</b> a	STUDENT TUITION	& FEES	900099	941,968,916	941,968,916		
æ	b	GRANTS & CONTRA	ACTS	900099	171,138,473	171,138,473		
A Ce	С	AUXILIARY ENTERF		611710	99,442,784	99,442,784		
38	d	MEDICAL EDUCATI		900099	62,404,898	62,404,898		
an	e		SERVICE REVENUE	611710	26,620,225	26,620,225		
rogr	f	All other progra	am service revenue					
<u> </u>	g		s 2a-2f		1,301,575,296			
	3	Investment inc	ome (including dividen ar amounts)		8,893,009			8,893,009
	4	Income from inves	stment of tax-exempt bond	proceeds ►	0			
	5	Royalties		•	1,868,166			1,868,166
	<b>6</b> a	Gross rents	(I) Real 45,723,754	(II) Personal				
	ь	Less rental expenses	21,380,850					
	С	Rental income	24,342,904	0				
	d	or (loss) Net rental inco	l me or (loss)		24,342,904			24,342,904
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	538,303,100	933,341				
	b	Less cost or other basis and sales expenses	522,997,248	2,425,000				
	с	Gain or (loss)	15,305,852	-1,491,659				
	d	Net gain or (los	ss)		13,814,193			13,814,193
Other Revenue	8a	events (not inc \$229	7,759 s reported on line 1c)					
<u>*</u>			а	17,090				
Ě			penses <b>b</b>	73,631	-56,541			-56,541
O	с 9а	Gross income f	(loss) from fundraising rom gaming activities ne 19	events ▶	-30,341			-36,341
		See Falt IV, III	a	13,811				
	ь	Less direct ex	penses b	7,813				
	С	Net income or (	(loss) from gamıng actı		5,998			5,998
	10a	Gross sales of returns and allo		249,125				
	ь	Less cost of a	oods sold <b>b</b>	127,114				
	С	_	(loss) from sales of inv		122,011	115,176	6,835	
		Miscellaneous		Business Code				
		UNRELATED P INCOME		525990	690,463		690,463	
	b	INDEPENDENT	TOPERATIONS	721110	19,388,568		19,388,568	
	C	All other reven						
	d e	Total. Add lines		▶				
	12		See Instructions .		20,079,031			
		rocarrevenue.	Sectionactions .	•	1,441,110,729	1,301,690,472	20,085,866	48,867,729

### 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)

	Check if Schedule O contains a response or note to any line in	ums rait 1A			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and				
	domestic governments See Part IV, line 21	55,475,406	55,475,406		
2	Grants and other assistance to domestic individuals See Part IV, line 22	277,002,221	277,002,221		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	13,422,480	13,422,480		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,809,180	1,363,939	4,653,807	1,791,434
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	126,678	126,678		
7	Other salaries and wages	538,084,706	473,830,572	50,939,400	13,314,734
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	36,619,311	32,026,628	3,547,672	1,045,011
9	Other employee benefits	46,894,733	41,014,959	4,541,900	1,337,874
10	Payroll taxes	35,693,978	31,218,722	3,456,964	1,018,292
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	4,152,757	2,485,353	1,667,404	
С	Accounting	2,410,120	327,776	2,082,344	
d	Lobbying	19,241	19,241		
е	Professional fundraising services See Part IV, line 17	645,812			645,812
f	Investment management fees	5,697,031		5,697,031	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	126,910,430	119,074,290	6,992,290	843,850
12	Advertising and promotion	5,084,831	3,506,486	1,344,813	233,532
13	Office expenses	32,207,719	26,660,171	4,585,443	962,105
14	Information technology	24,825,531	19,522,898	5,169,369	133,264
15	Royalties	200,958	200,958		
16	Occupancy	60,337,759	56,632,877	3,515,859	189,023
17	Travel	21,510,132	19,692,942	625,856	1,191,334
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	18,563,598	13,031,346	3,574,106	1,958,146
20	Interest	61,881,543	59,216,120	2,665,423	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	81,902,328	77,072,579	4,829,749	
23	Insurance	2,900,855	2,853,253	47,602	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SUBSCRIPTIONS/PERIODICALS	8,114,979	7,981,096	95,638	38,245
b	MEMBERSHIPS	3,443,976	2,699,261	728,549	16,166
c	UBI TAX	25,143		25,143	
d	INTERDEPARTMENTAL ASSESSMENTS		1,591,366	-1,836,016	244,650
e	All other expenses	30,301,474	5,484,347	24,662,657	154,470
25	Total functional expenses. Add lines 1 through 24e	1,502,264,910	1,343,533,965	133,613,003	25,117,942
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

•	· · · · · · · · · · · · · · · · · · ·
Part X	<b>Balance She</b>
	Check if Schedu

29U (.	2015)			Page <b>11</b>
t X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			<u>· · · · · · · · · · · · · · · · · · · </u>
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	1,348,674	1	5,113,955
2	Savings and temporary cash investments	81,047,411	2	195,680,845
3	Pledges and grants receivable, net	123,833,718	3	101,262,963
4	Accounts receivable, net	29,313,027	4	33,820,957
5	Loans and other receivables from current and former officers, directors,	20,010,021	-	
	trustees, key employees, and highest compensated employees Complete Part II of			
	Schedule L	39,592	5	18,446
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
		0	6	0
7	Notes and loans receivable, net	292,033	7	5,307,496
8	Inventories for sale or use	407,787	8	92,099
9	Prepaid expenses and deferred charges	16,355,576	9	16,007,965
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 3,516,149,498			
ь	Less accumulated depreciation 10b 806,264,748	2,641,463,080	<b>10</b> c	2,709,884,750
11	Investments—publicly traded securities	605,938,252	11	262,682,262
12	Investments—other securities See Part IV, line 11	494,233,663	12	775,204,720
13	Investments—program-related See Part IV, line 11	29,846,587	13	30,486,288
14	Intangible assets	7,945,484	14	7,945,484
15	Other assets See Part IV, line 11	9,336,375	15	9,594,176
16	Total assets.Add lines 1 through 15 (must equal line 34)	4,041,401,259	16	4,153,102,406
17	Accounts payable and accrued expenses	207,780,511	17	201,963,277
18	Grants payable	0	18	0
19	Deferred revenue	48,018,930	19	64,429,025
20	Tax-exempt bond liabilities	0	20	0
21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to unrelated third parties	112,000,000	23	0
24	Unsecured notes and loans payable to unrelated third parties	1,437,843,540	24	1,728,703,315
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			
		35,577,324	25	35,176,743
26	Total liabilities. Add lines 17 through 25	1,841,220,305	26	2,030,272,360

1,470,712,380

461,841,967

267,626,607

2,200,180,954

4,041,401,259

27

28

29

30

31

32

33

34

1,415,160,177

436,714,525

270,955,344

2,122,830,046

4,153,102,406 Form 990 (2015)

**Total liabilities.**Add lines 17 through 25 . . . . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Total net assets or fund balances

Permanently restricted net assets .

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete

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

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

Retained earnings, endowment, accumulated income, or other funds

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

1,441,110,729

1,502,264,910

-61,154,181

-4,882,025

-11,314,702

No

Νo

2,122,830,046

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2,200,180,954

ΚI	Reconcilliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI							. Г	7

	CHCCK I		aaic o	Contains	٠.	COP
T - + - 1 -		/		Dash MITT		

Total revenue (must equal Part VIII, column (A), line 12) . . . .

Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . . Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Investment expenses Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XIII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both Separate basis Consolidated basis

basis, consolidated basis, or both

**b** Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate Separate basis

Schedule O

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

✓ Consolidated basis

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

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

**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

Both consolidated and separate basis

Both consolidated and separate basis

Cash 🗸 Accrual Cother

1

2

3

4

5

6

7

8

9

10

2b

2c

3a

3b

2a

Software ID: Software Version:

**EIN:** 53-0196584

Name: The George Washington University

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h an or/tr	check tompensated Highest compensated	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	( <b>E</b> ) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
NELSON A CARBONELL JR CHAIRMAN OF THE BD/COMM CHR	5 0 0 0	x						0	0	(
ELLEN ZANE VICE CHAIR OF THE BD/COMM CHR	5 0	×						0	0	(
I ALLAN FROM SECRETARY OF THE BD/COMM CHR	5 0 0 0	×						0	0	(
W SCOTT AMEY TRUSTEE	2 0 0 0	×						0	0	(
RICHARD W BLACKBURN TRUSTEE/COMM CHR	3 0	×						0	0	(
ROSLYN M BROCK TRUSTEE	2 0	×						0	0	(
WESTON D BURNETT TRUSTEE	2 0  0 0	×						0	0	(
MARK H CHICHESTER TRUSTEE	2 0	x						0	0	(
GEORGE A COELHO TRUSTEE	2 0	×						0	0	(
TERRY L COLLINS TRUSTEE	2 0	×						0	0	C

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

(F)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
KYLE FARMBRY	2 0									
TRUSTEE	0 0	Х						0	0	0
HEATHER S FOLEY	2 0	.,								
TRUSTEE	0 0	Х						0	0	0
TITILOLA HARLEY	2 0									
TRUSTEE	0 0	X						0	0	0
DIANA B HENRIQUES	2 0									
TRUSTEE	0 0	X						0	0	0
A MICHAEL HOFFMAN	2 0									
TRUSTEE	0 0	Х						0	0	0
JAMES F HUMPHREYS	2 0									
TRUSTEE	0.0	Х						0	0	0
	0 0				-					
MADELEINE S JACOBS	] 30									

0 0 20

0 0

Х

Χ

TRUSTEE/COMM CHR

DAVID C KARLGAARD

STUART S KASSAN

TRUSTEE

TRUSTEE

JAY E KATZEN TRUSTEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	tor	S				•		•
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles d	ore t ss pe offi direct	han erso cer tor/t	not one n is and trus	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			and related organizations
J RICHARD KNOP	2 0									
TRUSTEE	0 0	×						0	0	U
PETER B KOVLER	2 0	х						0	0	0
TRUSTEE	0 0									
RANDY L LEVINE	2 0	x						0	0	0
TRUSTEE	0 0									
ANN WALKER MARCHANT	2 0	x						0	0	C
TRUSTEE	0 0									
SALLY NUAMAH	2 0	x						0	0	0
TRUSTEE	0.0									-
STEVEN S ROSS	3 0	х						0	0	0
TRUSTEE/COMM CHR	0.0									
MARK R SHENKMAN	3 0	х						0	0	0

0 0 20

0 0

Х

Χ

TRUSTEE/COMM CHR

ROBERT K TANENBAUM

GRACE E SPEIGHTS

TRUSTEE

TRUSTEE

AVRAM TUCKER TRUSTEE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

48,169

43,626

35,455

40,965

(A) (B) (C) (D) (E)		`
Name and Title  A verage hours per week (list any hours for related organizations below dotted line)  A verage hours per week (list any hours for related organizations below dotted line)  A verage hours per week (list any hours for related organizations below dotted line)  A verage hours per week (list any hours for related organizations)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours for related organization)  A verage hours per week (list any hours per week (list any hours for related organization)  A verage hours per week (list any hour	tion ted ons 99-	(F) Estimated amount of other compensation from the organization and related organizations
CYNTHIA STEELE VANCE 30 X 0 TRUSTEE/COMM CHR 000	0	0
GEORGE W WELLDE JR	0	0
ART WONG 2 0 X 0 TRUSTEE 0 0 0	0	0
STEVEN KNAPP         50 0         X         X         X         1,124,075           PRESIDENT - EX OFFICIO         0 0         X         X         X         1,124,075	0	118,571
LOUIS H KATZ 50 0 X 1,005,040 EXECUTIVE VP & TREASURER 0 0 0	0	35,066
STEVEN LERMAN - THRU 122015 50 0 X 922,955 PROVOST & EVP ACADEMIC AFFRS 0 0 0	0	126,198

50 0

0 25 50 0

0 0

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Χ

333,519

638,155

889,540

529,746

FORREST MALTZMAN-AS OF 12016

INTRM PROVOST & EVP ACAD AFFRS

SR VP & GENERAL COUNSEL

VP FOR HLTH AFFRS/DEAN SMHS

BETH NOLAN

JEFFREY S AKMAN

LEO M CHALUPA

VP FOR RESEARCH

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde	pendent Co	ntrac	.tor	S					•	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
ARISTIDE COLLINS  VP FOR DEVELOPMENT	50 0				х			550,552	0	38,372
DAVID P STEINOUR CHIEF INFORMATION OFFICER	50 0				х			391,044	. 0	33,428
BEN VINSON III DEAN, CCAS	50 0				х			389,398	0	33,625
BLAKE D MORANT DEAN, LAW SCHOOL	50 0				x			513,571	. 0	63,126
SHAHRAM SARKANI DIRECTOR & PROFESSOR OF EMSE	50 0					х		941,024	0	50,001
MICHAEL LONERGAN	50 0				$\Box$	x		719,774	0	91,001

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Χ

Χ

Χ

670,750

594,507

553,364

104,460

MEN'S BASKETBALL COACH

THOMAS A MAZZUCHI

LYNN GOLDMAN

ROBERT CHERNAK

FORMER SR VP SAAS

DINAH SHELTON - THRU 62015

PROFESSOR EMERITUS OF LAW

CHAIR, DEPT OF ENGINEERING

DEAN, MILKEN INST PUBLIC HLTH

19,385

46,071

28,000

26,565

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

(A) (B) (C) (D) (E)
Name and Title A verage Position (do not check Reportable Reportable

	hours per week (list any hours for related organizations below dotted line)	unles	ss pe	erso icer tor/	n is and trus		compensation from the organization (W- 2/1099- MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
PAUL SCHIFF BERMAN FORMER DEAN, LAW SCHOOL	40 0					x	511,606	0	53,026
JAMES L SCOTT FORMER DEAN, SCHOOL MED/HLTH	40 0					x	409,620	0	40,127
GREGORY E MAGGS FORMER INTRM DEAN, LAW SCHOOL	40 0					x	261,353	0	38,109

164,897

33.134

40 0

MARGUERITE BARRATT

FORMER DEAN, CCAS

hospital's name, city, and state

53-0196584

SCHEDULE A (Form 990 or 990EZ)

Internal Revenue Service Name of the organization

The George Washington University

Department of the

Treasury

Part I

✓

1

2

3

# **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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-0047 Open to Public Inspection **Employer identification number** 

_	1	170(b)(1)(A)(iv). (Co												
6		A federal, state, or loc	_	=										
7		An organization that n described in <b>section 1</b>				om a governn	nental unit or from the g	eneral public						
8	_	A community trust des				rt II)								
9	<u> </u>	An organization that r	normally receives related to it it income and i	ves (1) more than 33 s exempt functions—s unrelated business ta:	1/3% of its sup subject to certa xable income (I	port from con in exceptions ess section 5	tributions, membership , and (2) no more than ( 11 tax) from businesse	331/3% of its support						
10	Г	An organization organ	ized and opera	ted exclusively to tes	t for public safe	ety See <b>secti</b>	on 509(a)(4).							
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g												
a	Γ	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.												
b	Г	Type II. A supporting	organization s pporting organ	upervised or controlle	d in connection		oorted organization(s), b manage the supported							
c	Г	Type III functionally i	integrated. A s	supporting organizatio			h, and functionally integ	grated with, its						
	_	supported organization						anization(a) that is						
d	I						n with its supported org irement and an attentiv							
		(see instructions) You		,	•									
e							is a Type I, Type II, T	ype III functionally						
		integrated, or Type III												
T	Enter	the number of support					· · · · · · · · · · · · · · · · · · ·							
g		Provide the following i	nformation abo	out the supported orga	anization(s)									
Nan	(i) Name of supported organization Variety of organization (described on lines 1-9 above (see instructions))  (ii) EIN  (iii) Type of organization (described on lines instructions)  (iv) A mount of monetary support (see instructions)  (see instructions)  (v) A mount of monetary support (see instructions)													
					Yes	No								
Tota	ı													

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year

(oı	fiscal year beginning in) ▶	(a)2011	( <b>b)</b> 2012	( <b>c)</b> 2013	( <b>a)</b> 2014	( <b>e)</b> 2015	(f) I otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	80,014,552	70,589,630	155,008,188	202,937,761	70,466,662	579,016,793
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	Total. Add lines 1 through 3	80,014,552	70,589,630	155,008,188	202,937,761	70,466,662	579,016,793
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,763,113
6	<b>Public support.</b> Subtract line 5 from line 4						566,253,680
S	ection B. Total Support						

(or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	( <b>e)</b> 20	015	<b>(f)</b> ⊤otal	
7	A mounts from line 4	80,014,552	70,589,630	155,008,188	202,937,761	70	,466,662	579,016,793	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,222,549	56,480,959	55,924,238	57,474,376	56	5,484,929	281,587,051	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						803,770	803,770	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	4,927	85,068		79,418		267,329	436,742	
11	<b>Total support.</b> Add lines 7 through 10							861,844,356	
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		6,053,463,427	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,								

Section C. Computation of Public Support Percentage

check this box and stop here . . . .

	conon c. comparation of table capport to contage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	65 702 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	65 240 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization ▶▽ b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ▶□ box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge <b>Total.</b> Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•		•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>		,	,,,	,		<b>▶</b> □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					<b>▶</b> □
b	33 1/3% support tests—2014.If the					-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		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	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	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?	4b		
	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			
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 $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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? If "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> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	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?	<b>11</b> a		
	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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Ĺ	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b -	A verage monthly cash balances	1c		
C C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
<b>i</b>	<b>Distributable A mount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add filles 1 tillough o			
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 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		I	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable A mount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
С			
<b>d</b> From 2013			
<b>e</b> From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3 <sub>1</sub> and 4c			
8 Breakdown of line 7		•	
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
			(F 000 000 F7) (2015

Return Reference	Explanation
SCHEDILLE A PART II SECTION B	OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING AND GAMING EVENTS AND

LINE 10 SALES OF INVENTORY Schedule A (Form 990 or 990-EZ) 2015

### DLN: 93493131030997

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

Department of the

# 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

OMB No 1545-0047 Open to Public Inspection

www.irs.gov/form990. Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-区, 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" on 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" on 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 Name of the organization Employer identification number The George Washington University 53-0196584 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 2 Political expenditures Volunteer hours Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes □ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Yes 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 (a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount of political filing organization's contributions received funds If none, enter -0and promptly and directly delivered to a separate political organization If none, enter -0-3

Subtract line 1f from line 1c If zero or less, enter -0-

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

A Check ightharpoonup [if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

		Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)					
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots					
b	Total lobbying expenditures to influence a legi	19,241					
c	Total lobbying expenditures (add lines 1a and	19,241					
d	Other exempt purpose expenditures	1,482,963,573					
e	Total exempt purpose expenditures (add lines	1,482,982,814					
f	Lobbying nontaxable amount Enter the amoun	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					
	0 +4 500 000   1   1   1   1   1   1   1   1	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$1,500,000 but not over \$17,000,000	\$223,000 plus 5 % of the excess over \$1,500,000					

reporting section 4911 tax for this year? ☐ No Yes

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

# 4-Year Averaging Period Under section 501(h)

	(Some organizations that made a s columns below. See th	` ,				e five		
	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total		
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
_с	Total lobbying expenditures	4,488	28,004	11,946	19,241	63,679		
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000		
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f_	Grassroots lobbying expenditures			Sahad	ule C (Form 990 c	- 000 EZ) 201E		

Return Reference

filed Form 5768 (election under section 501(h)).	(	a)	(b)
each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ivity	Yes	No _	A mount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	, 55		
Volunteers?			
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
Media advertisements?			
d Mailings to members, legislators, or the public?			
Publications, or published or broadcast statements?			
Grants to other organizations for lobbying purposes?			
Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
Other activities?			
Total Add lines 1c through 1i			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
If "Yes," enter the amount of any tax incurred under section 4912			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
		I –	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	n 501(c	)(5), o	
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n <b>501</b> (c		Yes
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?	n <b>501</b> (c		Yes 1
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	n <b>501</b> (c	<u> </u>	Yes 1 2
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?	•		Yes 1 2 3
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	n 501(c	)(5), 0	Yes  1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c	)(5), 0	Yes  1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	n 501(c d "No" C	)(5), 0	Yes  1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	n 501(c d "No" C	)(5), 0	Yes  1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	n 501(c d "No" C 1 2a 2b	)(5), 0	Yes  1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	2a 2b 2c	)(5), 0	Yes  1 2 3 r section
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2a 2b 2c 3	)(5), 0	Yes  1 2 3 r section
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TITI-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3	)(5), 0	Yes  1 2 3 r section
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2a 2b 2c 3	)(5), 0	Yes  1 2 3 r section

Explanation

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SCHEDULE D

# Supplemental Financial Statements

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

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

OMB No 1545-0047

DLN: 93493131030997

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

**Employer identification number** Name of the organization The George Washington University 53-0196584 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) **2**c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶\_ Number of states where property subject to conservation easement is located ▶\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(I) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- Revenue included on Form 990, Part VIII, line 1

13,368,057

the organization's accounting for conservation easements

Part	1111	Organizations Maintaining (continued)	g Collections of	f Art, His	toric	al Tr	easures, or	Other Simila	r As	sets	ruge <b>=</b>
3		the organization's acquisition, action items (check all that apply)	cession, and other	records, ch	neck a	ny of t	he following tha	t are a significan	ıt use	of its	
а	<b>✓</b>	Public exhibition		d	<b>✓</b>	Loan	or exchange pr	ograms			
b	<b>▽</b>	Scholarly research		e		Othe	r				
c	<b>✓</b>	Preservation for future generations	;								
4	Provi Part >	de a description of the organization	n's collections and	explain hov	w they	furthe	r the organizati	on's exempt purp	ose II	n	
5		g the year, did the organization so							_	_	
Par	asset t IV	s to be sold to raise funds rather t  Escrow and Custodial Arr		ed as part o	of the o	organiz	zation's collecti	on?	Yes	✓ No	
		Complete if the organization Part X, line 21.		on Form	990, <b>I</b>	Part I	V, line 9, or r	eported an am	ount	on Form	າ 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	ustodian or other in	termediary	for co	ntribut	tions or other a	_	Yes	∏ No	
b	If"	Yes," explain the arrangement in I	Part XIII and comp	lete the fol	lowing	table			A mo	unt	
c	Beg	jinning balance					_ 1	.c			
d	A d	ditions during the year					1	d			
е	Dis	tributions during the year					1	e			
f		ding balance					<u> </u>	.f			
<b>2</b> a	Did th	ne organization include an amount	on Form 990, Part	X, line 21,	for es	row o	r custodial acco	ount liability?	Yes	☐ No	
b	If"Ye	s," explain the arrangement in Pai	t XIII Check here	if the expl:	anatini	n has l	neen provided ii	n Part XIII			
Pai	rt V	Endowment Funds. Compl									
			(a)Current year	<b>(b)</b> Pnor	year	b (	<b>c)</b> Two years back	(d)Three years ba	ick (	( <b>e)</b> Four yea	ırs back
<b>1</b> a	Begin	ning of year balance	1,616,356,940	1,576	5,508,28	32	1,375,201,717	1,305,891,9	938	1,331	,100,652
b	Contr	ibutions	27,381,387	7:	1,295,13	34	33,566,251	25,699,8	353	14	,868,147
c	Net ir Iosse	ivestment earnings, gains, and s	17,123,779	48	3,623,59	97	247,950,478	121,600,0	017	35	,025,621
d	Grant	s or scholarships	10,527,263	Ğ	9,885,84	12	8,986,348	8,429,0	)72	8	,196,187
е		expenditures for facilities	74,359,971	63	3,783,35	59	62,467,435	59,890,	790	58	,511,818
f	A dmii	nistrative expenses	5,697,031	(	5,400,87	72	8,756,381	9,670,:	229	8	,394,477
g	End o	f year balance	1,570,277,841	1,616	5,356,94	10	1,576,508,282	1,375,201,	717	1,305	,891,938
2	Provi	de the estimated percentage of the		alance (lin	ie 1g,	columi	n (a)) held as				
а	Board	designated or quasi-endowment <b>i</b>	69 200 %								
b	Perm	anent endowment ► 14 600 %									
C		orarily restricted endowment >	16 200 %	0/							
3a	•	ercentages on lines 2a, 2b, and 2onere endowment funds not in the po			that ar	o hold	and administra	ad for the			
Ja		ization by	ossession of the ort	gamzation	tilat al	e neiu	and administer	ed for the		Yes	No
	(i) un	related organizations							3a(i		No
ь		lated organizations s" on 3a(ii), are the related organi		· · ·	 Schadi	10 D2			3a(i 3b		No
4		ribe in Part XIII the intended uses							30		
Par	t VI	Land, Buildings, and Equi									
		Complete if the organization  Description of property	answered 'Yes' t	o Form 9	90, Pa (a)	art IV	, line 11a.See	Form 990, Pa		line 10. (d)Book	value
		bescription of property			or othe	ent)	Cost or other ba (other)			(4)5001	Yalac
	_and			· ·		0	190,660,	377	$\dashv$	190	,660,377
b [	Buildin • •	gs 			961,1	66,939	2,099,225,	008 636,265	5,527	2,424	,126,420
<b>c</b> l	_easeh	old improvements		🗀			10,192,	953 7,695	,721		,497,232
d i	Equipm	nent		🗀			254,904,	221 162,303	,500	92	,600,721
<b>e</b> (	Other										
Tota	 I. A dd	ines 1a through 1e (Column (d) mu	ıst equal Form 990,	·   Part X, colui	mn (B)	. line 1	0(c))		<b>+</b>	2,709	,884,750

Schedule D (Form 990) 2015  Part VII Investments—Other Securities. Com	plete if the org	anızatıon answered 'Ye	es' on For	Page <b>3</b> m 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category		(b)Book value		(c)Method of valuation
(including name of security)		(D)BOOK Value		or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests				
(3)Other				
(A) DEF COMP LIFE INS - CSV		3,408,30	7	F
(B) INV FUND FOR 457 LIABILITIES		38,117,23	0	F
(C) BENEFICIAL INT PERPETUAL TSTS		35,851,12	7	F
(D) REC FROM CRUTS HELD BY 3RD PTY		4,571,80	4	F
(E) LIFE INCOME FUNDS		13,140,89	1	F
(F) LIMITED PARTNERSHIPS		63,543,51	7	F
(G) OTHER SECURITIES		615,183,70	5	F
(H) BONDS AND NOTES		1,00	0	F
(I) OTHER STOCKS		1,387,13		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related.	•	775,204,72	0	
Complete if the organization answered "	Yes' on Form 9	90, Part IV, line 11c. <sub>Se</sub>	ee Form 9	990, Part X, line 13.
(a) Description of investment		(b) Book value		c) Method of valuation or end-of-year market value
				,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. Complete if the organization  (a) Descrip		n Form 990, Part IV, line	11d See F	orm 990, Part X, line 15 (b) Book value
(1)				(=, = = = = = = = = = = = = = = = = = =
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	)			
Part X Other Liabilities. Complete if the organ				ne 11e or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book val	ue		
1. (a, o soon prior or maxim)	(2) 300 % 74.			
Federal income taxes		0		
REFUNDABLE ADVANCES	29,88	8,486		
INSURANCE RESERVES	5.28	8,257		
	- ,			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )				
2. Liability for uncertain tax positions. In Part XIII, provide	35,17	·	1- 6	

Par		evenue per Audited Financial Stanical Stanical Stanication answered 'Yes' on Form 990,			per Re	turn
1	<u> </u>	er support per audited financial statements			1	1,173,090,798
2	A mounts included on line 1 bu	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	-4,882,025		
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII )	•				
			2d	-8,669,737		
e	Add lines <b>2a</b> through <b>2d</b>				2e	-13,551,762
3	Subtract line <b>2e</b> from line <b>1</b> .				3	1,186,642,560
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a	5,697,031		
b	Other (Describe in Part XIII)		4b	248,771,138		
c	Add lines <b>4a</b> and <b>4b</b>				4c	254,468,169
5		d <b>4c.</b> (This must equal Form 990, Part I, line			5	1,441,110,729
Part		xpenses per Audited Financial St nization answered 'Yes' on Form 990,			s per F	Return.
1	·	raudited financial statements		· ·	1	1,247,717,390
2		ut not on Form 990, Part IX, line 25				
– a	Donated services and use of f	, ,	2a	1		
b			2b		1	
c	•		2c		1	
d			2d	21,510,058	1	
e	· ,			<u> </u>	2e	21,510,058
3	•		•		3	1,226,207,332
4		0, Part IX, line 25, but not on line 1:				1,220,207,332
a		luded on Form 990, Part VIII, line 7b	1	5,697,031		
u	· ·	aded on Form 550, Fait VIII, Inte 75	4a	3,037,031		
b	Other (Describe in Part XIII )		. 4b	270,360,547	1	
c	Add lines 4a and 4b		. —		4c	276,057,578
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, I	ine 18	)	5	1,502,264,910
	C la					
	Supplemental Inf					
Part		Part II, lines 3, 5, and 9, Part III, lines 1, lines 2d and 4b, and Part XII, lines 2d an				e any additional
	Return Reference	Explanation				
SCHE	DULE D, PART III, LINE 4	THE UNIVERSITY HOLDS A COLLECTI \$13,368,057 IN ADDITION, THE UNIV OF ARCHIVES, HISTORICAL DOCUME UNIVERSITY MUSEUM (THE "MUSEUM INCLUDES TEXTILES, CERAMICS, HISTON PERMANENT LOAN TO GW THE MUCOLLECTION, WHICH FEATURES MAPHISTORY OF WASHINGTON DOCUMENT.	/ERSI NTS, / ") HO TORIO JSEUN S, PHO	TY HOLDS SEVERAL PE AND ARTWORK THE GE USES THE TEXTILE MU: C FURNISHINGS AND PI 1 ALSO HOUSES THE A DTOGRAPHS AND ARTI	RMANEI ORGE W SEUM CO HOTOGI LBERT S FACTS I	NT COLLECTIONS ASHINGTON OLLECTION, WHICH RAPHS THAT ARE MALL RELATED TO THE

PRESENTING STUDENTS' CREATIVE ENDEAVORS

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

### **Additional Data**

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	(c) Method of valuation Cost or end-of-year market value
(3)Other		
(A) DEF COMP LIFE INS - CSV	3,408,307	F
(B) INV FUND FOR 457 LIABILITIES	38,117,230	F
(C) BENEFICIAL INT PERPETUAL TSTS	35,851,127	F
(D) REC FROM CRUTS HELD BY 3RD PTY	4,571,804	F
(E) LIFE INCOME FUNDS	13,140,891	F
(F) LIMITED PARTNERSHIPS	63,543,517	F
(G) OTHER SECURITIES	615,183,705	F
(H) BONDS AND NOTES	1,000	F
(I) OTHER STOCKS	1,387,139	F

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE E

As Filed Data -

DLN: 93493131030997

2015

Open to Public Inspection

# **Schools**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue

(Form 990 or 990-EZ)

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

Service Name of the organization **Employer identification number** The George Washington University 53-0196584 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes h Has the organization's right to such aid ever been revoked or suspended? **6b** Yes If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

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

Yes

### Part II Supplemental Information.

SCHEDULE E. LINE 6A

SCHEDULE E. LINE 6B

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
· · · · · · · · · · · · · · · · · · ·	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

SCH

FINANCIAL AID THE UNIVERSITY DETECTED AND SELF REPORTED A THEFT THAT HAD BEEN

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

COURSE CATALOGS, STUDENT HANDBOOKS, FINANCIAL AID

ALSO INCLUDE A REFERENCE TO THE POLICY

SOURCEBOOKS. GUIDE TO STUDENT RIGHTS AND RESPONSIBILITIES. AND EMPLOYMENT APPLICATION MATERIALS THE UNIVERSITY CONTINUES IN ITS EFFORTS TO ENSURE ALL SUPPLEMENTARY WRITTEN COMMUNICATIONS

PERPETRATED BY AN INDIVIDUAL WITH CRIMINAL INTENT IN COLLUSION. WITH OTHERS ON A FEDERAL COOPERATIVE AGREEMENT ACTIVITY ON THAT A GREEMENT 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

efile GRAPHIC print - DO NOT	PROCESS	As Filed Da	ta -		DLN: 9	34931310	30997
SCHEDULE F Star (Form 990)	tement of	Activities (	Outside the Unit	ed States	•	OMB No 1545	5-0047
Denartment of the Treasury	·	Part IV, line ► Attach t	n answered "Yes" to Form 14b, 15, or 16. o Form 990. ınd ıts ınstructions is at w		m990.	201 Open to Pu	ublic
Name of the organization The George Washington University					<b>loyer ident</b> 0196584	ification numb	er
<b>General Informatio</b> Complete if the organ				14b.			
<ol> <li>For grantmakers. Does the and other assistance, the grants or used to award the grants or</li> <li>For grantmakers. Describe a assistance outside the Unite</li> <li>Activites per Region (The follows)</li> </ol>	antees' eligibil assistance? n Part V the oi d States	ity for the grai	nts or assistance, and rocedures for monitor	the selection	f its grant	<b>√ Yes</b> s and other	┌ No
(a) Region	<b>(b)</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 lists program service specific ty service(s) in	e, describe pe of	<b>(f)</b> Total expe for and inves in regio	stments
(1) See Add'l Data		region	region)				
(2)							
(3)							
(4)							
(5)							
Sa Sub-total     D Total from continuation sheets     to Part I	4	283					,977,000 ,336,000
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see	4	283		No 50082W	Cab-J.	393 ale F (Form 990	,313,000

<b>12:31:011</b> Grants and Other Assistance to Organizations or Entities Outside the United Stat	Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.
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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)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> 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)								

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . •

2

21

Schedule F (Form 990) 2015  Part III Grants and O		o Individuals	Outside the Unit	ted States, Complete	if the organization a	nswered "Yes" to Form 9	Page <b>3</b>
	e duplicated if addition						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDY ABROAD SCHOLARSHIPS	Central America and the Caribbean	20	141,000	EFT			
(2) STUDY ABROAD SCHOLARSHIPS	East Asia and the Pacific	150	1,451,000	EFT			
(3) STUDY ABROAD SCHOLARSHIPS	Europe (Including Iceland and Greenland)	620	6,620,000	EFT			
(4) STUDY ABROAD SCHOLARSHIPS	Mıddle East and North Afrıca	h 60	656,000	EFT			
(5) STUDY ABROAD SCHOLARSHIPS	North America	1	3,000	EFT			
(6) STUDY ABROAD SCHOLARSHIPS	Russia and the Newly Independent States	10	140,000	EFT			
(7) STUDY ABROAD SCHOLARSHIPS	South America	50	594,000	EFT			
(8) STUDY ABROAD SCHOLARSHIPS	South Asia	20	110,000	EFT			
(9) STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	60	484,000	EFT			
(10)							
(11)						1	

36110 27(181111 3	Greenland)					
(4) STUDY ABROAD SCHOLARSHIPS	Middle East and North Africa	60	656,000	EFT		
(5) STUDY ABROAD SCHOLARSHIPS	North America	1	3,000	EFT		
(6) STUDY ABROAD SCHOLARSHIPS	Russia and the Newly Independent States	10	140,000	EFT		
(7) STUDY ABROAD SCHOLARSHIPS	South America	50	594,000	EFT		
(8) STUDY ABROAD SCHOLARSHIPS	South Asia	20	110,000	EFT		
(9) STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	60	484,000	EFT		
( 10)						
(11)						
( 12)						
( 13)						
( 14)						
( 15)						
( 16)						
( 17)						

(18)

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

▼ Yes

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)

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)

✓ Yes No

Νo

### 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).

Return Reference	Explanation
Return Reference  SCHEDULE F, PART I, LINE 2	Explanation  GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS GW MAINTAINS A FORMAL SUBRECI PENT MONITORING POLICY WHICH APPLIES TO ALL SUBAWARDS ISSUED UNDER ALL SPONSORED PROJECTS AWARDED THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE ASSIGNED RESPONSIBILITY FOR CONDUCTI NG A PORTION OF GWS SPONSORED PROJECT WORK GW IS RESPONSIBLE TO THE SPONSOR FOR MANAGEMEN  T OF FUNDS AND FOR MEETING PERFORMANCE GOALS GW HAS INTERNAL PROCEDURES FOR ASSESSING THE SUBRECIPIENT ORGANIZATIONS FINANCIAL STATUS AND INTERNAL CONTROLS IN ORDER TO DETERMINE W HETHER TO PROCEED WITH THE SUBRECIPIENT BASED ON THE ASSESSMENT. TERMS AND CONDITIONS ARE ESTABLISHED IN THE SUBAWARD A GREEMENT TO BE CONSISTENT WITH THE LEVEL. OF PERCEVED RISK A ND IDENTIFY SPECIFIC MONITORING ACTIVITIES GW UNDERTAKES CERTAIN ACTIVITIES TO MONITOR SU BRECIPIENTS TO PROVIDE REASONABLE ASSURANCE THAT THEY ADMINISTER, PERFORM AND ARE IN COMPL. IANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND ARE IN COMPL. IANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND ARE IN COMPL. IANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND ARE IN COMPL. IANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME AWARD AND RESPONSIBILITIES AT GW AND INCLUDE, BUT ARE NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, DEPARTMENT ADMINISTRATORS, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS. THE FINANCIAL ADDITIONS ASSISTANCE THE UNIVERS TY'S GRANTS AND OTHER ASSISTANCE THE INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRI TERM FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERS TY'S GRANTS AND OTHER ASSISTANCE ARE INTIALTY CREDITED DIRECTLY TO THE STUDENTS ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUTTION, FEES, ROOM AND BOARD, AND/ OR TEXTBOOK CHARGES A CHANGE IN ENFOLLEMENTS THE BALANCE OF A ID IN EXCESS OF THE ABO

## **Additional Data**

Europe (Including Iceland

and Greenland)

Software ID: Software Version:

89

EIN: 53-0196584

Name: The George Washington University

EDUCATION AND

RESEARCH

17,307,000

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

3

(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		4	Program Services	EDUCATION AND RESEARCH	714,000
East Asia and the Pacific		17	· · · J · · · · · · · · · · · · · · ·	EDUCATION AND RESEARCH	4,853,000

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Africal Program Services EDUCATION AND 2,152,000 RESEARCH North America lProgram Services IEDUCATION AND 3,429,000 RESEARCH

Program Services

IEDUCATION AND

RESEARCH

574,000

61

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

Russia and the Newly

Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) South America Program Services **EDUCATION AND** 2,053,000 RESEARCH South Asia IProgram Services IEDUCATION AND 661.000 RESEARCH Sub-Saharan Africa Program Services **IEDUCATION AND** 3,394,000

RESEARCH

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe region agents in specific type of service region program services. grants to recipients (s) in region located in the region) Central America and the Fundraising 6,000 Caribbean East Asia and the Pacific 112,000 lFundraising

Fundraising

119,000

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

Europe (Including Iceland

and Greenland)

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) Middle East and North Fundraising 33,000 Africa North America Fundraising 16,000

Fundraising

6,000

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

Sub-Saharan Africa

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) Central America and the Investments 323,443,000 Caribbean East Asia and the Pacific 9.105.000 Investments

Investments

19,773,000

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

Europe (Including Iceland

and Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) North America Investments 5,563,000

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa ISUBAWARD 385,000 EFT

	Sub-Saharan Africa	SUBAWARD	16,000	EFT	
	East Asia and the	SUBAWARD	211,000	EFT	

SUBAWARD

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Pacific South America

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Middle East and ISUBAWARD 60.000 EFT North Africa South America ISUBA WARD 28,000 EFT

279,000 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

Iceland and Greenland)

Europe (Including

SUBAWARD

SUBAWARD

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa ISUBAWARD 40,000 EFT Sub-Saharan Africa SUBAWARD 40,000 EFT

17,000 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

East Asia and the

Sub-Saharan Africa

Pacific

ISUBA WARD

SUBAWARD

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region ' (d) Purpose of grant | cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) East Asia and the ISUBAWARD 117.000 EFT Pacific

1,259,000 EFT

	i dellie					
	Europe (Including	SUBAWARD	168,000	EFT		
	Iceland and					
	Greenland)					

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

North America

ISUBAWARD

ISUBA WARD

(g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) East Asia and the ISUBAWARD 141.000 EFT Pacific

(I) Method of

	Sub-Saharan Africa	SUBAWARD	8,000	EFT		
	Europe (Including	SUBAWARD	22,000	EFT		
	Iceland and					

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Greenland)

the Caribbean

Central America and

ISUBA WARD

(b) IRS code

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) South America ISUBA WARD 16,000 EFT Europe (Including ISUBAWARD 30.000 EFT

7.000 EFT

Form 990 Schedule F Part II - Grants or Entities Outside The United States

ISUBAWARD

Iceland and Greenland) East Asia and the

Pacific

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

DLN: 93493131030997

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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

Open to Public

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization

Inspection

Employer identification number The George Washington University 53-0196584

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

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

- **▼** Solicitation of non-government grants
  - ∇ Solicitation of government grants
  - ▼ Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising ✓Yes No 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

(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No																											
1 CHAD GOBEL ASSOCIATES 16 W MARKET STREET 2ND FLOOR WEST CHESTER, PA	STRATEGIC PLANNING		No		175,672	-175,672																								
19382																														
2 RUFFALO NOEL LEVITZ 65 KIRKWOOD NORTH RD SW CEDAR RAPIDS, IA	TELE FUNDRAISING		No	99,166	153,989	-54,823																								
52404	0)/50411																													
3 GRENZEBACH GLIER AND ASSC 401 NORTH MICHIGAN AVE SUITE 2800	OVERALL STRATEGY		No		103,635	-103,635																								
CHICAGO, IL 60611																														
4 HEATON SMITH GROUP 1380 W PACES FERRY RD NW ATLANTA, GA 30327	PLANNED GIVING		No	1,200,000	102,490	1,097,510																								
5 THE STELTER COMPANY 10435 NEW YORK AVE DES MOINES, IA 50322	DESIGN CONSULTING		No		61,747	-61,747																								
6 SLOANE CORRIN HURST 7207 13TH AVE TAKOMA PARK, MD 20912	STRATEGIC PLANNING		No		40,000	-40,000																								
7 HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	STRATEGY DIRECT SOLI		No	20,752	8,279	12,473																								
8																														
9																														
10																														
			<b>&gt;</b>	1,319,918	645,812	674,106																								

3 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

 $\mathsf{AK}, \mathsf{AR}, \mathsf{CT}, \mathsf{DC}, \mathsf{KS}, \mathsf{KY}, \mathsf{LA}, \mathsf{ME}, \mathsf{MD}, \mathsf{MA}, \mathsf{MI}, \mathsf{MN}, \mathsf{MS}, \mathsf{NH}, \mathsf{NJ}, \mathsf{NY}, \mathsf{ND}, \mathsf{OH}, \mathsf{OK}, \mathsf{OR}, \mathsf{SC}, \mathsf{VA}, \mathsf{WA}$ 

Part II	Fundraising	<b>Events</b>

Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross

	receipts greater than \$5,000.				<u>-</u>
		(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		DINNER (event type)	GOLF FUNDRASIER (event type)	(total number)	(add col (a) through col (c))
1e		(cross sype)	(crosses, per	(000001100000)	33. (3),
Reverne	1 Gross receipts	191,926	54,923		246,849
ш	2 Less Contributions	185,526	44,233		229,759
	3 Gross income (line 1 minus line 2)	6,400	10,690		17,090
	4 Cash prizes				
	5 Noncash prizes		2,851		2,851
S	6 Rent/facility costs	45,703	15,698		61,401
'nSe	7 Food and beverages		5,405		5,405
Expenses	8 Entertainment				
	9 Other direct expenses	3,974			3,974
Direct	10 Direct expense summary Add lines 4	through 9 in column (d	)		73,631
	11 Net income summary Subtract line 10	) from line 3, column (d	)		-56,541
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
8	1 Gross revenue				
Ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	│ Yes │ No	├ Yes <u> %</u> ├ No	☐ Yes         %           ☐ No	
	7 Direct expense summary Add lines 2	through 5 ın column (d	)		
	8 Net gaming income summary Subtrac	t line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat		•		Yes No
b	If"No," explain				
L0a	Were any of the organization's gaming lid	censes revoked, susper	nded or terminated during	the tax year?	
b	If "Yes," explain				

b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books	and red	cords	
	Name ►			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		☐Yes [	 No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an	d the		
	amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address of the third party			
	Name ►			
	Address ►			
16	Gaming manager information			

Name -Gaming manager compensation ► \$\_\_\_\_\_ Description of services provided Director/officer Employee Independent contractor

Mandatory distributions

license?

Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and

Explanation

FUNDRAISER AGREEMENTS THAT PROVIDE BOTH PAYMENTS FOR SERVICES AND

THERE WERE NO AGREEMENTS WITH FUNDRAISERS EXCLUSIVELY FOR EXPENSES

PAYMENTS FOR EXPENSES REQUIRE EXPENSES TO BE DOCUMENTED WITH RECEIPTS

Part IV

Is the organization required under state law to make charitable distributions from the gaming proceeds to

□Yes □No

tributions required under state law distributed to other exempt organizations

s	orspent	

Schedule G (Form 990 or 990-EZ) 2015

in the organization's own exempt activities during the tax year ▶ \$

	retain the state gaming
b	Enter the amount of dist

SCHEDULE G, PART I,

LINE 2B, COLUMN (V)

Return Reference

additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493131030997 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number The George Washington University 53-0196584 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

131

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

(a)Type of grant or assistance	( <b>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					
UNIV-AWARDED GRANTS, (1) SCHOLARSHIPS, AND ALLOCATIONS	10000	260,162,000								
(2) STIPENDS, PRIZES, AND AWARDS	3000	16,841,000								
					_					
Part IV Supplemental Informat	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Supplemental Informat	<b>Supplemental Information.</b> From the fill of mation and the fill of the fill o									

SCHEDULE I, PART I, LINE 2 GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS GW MAINTAINS A FORMAL SUBRECIPIENT MONITORING POLICY WHICH APPLIES TO ALL SUBAWARDS ISSUED UNDER ALL SPONSORED PROJECTS AWARDED. THE POLICY APPLIES TO SUBRECIPIENTS WHO ARE ASSIGNED RESPONSIBILITY FOR CONDUCTING A PORTION OF GWS SPONSORED PROJECT WORK GW IS RESPONSIBLE TO THE SPONSOR FOR MANAGEMENT OF FUNDS AND FOR MEETING PERFORMANCE GOALS GW HAS INTERNAL PROCEDURES FOR ASSESSING THE SUBRECIPIENT ORGANIZATIONS FINANCIAL STATUS AND INTERNAL CONTROLS IN ORDER TO DETERMINE WHETHER TO PROCEED WITH THE SUBRECIPIENT BASED ON THE ASSESSMENT, TERMS AND CONDITIONS ARE ESTABLISHED IN THE SUBAWARD AGREEMENT TO BE CONSISTENT WITH THE LEVEL OF PERCEIVED RISK AND IDENTIFY SPECIFIC MONITORING ACTIVITIES GW UNDERTAKES CERTAIN ACTIVITIES TO MONITOR SUBRECIPIENTS TO PROVIDE REASONABLE ASSURANCE THAT THEY ADMINISTER, PERFORM AND ARE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, TERMS AND CONDITIONS OF THE PRIME A WARD AND GWS SUBAWARD AGREEMENTS RISK ASSESSMENT AND AWARD MONITORING PROCEDURES ARE DEFINED BY ROLES AND RESPONSIBILITIES AT GW AND INCLUDE, BUT ARE NOT LIMITED TO, THE PRINCIPAL INVESTIGATOR, 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 GWON 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 HOME FOR THE HATCHET JOINT FUNDRAISING CAMPAIGN ONLY - GW AND HOME FOR THE HATCHET AGREE TO COLLABORATE ON THE JOINT FUNDRAISING EFFORTS. IN DOCUMENTATION OF ITS USE OF THE GRANT FUNDS, HOME FOR THE HATCHET AGREES TO SUBMIT ITS BUDGET, FINANCIAL STATEMENTS, AND MOST RECENT FORM 990 FILED WITH THE IRS TO GW ON AN ANNUAL BASIS GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES THE SYSTEM CHECKS THAT THE STUDENT IS STILL ENROLLED BEFORE ISSUING THE REFUND AT THE GRADUATE LEVEL, AWARDS ARE INITIATED, CHECKED TO ENSURE ELIGIBILITY AND APPROVED BEFORE AWARDS ARE OFFERED TO A STUDENT AND A STUDENT MUST ACCEPT THE AWARD BEFORE PAYMENT PROCESSES BEGIN QUALIFICATIONS FOR ENDOWMENT AWARDS ARE CHECKED AND THE MINIMUM REQUIREMENTS FOR AWARDS ARE CHECKED FOR EVERY ENDOWMENT AWARDEE PAPERWORK IS KEPT IN THE OFFICE FOR THREE YEARS AND THE AWARD LETTERS ELECTRONICALLY FOR FIVE YEARS OUR ELECTRONIC SYSTEMS, BANNER

SCHEDULE I, PART II

Return Reference

Explanation

AND EAS, HAVE THE RECORDS OF PAYMENTS

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**

or government

Software ID: Software Version:

**EIN:** 53-0196584

Name: The George Washington University

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) A mount of cash	(e) A mount of non-	(f) Method of valuation	(g) Description of
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	non-cash assistance

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

ACKCO INC 1616 E INDIAN SCHOOL ROAD PHOENIX,AZ 85004	46-0316645		651,000		SU BA WARD
ALBERT EINSTEIN COLL OF MEDICINE OF YESHIVA UNIV 1300 MORRIS PARK AVE BRONX,NY 10461	13-1624225	501(C)(3)	446,000		SUBA WARD
ALTARUM INSTITUTE 3520 GREEN CT ANN ARBOR,MI 48105	38-1983442		49,000		SUBA WA RD

assistance

(h) Purpose of grant

or assistance

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) AMERICAN INSTITUTE FOR 25-0965219 501(C)(3) 51,000 SUBAWARD RESEARCH 1000 Thomas leff St NW CHITE 200

Washington, DC 20007					
AMERICAN UNIVERSITY 4400 MASS AVE NW WASHINGTON, DC 20016	53-0196546	501(C)(3)	78,000		SUBAW

1110 VERMONT AVE NW WASHINGTON, DC 20005

WARD AMERICA'S PROMISE THE 54-1848713 501(C)(3) 96,000 SUBAWARD ALLIANCE OF YOUTH

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) ATLANTA RESEARCH AND 58-1857346 501(C)(3) 376,000 ISUBA WARD **EDUCATION FOUNDATION** INC 4 Executive Park East NE Atlanta, GA 30329 74-1613878 501(C)(3) 887,000 SUBAWARD

BAYLOR COLLEGE OF MEDICINE P O BOX 201361 HOUSTON, TX 77216

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

DALLAS, TX 75204

BAYLOR RESEARCH 75-1921898 501(C)(3) 408,000

SUBAWARD INSTITUTE 3310 LIVE OAK STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) BOSTON MEDICAL CENTER 04-3314093 501(C)(3) 105,000 ISUBA WARD CORPORATION ONE BOSTON MEDICAL CTD

PL BOSTON, MA 02118					
BOSTON UNIVERSITY	04-2103547	501(C)(3)	125,000		SUBAV

501(C)(3)

BREATHE DC INC

1310 Southern Ave SE Washington, DC 20032 27-3628781

BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON,MA 02215	04-2103547	501(C)(3)	125,000		SUBAWARD

30,000

SUBAWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 34-1018992 501(C)(3) 1,321,000 CASE WESTERN RESERVE SUBAWARD UNIVERSITY 10900 FUCLID AVE CLEVELAND, OH 44106 /ARD

CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY.MO 64117	43-1196944	482,000		SUBA WARD
CHANDLER CHICCO	13-3837881	7,000		SUBAWARD
CHANDLER CHICCO	13-303/001	7,000		DUDA WAKU

AGENCY

450 W 15TH ST 7TH FLOOR NEW YORK, NY 10011

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) CHILDRENS HOSP OF 23-1352166 501(C)(3) 531,000 SUBAWARD PHILADELPHIA 261E CIVIC CED DIVID

CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES,CA 90027	95-1690977	501(C)(3)	477,000		SUBA WA RD
PHILADELPHIA, PA 19104					

3333 BURNET AVENUE CINCINNATI, OH 45229

CHILDRENS HOSPITAL 34-0714357 501(C)(3) 18,000 ISUBA WARD MEDICAL CENTER

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) CHILDRENS RESEARCH 52-1654453 501(C)(3) 491,000 SUBAWARD INSTITUTE 111 MICHIGAN AVE NW 010

SUBAWARD

ISUBA WARD

24,000

2,265,000

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

501(C)(3)

501(C)(3)

WASHINGTON, DC 20010
CINCINNATI CHILDRENS
HOSPITAL
3333 BUDNET AVE

CINCINNATI, OH 45229

COLUMBIA UNIVERSITY

PO BOX 29789 NEW YORK, NY 10087 31-0833936

13-5598093

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 04-3355127 501(C)(3) 35,000 SUBAWARD COMMUNITY CATALYST INC 30 WINTER ST

BOSTON, MA 02108 COMMUNITY EDUCATION 52-1853388 501(C)(3) 38,000 GROUP 3233 PENN AVE SE

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

501(C)(3)

CORNELL UNIVERSITY

PO BOX 22 ITHICA, NY 14851 15-0532082

ISUBA WARD 1004 WASHINGTON, DC 20020

57,000

SUBAWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(C)(3) 1,148,000 DC PRIMARY CARE 52-1999196 SUBAWARD ASSOCIATION 1411 K ST NW STE 300 /ARD

WASHINGTON,DC 20005					
DUKE UNIVERSITY 2200 W MAIN STREET DURHAM,NC 27705	56-0532129	501(C)(3)	768,000		SUBA WARD
EMORY UNIVERSITY	58-0566256	501(C)(3)	142,000		SUBAWARD

PO BOX 935084 STE 820

ATLANTA, GA 31193

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FAMILY AND MED 52-1073362 501(C)(3) 303,000 SUBAWARD COUNSELING SERV INC 2041 MLK JR AVE WASHINGTON, DC 20020

FRED HUTCHINSON CANCER RSCH CTR 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	8,000		SUBAWARD
GENERAL ELECTRIC	14-0689340		350,000		SUBAWARD

GENERAL ELECTRIC COMPANY

1 REASERCH CIRCLE NISKAYUNA, NY 12309

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 54-0836354 VIRGINIA 56,000 GEORGE MASON SUBAWARD UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030 WARD

GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON,DC 20057	53-0196603	501(C)(3)	514,000		SUBAWARD
HEALTHCARE QUALITY	27-0655513		86,000		SUBAWARD

INSTITUTE

9483 RANCH PARK WAY ELK GROVE, CA 95624

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) HEALTHPARTNERS 41-1670163 501(C)(3) 441.000 ISUBA WARD INSTITUTE 8170 33RD AVE S MINNEAPOLIS, MN 55440 HILLELL AT THE GEORGE 52-6081729 501(C)(3) 797,000 DNT FUND CAMP WASHINGTON UNIVERSITY INC 2300 H STREET NW WASHINGTON, DC 20037 HOME FOR THE HATCHET 45-1539404 501(C)(3) 18,000 DNT FUND CAMP

INC

4710 41ST ST NW STE D WASHINGTON, DC 20016

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HOSPITAL FOR SPECIAL 13-1624135 501(C)(3) 16,000 SUBAWARD CHDCEDY

ISUBA WARD

535 E 70TH STREET NEW YORK,NY 10021					
HOWARD UNIVERSITY 525 BRYANT ST NW	53-0204707	501(C)(3)	599,000		SUBA WARD

288,000

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

501(C)(3)

WASHINGTON, DC 20059

414 EAST DIAMOND AVE GAITHERSBURG, MD 20877

IDENTITY

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 35-6001673 INDIANA 528,000 INDIANA UNIVERSITY ISUBA WARD 400 E 7TH ST POPLARS BLOOMINGTON, IN 47405 INST FOR PUBLIC HEALTH 46-3039129 501(C)(3) 91,000 SUBAWARD

INST FOR PUBLIC HEALTH | 46-3039129 | 501(C)(3) | 91,000 | SUBAWARD | 1301 CONN AVE NW | WASHINGTON, DC 20036 | INSTITUTE FOR CLINICAL | 52-1336656 | 501(C)(3) | 422,000 | SUBAWARD | SUBA

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

RESEARCH PO BOX 29545

WASHINGTON, DC 20017

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) INTERNATIONAL DIABETES 41-0961862 438,000 SUBAWARD CENTER PO BOX 16115 WARD

SUBAWARD

MINNEAPOLIS, MN 55416	
J CRAIG VENTER 52-1842938 501(C)(3) INSTITUTION 9704 MEDICAL CTR DRIVE ROCKVILLE, MD 20850	98,000 SUBAV

1,323,000

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

501(C)(3)

52-0595110

10 HNS HOPKINS

3910 KESWICK ROAD BALTIMORE, MD 21211

UNIVERSITY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) JOSLIN DIABETES CENTER 04-2203836 501(C)(3) 268,000 SUBAWARD INC ONE JOSLIN PLACE BOSTON, MA 02215 VARD

KAISER FOUNDATION	94-1105628	501(C)(3)	1,270,000		SUBAWA
RESEARCH INSTITUTE					
1800 HARRISON ST 16TH					
FL					
OAKLAND,CA 94612					

SUBAWARD

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

501(C)(3)

LA CLINICA DEL PUEBLO

2831 15TH ST NW WASHINGTON, DC 20009

INC

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 52-1023074 501(C)(3) 495,000 SUBAWARD LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA RD NW WASHINGTON.DC 20009 /ARD

LOUISIANA STATE UNIVERSITY 6400 PERKINS ROAD BATON ROUGE,LA 70808	72-6000848	LOUISIANA	312,000		SUBAWARD
MARSHFIELD CLINIC RSCH	39-0452970	501(C)(3)	20,000		SUBAWARD

FOUNDATION 1000 NOAKAVE MARSHFIELD, WI 54449

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) MARYS CTR MATERNAL AND 52-1594116 501(C)(3) 329,000 ISUBAWARD CHILD CARE 2333 ONTARIO RD NW WARD

SUBAWARD

_WASHINGTON,DC 20009					
MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829	04-2697983	501(C)(3)	1,269,000		SUBAW

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

501(C)(3)

BOSTON, MA 02241

MCLEAN HOSPITAL

115 MILL ST BOSTON, MA 02478

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 52-2220700 501(C)(3) 1.056.000 UNT FUND CAMP MEDICAL FACULTY ASSOCIATES INC 2021 K ST NW STE 600 VARD

MEDCTAR HEALTH	F2 6056374	E01/CV2V	1 207 000		CLID A M/A
MEDICAL FACULTY ASSOCIATES INC 2021 K ST NW STE 600 WASHINGTON,DC 20052	52-2220700	501(C)(3)	2,960,000		SUBA WA
WASHINGTON, DC 20052					

BOSTON, MA 02241

ISUBA WARD MEDSTAR HEALTH 52-60562/4 501(C)(3) 1,39/,000 RESEARCH INSTITUTE PO BOX 418223

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) METRO HEALTH INC 52-1556535 501(C)(3) 392,000 ISUBA WARD 1012 14TH STREET NW WASHINGTON.DC 20005 SUBAWARD

SUBAWARD

MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L LEVY PL NEW YORK,NY 10029	13-6171197	501(C)(3)	409,000		
N TONIC INC	95-4862323		1 316 000		

VALLEY VILLAGE, CA

91602

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

11636 RIVERSIDE DR

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NASA LANGLEY RESEARCH 54-0515603 FEDERAL 53,000 SUBAWARD CENTER BLDG 1111 C RD STENNIS SPACE CTR.MS

39529					
NATIONAL LEGAL AID & DEFENDER ASSOCIATION 1901 PENN AVE NW WASHINGTON, DC 20006	36-2337880	501(C)(3)	10,000		SUBA WARD
		1		1	

ISUBAWARD

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

501(C)(3)

NATI CENTER FOR

**CREATIVE AGING** 4125 ABLEMARLE ST NW WASHINGTON, DC 20016

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) NETWORK FOR REGIONAL 45-1754340 501(C)(3) 38,000 SUBAWARD HEALTHCARE IMPROVEMENT ARD

217 COMMERCIAL STREET PORTLAND, ME 04104					
NEW YORK UNIVERSITY 105 E 17TH STREET NEW YORK,NY 10003	13-5562308	501(C)(3)	69,000		SUBA WA F

SUBAWARD

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

MICHIGAN

NORTHERN MICHIGAN 38-6029206 UNIVERSITY

1401 PRESQUE ISLE AVE MARQUETTE, MI 49855

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 36-2167817 501(C)(3) 596,000 NORTHWESTERN ISU BA WARD UNIVERSITY 633 CLARK ST RM G547 VARD

EVANSTON,IL 60208					
NWRPCA 200 W Thomas St ste 330 Seattle, WA 98119	91-1252785	501(C)(3)	87,000		SUBA WA

SUBAWARD

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

501(C)(3)

OHIO STATE UNIV RSCH 31-6401599

FOUNDATION 1960 KENNY RD COLUMBUS, OH 43210

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) OREGON HEALTH 93-1176109 OREGON 842,000 SUBAWARD SCIENCES UNIVERSITY 0690 SW BANFROFT STREET PORTLAND, OR 97239 RD

PACIFIC HEALTH	99-0312283	501(C)(3)	627,000		SUBAWAR
RESEARCH & EDU INSTITUTE					
3375 KOAPAKA STREET					
HONOLULU,HI 96819					

ISUBAWARD

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

PENNSYLVANIA

PENNSYLVANIA STATE

STATE COLLEGE, PA 16802

UNIVERSITY 227 BEAVER AVE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) POLICY STUDIES 52-1265755 298,000 SUBAWARD ASSOCIATES INC 1718 CONN AVE NW

DDOWIDENCE HEALTH		== (= ) (= )	40.000		
MORGANTOWN,WV 26505					
955 HARTMAN RUN ROAD					
PROTEA BIOSCIENCES INC	52-2328803		147,000		SUBAWAR
WASHINGTON, DC 20009					

PROVIDENCE HEALTH 52-1275583 42,000 501(C)(3)

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

ISUBA WARD

FOUNDATION 1150 VARNUM STREET NE WASHINGTON, DC 20017

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) PROVIDENCE HOSPITAL 38-1358212 501(C)(3) 151,000 ISUBA WARD 1150 VARNUM ST NE WASHINGTON.DC 20017 /ARD

RESEARCH FOUNDATION OF SUNY PO BOX 9 _ALBANY,NY 12201	14-1368361	501(C)(3)	878,000		SUBAWARD
RESEARCH INSTITUTE AT	31-6056230	501(C)(3)	33,000		SUBAWARD

NATIONWIDE DEPT 781653 DETROIT, MI 48278

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) RESOURCES ONLINE LLC 93-1170591 350,000 SUBAWARD 3530 BAGLEY AVE N PO BOX 78000

CLINICAL RESEARCH 1100 OLIVE WAY SEATTLE, WA 98101

SEATTLE,WA 98103					
ROOT CAUSE INSTITUTE 11 Avenue de Lafayette Boston, MA 02111	20-0703238	501(C)(3)	10,000		SUBA WARD
SEATTLE INST FOR BIOMEDICAL AND	91-1452438	501(C)(3)	416,000		SUBA WARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOUTH FLORIDA VA FDN 65-0207903 501(C)(3) 539,000 SUBAWARD FOR RESEARCH AND EDUC INC 1201 NW 16TH STREET SUITE 940 /ARD

MIAMI,FL 33125					
SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE 2A103	37-6005961	ILLINOIS	200,000		SUBA WA I
CARBONDALE,IL 62902					
<del>_</del>					

SUBAWARD

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

501(C)(3)

SRIINTERNATIONAL 333 RAVENSWOOD AVE

MENLO PARK, CA 94025

BOX 3697

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 43-0654872 501(C)(3) 210,000 ST LOUIS UNIVERSITY ISU BA WARD 3700 W PINE MALL ST LOUIS, MO 63108 WARD

ISUBA WARD

ST LUKES ROOSEVELT HOSPITAL CENTER	13-2997301	501(C)(3)	229,000		SUBAW
150 E 42nd St 5th Fl					
STE 357					
New York, NY 10017					

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

501(C)(3)

94-1156365

STANFORD UNIVERSITY

1265 WELCH ROAD STANFORD, CA 94301

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 15-0532081 501(C)(3) 65,000 SYRACUSE UNIVERSITY ISUBA WARD 102 ARCHBOLD NORTH MSOB X359 VARD

SYRACUSE,NY 13244					
TEMPLE UNIVERSITY PO BOX 824242 PHILADELPHIA,PA 19182	23-1365971	501(C)(3)	531,000		SUBA WA
THE DIAN FOCCEV CODILIA	F2 11100CC	E01(C)(2)	17.000		CLID A M/A

800 CHEROKEE AVE SE ATLANTA, GA 30315

SUBAWARD THE DIAN FOSSEY GORILLA 52-1118866 501(C)(3) 1/,000 FUND INTL INC

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 06-1540513 501(C)(3) 100,000 THE PARTNERSHIP FOR IFELLO W A WD PUBLIC SERVICE 1100 NY AVE NW 200 E THE WOMENS COLLECTIVE 52-1929922 501(C)(3) 173,000 SUBAWARD

WASHINGTON, DC 20005 1331 RHODE ISLD AVE NE WASHINGTON, DC 20018 THIRD SECTOR CAPITAL 46-1301032 10,000 SUBAWARD

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

PARTNERS INC. 200 CLARENDON ST BOSTON, MA 02116

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 23-1352651 501(C)(3) 212,000 SUBAWARD THOMAS JEFFERSON UNIVERSITY 170 SINDEPEN MALL W

9TH FLOOR PHILADELPHIA,PA 19106					
TUFTS NEW ENGLAND MED CENTER 800 WASHINGTON ST	04-3400617	501(C)(3)	56,000		SUBA WA RD

SUBAWARD

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

BOSTON, MA 02111 UNITED MEDICAL CENTER

1310 SOUTHERN AVE SE WASHINGTON, DC 20032

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) UNITY HEALTH CARE INC 52-1572431 501(C)(3) 216.000 SUBAWARD 1220 12TH ST SE WASHINGTON.DC 20003 MARYLAND 18.000 SUBAWARD

ISUBA WARD

726,000

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

TEXAS

UNIV OF MARYLAND	52-6002033	
BALTIMORE CO		
PO BOX 41428		
STE 120		
BALTIMORE, MD 21203		
UNIV OF TEXAS	75-6002868	

SOUTHWESTERN PO BOX 841765 DALLAS,TX 75284

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIV TEXAS HEALTH 74-1586031 TEXAS 413,000 SUBAWARD SCIENCE CTR 7703 FLOYD CURL DR SAN ANTONIO, TX 78229

_	UNIV TEXAS MEDICAL BRANCH IMH PO BOX 4786 LOCKBOX 750 HOUSTON,TX 77210	74-6000949	TEXAS	277,000		SUBA WARD
	UNIVERSITY OF ALABAMA	63-6005396	ALABAMA	907,000		SUBAWARD

BIRMINGHAM 701 20TH ST SOUTH BIRMINGHAM, AL 35294

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance UNIVERSITY OF ARIZONA 74-2652689 ARIZONA 17,000 SUBAWARD 1303 F UNIVERSITY BLVD THECOM AT DETIC /ARD

10CSON,AZ 85/19					
UNIVERSITY OF ARKANSAS PO BOX 1404 FAYETTEVILLE,AR 72701	71-6003252	ARKANSAS	21,000		SUBAWARD
UNIVERSITY OF CA	94-6002123	CALIFORNIA	71,000		SUBAWARD

BERKELEY

2195 HEARST AVENUE BERKELEY, CA 94720

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIVERSITY OF CA IRVINE 95-2226406 CALIFORNIA 307,000 SUBAWARD 3200 EDUCATION BUILDING IRVINE, CA 92697 78 000 LINIVERSITY OF CA SAN 95-6006144 CALTECRNIA SHRAWARD

DIEGO 9500 GILMAN DR MC-0954 LA JOLLA,CA 92093	33 0000111	CALIFORNIA.	, 0,000		SO BA WARD
UNIVERSITY OF CA SAN FRANCISCO BOX 0897	94-6036493	CALIFORNIA	75,000		SUBAWARD

SAN FRANCISCO, CA

94143

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) UNIVERSITY OF CHICAGO 36-2177139 501(C)(3) 50.000 SUBAWARD 6054 S DREXEL AVE CHICAGO, IL 60637 ARD

SUBAWARD

UNIVERSITY OF CINCINNATI	31-6000989	оню	405,000		SUBA WA F
PO BOX 932641 STE 300					
CLEVELAND,OH 44193					

1,253,000

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

COLORADO

84-6000555

UNIVERSITY OF

COLORADO PO BOX 910220 DENVER, CO 80291

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 58-6001998 GEORGIA 23,000 UNIVERSITY OF GEORGIA ISUBAWARD 240A RIVERBEND RD ATHENC CA 20002 WARD

ISUBA WARD

ATHENS,GA 30602					
UNIVERSITY OF HOUSTON	74-6001399	TEXAS	46,000		SUBAWA
PO BOX 988					
BOX 5333					i

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

ILLINOIS

HOUSTON, TX 77001

P O BOX 4610

UNIVERSITY OF ILLINOIS

SPRINGFIELD, IL 62708

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance 42-6004813 IO WA 531.000 UNIVERSITY OF IOWA ISU BA WARD B5 JESSUP HALL TOWA CITY IN EDDAD ARD

10 WA CITY, IA 52242					
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE,MD 21203	52-6002033	MARYLAND	94,000		SUBAWARD
UNIVERSITY OF	04-3167352	MASSACHUSETTS	297,000		SUBAWARD

MASSACHUSETTS 55 LAKE AVE NORTH WORCESTER, MA 01655

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) UNIVERSITY OF MIAMI 59-0624458 501(C)(3) 25.000 SUBAWARD P O BOX 405803 ATLANTA, GA 30384 /ARD

UNIVERSITY OF MICHIGAN 5082 WOLVERINE TOWER ANN ARBOR,MI 48109	38-6006309	MICHIGAN	377,000		SUBAWARD
UNIVERSITY OF	41-6007513	MINNESOTA	2,277,000		SUBAWARD

MINNESOTA

NW 5957 PO BOX 1450 MINNEAPOLIS, MN 55485

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) UNIVERSITY OF NEBRASKA 47-0491233 NEBRASKA 532,000 SUBAWARD 2200 VINE STREET LINCOLN.NE 68198 /ARD

UNIVERSITY OF NEW MEXICO MSC09 5225 1 ALBUQUERQUE,NM 87131	85-6000642	NEW MEXICO	704,000		SUBAWARD
UNIVERSITY OF NORTH	56-6001393	NORTH CAROLINA	608,000		SUBAWARD

CAROLINA

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

104 AIRPORT DR CHAPEL HILL, NC 27599

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 73-6017987 OKLAHOMA 359,000 SUBAWARD UNIVERSITY OF OKLAHOMA RM 228 BOX 26901 OKLAHOMA CITY OK

73190					
UNIVERSITY OF OREGON PO BOX 3237 EUGENE,OR 97403	93-6001786	OREGON	128,000		SUBAV

PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251

WARD UNIVERSITY OF 25-0965591 501(C)(3) 415,000 SUBAWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 74-1761309 TEXAS 569,000 UNIVERSITY OF TEXAS ISUBA WARD PO BOX 301418 DALLAS.TX 75303 74-1761309 ISUBA WARD

ISUBA WARD

TEXAS UNIV OF TX HEALTH SCI 371.000 CTR AT HOUSTON 7000 FANNIN STREET

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

87-6000525

201 S PRES CIR

SALT LAKE CITY, UT 84112

HOUSTON, TX 77030 UNIVERSITY OF UTAH UTAH 889,000

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) UNIVERSITY OF VIRGINIA 54-6001796 VIRGINIA 30,000 SUBAWARD PO BOX 800863 CHARLOTTESVILLE, VA 22908 VARD

UNIVERSITY OF WASHINGTON 1100 NE 45TH ST STE 300 SEATTLE,WA 98105	91-6001537	WASHINGTON	1,007,000		SUBAWARD
UNIVERSITY OF WISCONSIN SYSTEM	39-6006492	WISCONSIN	215,000		SUBAWARD

21 N PARK STREET STE

MADISON, WI 53725

6401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(C)(3) 276,000 US HELPING US PEOPLE 52-1628279 SUBAWARD INTO LIVING INC 3636 GEORGIA AVENUE NW WARD

WASHINGTON, DC 20010					
VANDERBILT UNIVERSITY 512 KIRKLAND HALL NASHVILLE,TN 37240	62-0476822	501(C)(3)	582,000		SUBAWARD
VANDERBILT UNIVERSITY	35-2528741		105,000		SUBAWARD

MEDICAL CENTER 1161 21ST AVE S NASHVILLE, TN 37232

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VETERANS MEDICAL 33-0189397 501(C)(3) 433,000 SUBAWARD RESEARCH FOUNDATION OFSD 3350 LA JOLLA VILL DR SAN DIEGO CA 92161 /ARD

SKIN DIEGO, CK 32101					
VIRGINIA COMMONWEALTH UNIVERSITY BOX 843035 RICHMOND,VA 23284	54-6001758	VIRGINIA	94,000		SUBA WA RD
VISONARY CONSULTING	26-2736634		9,000		SUBAWARD

PARTNERS LLC 4031 UNIV DR FAIRFAX INN CTR, VA

22030

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance WAKE FOREST UNIVERSITY 56-0532138 501(C)(3) 37,000 SUBAWARD MEDICAL CENTER BLVD WINSTON SALEM, NC WARD

27157					
WAKE FOREST UNIVERSITY	22-3849199	501(C)(3)	229,000		SUBAW
HEALTH					
525 AT VINE 5TH FL					
WINSTONSALEM, NC					

ST LOUIS, MO 63112

WINSTONSALEM,NC 27157					
WASHINGTON UNIVERSITY 700 ROSEDALE AVE	43-0653611	501(C)(3)	949,000		SUBAWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) WEILL MEDICAL COLLEGE 13-1623978 501(C)(3) 19,000 ISUBA WARD 575 LEXINGTON AVE NEW YORK NY 10022 WARD

NEW TORK, NT 10022					i
WHITMAN WALKER HEALTH 1701 14TH ST NW 9TH FL	52-1122122	501(C)(3)	215,000		SUBA WA
WASHINGTON, DC 20009					

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

HOSPITAL OF RI 101 DUDLEY ST

PROVIDENCE, RI 02905

501(C)(3) 486,000 WOMEN & INFANTS 05-0258937 SUBAWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) SUBAWARD

SUBAWARD

793.000

WORKCRED INC	47-1467778	501(C)(3)	239,000	
1899 L ST NW 11th Fl				
Washington, DC 20036				

501(C)(3)

06-0646973

YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520

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

**Compensation Information** 

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

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

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

DLN: 93493131030997 OMB No 1545-0047

2015

Open to Public Inspection

Treasury

Department of the

Schedule J (Form 990)

nterr	nal Revenue Service						
	me of the organization			Employer identification	on nur	nber	
ine	e George Washington University			53-0196584			
Pa	rt I Questions Regarding Compensation						
						Yes	No
1a	Check the appropiate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr						
	First-class or charter travel	<b>▽</b>	Housing allowance or residence fo	r personal use			
	▼ Travel for companions	Г	Payments for business use of pers	onal residence			
	▼ Tax idemnification and gross-up payments	<b>~</b>	Health or social club dues or initia	ition fees			
	Discretionary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)	l I		
b	If any of the boxes in line 1a are checked, did the organizereimbursement or provision of all of the expenses describ				1b	Yes	
2	Did the organization require substantiation prior to reimbudirectors, trustees, officers, including the CEO/Executive		· · · · · · · · · · · · · · · · · · ·	'	2	Yes	
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that apused by a related organization to establish compensation	ply	Do not check any boxes for metho	ods			
	▼ Compensation committee	<b>▽</b>	Written employment contract				
	✓ Independent compensation consultant	<b>▽</b>	Compensation survey or study				
	Form 990 of other organizations	<b>▽</b>	Approval by the board or compens	ation committee			
4	During the year, did any person listed on Form 990, Part vor a related organization	VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control paym	ent	.7		4a	Yes	
b	Participate in, or receive payment from, a supplemental n	onq	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based of	con	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the	e applicable amounts for each item	ın Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of		·	any			
а	The organization?				5a	Yes	
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a	, did the organization pay or accrue	any			
а	The organization?				<b>6</b> a		Νo
b	Any related organization?				6b		No
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descri			on-fixed	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid of subject to the initial contract exception described in Regular Part III		•		8		No
0	If "Voc" on line 9, did the organization also follow the robi		bla programation progradure describ	ad in Dagulations			

section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳			
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.								
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·				
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in			

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(i) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

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

DINAH SHELTON RECEIVED A PAYMENT IN THE AMOUNT OF \$505,522 FOR A BUY-OUT OF TENURE

SCHEDULE J. PART I. LINE 1A

Schedule J (Form 990) 2015

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 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 HIGHEST COMPENSATED EMPLOYEE. THE MEMBERSHIPS ARE USED PREDOMINANTLY FOR

SCHEDULE J, PART I, LINE 4A SCHEDULE J, PART I, LINE 4B

SCHEDULE J, PART I, LINE 5

SCHEDULE J, PART I, LINE 7

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

CONSIDERATION

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

IS PAID FOR THE MANAGEMENT, DEVELOPMENT, AND PARTICIPATION IN EDUCATIONAL PROGRAMS

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

TWO PERSONS LISTED ARE PAID ADDITIONAL COMPENSATION BASED ON THE GROSS REVENUE OF PROGRAMS. THE ADDITIONAL AMOUNT

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

UNIVERSITY BUSINESS PURPOSES THE ABOVE BENEFITS WERE TREATED AS TAXABLE COMPENSATION WHEN APPROPRIATE

401(a) PLAN AND WHO EARN COMPENSATION IN EXCESS OF THE CAP WITH CONTRIBUTIONS TO A NONQUALIFIED DEFERRED

\$30,467 LYNN GOLDMAN - \$87,544 (\$19,948 CURRENT YEAR) PAUL SCHIFF BERMAN - \$2,089 JAMES L SCOTT - \$13,582

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 CODES CAP ON AN EMPLOYEES COMPENSATION (\$265.000 FOR 2015) AND THE CONTRIBUTION LIMITS FOR DEFINED CONTRIBUTION PLANS, THE UNIVERSITY PROVIDES ALL EMPLOYEES WHO PARTICIPATE IN THE

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 - \$47,081 LOUIS H KATZ - \$34,959 STEVEN LERMAN - \$198,004 (\$38,272 CURRENT YEAR) FORREST MALTZMAN - \$7,037 BETH NOLAN - \$26,487 JEFFREY S AKMAN - \$50,272 LEO M CHALUPA - \$17,920 ARISTIDE COLLINS - \$3,917 DAVID P |STEINOUR - \$7,461 BLAKE D MORANT - \$20,700 SHAHRAM SARKANI - \$62,326 MICHAEL LONERGAN - \$43,500 THOMAS MAZZUCHI -

UNIVERSITY ALSO ENGAGES ITS INTERNAL AUDITORS TO PERFORM SPECIFIC PROCEDURES TO DETERMINE WHETHER (1) MANAGEMENT'S

### 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 (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(I)-(D) column (B) (i) (ii) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation ıncentive reportable compensation compensation 1STEVEN KNAPP (1) 127,206 87,714 26,500 100,480 1,251,055 0 PRESIDENT - EX OFFICIO (11) 1LOUIS H KATZ EXECUTIVE VP & TREASURER (1) 790,854 129,122 85,064 26,500 11,234 1,042,774 0 (11) STEVEN LERMAN - THRU 618,262 (1) 76,918 227,775 26,500 100,956 1,050,411 159,732 2122015 PROVOST & EVP ACADEMIC (11) **AFFRS** FORREST MALTZMAN-AS OF 307,692 (1) 0 0 25,827 26,500 22,778 382,797 **3**12016 INTRM PROVOST & EVP ACAD (11) 4BETH NOLAN (1) 503,828 48,051 0 86.276 26.500 18.436 683.091 SR VP & GENERAL COUNSEL (11) 5JEFFREY S AKMAN (1) 742,173 926,253 0 76,773 70,594 26,500 10,213 VP FOR HLTH AFFRS/DEAN (II) 6LEO M CHALUPA 419,653 (1) 64,409 45,684 26,500 15,656 571,902 0 VP FOR RESEARCH (11) 7ARISTIDE COLLINS VP FOR DEVELOPMENT 480,320 (1) 51,450 18,782 30,417 9,23 590,200 0 (11 8DAVID P STEINOUR CHIEF INFORMATION 319,090 (I)44,99 26,957 26,500 8,042 425,586 OFFICER 9BEN VINSON IIIDEAN, CCAS (1) 377,300 12,098 26,500 8,237 424,13 10BLAKE D MORANT (1) 444,068 0 16,719 577,490 C 69,503 47,200 DEAN, LAW SCHOOL (11) 11SHAHRAM SARKANI 858,376 (1) 82,648 26,500 24,810 992,334 DIRECTOR & PROFESSOR OF EMSE (11) 12MICHAEL LONERGAN MEN'S BASKETBALL COACH (1) 669,618 20,000 30,156 70,000 22,259 812,033 0 (11) DINAH SHELTON - THRU (1) 164,011 0 506,739 3,138 690,491 16,603 1362015 PROFESSOR EMERITUS OF (11) 14THOMAS A MAZZUCHI CHAIR, DEPT OF (1) 543.718 0 50,789 26,500 20,829 0 641,836 ENGINEERING (11) 15LYNN GOLDMAN (1) 444.533 0 108,831 26,500 2,767 582,631 0 DEAN, MILKEN INST PUBLIC (11) 16ROBERT CHERNAK (1) 92,429 0 12,031 10,000 17,010 131,470 0 FORMER SR VP SAAS (11) 17PAUL SCHIFF BERMAN (1) 487,857 5,000 18,749 28.589 25,654 565,849 0 FORMER DEAN, LAW SCHOOL [(ii) 18JAMES L SCOTT FORMER DEAN, SCHOOL MED/HLTH 375,188 (1 74 34,358 26,500 14,815 450,935 0 (11) 19GREGORY E MAGGS FORMER INTRM DEAN, LAW 260.815 (1) 24,371 14,736 300,460 SCHOOL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(ı)-(D) column (B) (iii) compensation reported as deferred Base Bonus & Other on prior Form 990 Compensation reportable incentive compensation compensation 161,209 3,688 16,205 17,932 199,034

21MARGUERITE BARRATT	
FORMER DEAN, CCAS	

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**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.

DLN: 93493131030997 OMB No 1545-0047

2015

(Form 990 or 990-EZ)

Schedule L

epartment of the reasury nternal Revenue Se	rvice	►TI	nrormation a	about Sched		990 or 990-E2) <u>ov /form990</u> .	and its instru	ctions	is at			en to Pu Ispecti	
Name of the ord The George Washi	ganization	,									fication	n number	
						ection 501(c)(		)(29)		zations			
						Part IV, line 2							
<b>1 (a)</b> Nam	e of disquali	пеа р	erson	(b) Rei	•	ween disqualif rganization	ied person and	" ("	•	criptior saction	1 of	(d) Corr	No No
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4958 .			· · · ·				· · · ·			<b>▶</b> \$			
<b>3</b> Enter the a	mount of tax	, ıf ar	ny, on line 2,	above, reii	mbursed by t	he organizatioi	n			<b>&gt;</b> \$			
D		1/	. F		D								
	ans to and					0-EZ, Part V , I	ine 38a. or Fo	rm 99	0. Par	t IV. lir	ne 26. c	or if the	
					0, Part X, lin		,		,	,			
(-) N	(I-) D - I - 1	- l	(-)	(4)	<u> </u>		<b>(6)</b> D-1	()	T			7:334/	
(a) Name of Interested	(b) Relation with organization		(c) Purpose of	(d) Loan or from th		(e)O riginal principal	<b>(f)</b> Balance due	defa	In ult?	Appro		(i)Wrı agreen	
person			loan	organizatio	on?	amount				by boa		-	
				То	Erom	-	}	Yes	No	Yes	No	Yes	No
1)	FMR KEY EN	1 P I	SEE PART	10	From	100,000	18,446	165	No	Yes	110	Yes	NO
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otal			<u> </u>				18,446						
Part III Gra	ints or As:	sista e oro	ance Bene	efiting In	terested F	<b>Persons.</b> orm 990, Par	t IV line 27						
(a) Name of i			Relationshi			t of assistance			stance	- (e)	Purnos	se of ass	ıstance
perso			rested pers	•			(=, , , , , , , ,	. 4331		(0)	. 41903		.5 .41100
			organizat	tion									

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's
				Yes	No
FAMILY MEMBER OF FORREST (1) MALTZMAN	SEE PART V	126,678	EMPLOYMENT OF SPOUSE		No
FAMILY MEMBER OF PAUL SCHIFF (2) BERMAN	SEE PART V	320,599	EMPLOYMENT OF SPOUSE		No
				-	
Part V Supplemental Informat					

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

COLUMN B

Explanation

SCHEDULE L, PART II, LINE 1,

PURPOSE OF LOAN UPON RECRUITMENT AND RELOCATION, GW PROVIDED ASSISTANCE

COLUMNC WITH PURCHASE OF RESIDENCE

SCHEDULE L, PART IV, LINES 1-2,

1) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THE INDIVIDUAL IS A FAMILY MEMBER OF INTERIM OFFICER FORREST MALTZMAN 2)

RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THE INDIVIDUAL IS A FAMILY MEMBER OF FORMER KEY EMPLOYEE PAUL SCHIFF BERMAN

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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.

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

DLN: 93493131030997 OMB No 1545-0047

2015

Open to Public

Treas	rtment of the sury nal Revenue Service	▶Information al	oout Schedu	lle M (Form 990) and its ins	tructions is at <u>www.irs.go</u>	ov/fori		pen to Inspe		
Nam	ne of the organiza					Emplo	yer identificat	tion nu	mber	
ine (	George Washington U	niversity				53-01	96584			
Pa	rt I Types	of Property				33 01	70301			
			(a) Check If applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		<b>(d</b> Method of d oncash contrib	letermi	_	ts
1	Art—Works of an	t	Х	16	C					
2	Art—Historical t	reasures .								
3	Art—Fractional	nterests								
4 5	Books and publi Clothing and hou goods	usehold	X		247,713	FMV -	- APPR ORE:	ST		
6	Cars and other v									
7	Boats and plane	s								
8	Intellectual prop	perty								
9	Securities—Pub	licly traded .	Х	86	1,603,219	AVG	HI/LOW GIFT	DATE		
10	Securities—Clos	sely held stock .								
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14	Qualified conse	rvation								
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18	Collectibles .									
19	Food inventory									
20	Drugs and medi	• •								
21 22	Taxidermy .  Historical artifa									
23	Scientific specii									
	Archeological ai									
	Other►(		Х	13	33,870	FMV -	- APPR ORE:	ST		
ΕQι	JIPMENT )									
<u>0 T F</u>	Other►( HER)		Х	124	92,790	APPR	AISAL			
ADJ	Other►( TO LIFE INS ICIES )		X	1	78,742	NET	CASH VALUE			
	Other ▶ (	)								
	Number of Form			nızatıon durıng the tax yea 283, Part IV, Donee Ackno		29				6
	_								Yes	No
30a				e by contribution any prope			-			l
	it must hold for	at least three ye	ars from the	e date of the initial contribu	ition, and which is not requ	ired to	be used			Į
	for exempt purp	oses for the enti	re holding p	eriod?				30a		Νo
b	If "Yes," descr	be the arrangem	ent in Part 1	ΞΙ						Į
31	Does the organ	ızatıon have a gı	ft acceptand	ce policy that requires the i	review of any non-standard	contri	butions?	31	Yes	
32a	Does the organ		e third parti	es or related organizations	to solicit, process, or sell	noncas	;h	32a	Yes	\ 
22 b	If "Yes," descri		t an amount	un column (c) for a type of	property for which column	(2) 15 0	hackad	J20	, C3	

describe in Part II

Schedule M (Form 990) (2015)

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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.

OMB No. 1545-0047 2015 **Open to Public** 

Inspection

DLN: 93493131030997

Name of the organization The George Washington University

Department of the

Internal Revenue

Treasury

Service

**Employer identification number** 

53-0196584

Return **Explanation** Reference FORM 990. THE GEORGE WASHINGTON UNIVERSITY, AN INDEPENDENT A CADEMIC INSTITUTION CHARTERED BY AN ACT OF CONGRESS PART III. OF THE UNITED STATES IN 1821, DEDICATES ITSELF TO FURTHERING HUMAN WELL-BEING THE UNIVERSITY VALUES A LINE 1 DYNAMIC, STUDENT-FOCUSED COMMUNITY STIMULATED BY CULTURAL AND INTELLECTUAL DIVERSITY AND BUILT UPON A FOUNDATION OF INTEGRITY, CREATIVITY AND OPENNESS TO THE EXPLORATION OF NEW IDEAS THE GEORGE WASHINGTON UNIVERSITY, CENTERED IN THE NATIONAL AND INTERNATIONAL CROSSROADS OF WASHINGTON, D.C., COMMITS ITSELF TO EXCELLENCE IN THE CREATION, DISSEMINATION AND APPLICATION OF KNOWLEDGE TO PROMOTE THE PROCESS OF LIFELONG LEARNING FROM BOTH GLOBAL AND INTEGRATIVE PERSPECTIVES, THE UNIVERSITY PROVIDES A STIMULATING INTELLECTUAL ENVIRONMENT FOR ITS DIVERSE STUDENTS AND FACULTY BY FOSTERING EXCELLENCE IN TEACHING, THE UNIVERSITY OFFERS OUTSTANDING LEARNING EXPERIENCES FOR FULL-TIME AND PART-TIME STUDENTS IN UNDERGRADUATE. GRADUATE AND PROFESSIONAL PROGRAMS IN WASHINGTON, D.C., THE NATION, AND ABROAD AS A CENTER FOR INTELLECTUAL INQUIRY AND RESEARCH, THE UNIVERSITY EMPHASIZES THE LINKAGE BETWEEN BASIC AND A PPLIED SCHOLARSHIP, INSISTING THAT THE PRACTICAL BE GROUNDED IN KNOWLEDGE AND THEORY THE UNIVERSITY ACTS AS A CATALYST FOR CREATIVITY IN THE ARTS, THE SCIENCES AND THE PROFESSIONS BY ENCOURAGING INTERACTION AMONG ITS STUDENTS, FACULTY, STAFF, ALUMNI AND THE COMMUNITIES IT SERVES THE GEORGE WASHINGTON UNIVERSITY DRAWS UPON THE RICH ARRAY OF RESOURCES FROM THE NATIONAL CAPITAL AREA TO ENHANCE ITS EDUCATIONAL ENDEAVORS IN RETURN, THE UNIVERSITY, THROUGH ITS STUDENTS, FACULTY, STAFF AND ALUMNI, CONTRIBUTES TALENT AND KNOWLEDGE TO IMPROVE THE QUALITY OF LIFE IN METROPOLITAN WASHINGTON, D.C.

Return Reference	Explanation
FORM 990,	THE EXECUTIVE COMMITTEE, DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, SHALL, TO THE
PART VI, SECTION A.	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
LINE 1A	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 EMPLOYMENT ARRANGEMENTS OF DESIGNATED
	OFFICIALS OF THE UNIVERSITY, INCLUDING THE PRESIDENT THE PRESIDENT IS NOT A MEMBER FOR PURPOSES OF REVIEWING COMPENSATION

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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	BOARD SIZE - CHANGED THE NUMBER OF ALUMNI TRUSTEES FROM 7 TO A RANGE OF BETWEEN 5 AND 7 ALUMNI TRUSTEES - CHANGED THE NUMBER OF CHARTER TRUSTEES TO NOT LESS THAN 15 NOR MORE THAN 35 CHARTER TRUSTEES FACULTY CODE - INCREASED THE VOTING REQUIREMENT FOR AMENDMENTS TO THE FACULTY CODE FROM MAJORITY TO 2/3 - REQUIRED BOARD AMENDMENTS TO THE FACULTY CODE TO FOLLOW A PROCESS OF CONSULTATION WITH THE FACULTY. INCLUDING THE FACULTY SENATE. AND THE PRESIDENT AND PROVOST

Return Reference	Explanation
FORM 990, PART	FORM 990 WAS PREPARED BY THE UNIVERSITYS TAX DEPARTMENT AND THEN REVIEWED INTERNALLY BY SENIOR
VI, SECTION B,	MANAGEMENT AND EXTERNALLY BY PRICEWATERHOUSECOOPERS LLP IT WAS THEN SUBMITTED TO THE COMMITTEE
LINE 11B	ON FINANCE AND AUDIT OF THE UNIVERSITY'S BOARD OF TRUSTEES FOR REVIEW AND DISCUSSION THE FINAL FORM
	990 WAS SENT TO EACH BOARD MEMBER BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990,	CONFLICT OF INTEREST POLICIES ARE MONITORED BY THE UNIVERSITY'S OFFICE OF COMPLIANCE AND PRIVACY, WHICH
PART VI, SECTION B,	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
LINE 12C	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 PAYMENT 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 (EXCLUDING THE PRESIDENT) 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 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 COMPARABLE POSITIONS IN DETERMINING THE PRESIDENT'S COMPENSATION, THE COMMITTEE 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 IS ABOVE MARKET DATA, THE COMMITTEE CONSIDERS ALL RELEVANT FACTORS AND, IF IT APPROVES THE COMPENSATION, EXPLAINS ITS RATIONALE AND INCLUDES ITS EXPLANATION IN THE MINUTES THE COMMITTEE KEEPS MINUTES OF ALL FINAL ACTIONS AT EACH MEETING

Return Reference	Explanation
LINE 19	THE GOVERNING DOCUMENTS (BYLAWS, 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 PAYMENTS 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 CONTROL OF THE PROPERTY OF
	THIRD PARTIES FOR GOODS AND SERVICES ARE REPORTED

Return Reference	Explanation
FORM 990, PART XI, LINE 9,	CHANGE IN VALUE OF CHARITABLE TRUSTS (\$2,004,879) ADJUSTMENT FOR SUBSIDIARY ACTIVITY \$78,282
OTHER CHANGES IN NET	POST RETIREMENT RELATED CHARGES FAS 158 (\$2,717,000) RECOVERIES (LOSSES) ON PLEDGE
ASSETS	CONTRIBUTIONS - (\$6,671,105) TOTAL TO FORM 990, PART XI, LINE 9 (\$11,314,702)

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## **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public

Department of the Treasury

► Attach to Form 990.

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

Inspection Internal Revenue Service Name of the organization **Employer identification number** The George Washington University 53-0196584

Part I Identification of Disregarded Entities Comple	ete if the organization a	nswered "Yes" on	Form 990, Part	: IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
(1) DYNAMO BRASIL VII LLC CORP TST CTR 1209 ORANGE ST WILMINGTON, DE 19801	INVESTMENTS	DE	5,322,398	8,044,039	GW			
(2) GEORGE WASHINGTON WORLDWIDE LLC 2121 EYE STREET NW WASHINGTON, DC 20052	INTL EDUC	DC		360,883	GW			
Part II Identification of Related Tax-Exempt Organiz	zations Complete if the	organization and	wordd "Voc" on	Form 990 Part	IV lin	20 34 hoczuso it h	ad one	
or more related tax-exempt organizations during the		e organización ans	wered les on	TOTHI 990, Part	ıv, IIII	ie 54 because it ii	au one	-
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity sta (if section 501(c))		<b>(f)</b> Direct controlling entity		512(b) ntrolled ity?
(1)THE COLUMBIAN WOMEN OF THE GWU 2020 PENNSYLVANIA AVE NW STE 270	SCHOLARSHIPS	DC	501(C)(3)	TYPE III		NA	Yes	No No
WASHINGTON, DC 20006 23-7045248								
(2)THE GEORGE WASHINGTON ALUMNI ASSOCIATION 1918 F STREET NW	ALUM ACTIVITY	DC	501(C)(3)	TYPE III		AV		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	G	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								
For Paperwork Reduction Act Notice, see the Instructions for Form 990	).	Cat No 5013	5 Y	•		Schedule R (Form	990) 20	015

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

domicile (state or foreign	Direct controlling entity	unrelated, excluded from	Share of total income	Share of end-of-year assets	Disprop alloca		amount in box 20 of Schedule K-1	mana partr	aging	(k) Percentage ownership
country)		sections 512- 514)			Yes	No	(FOIM 1065)	Yes	No	
	country)		country) tax under sections 512-	country) tax under sections 512-	country) tax under sections 512-	country) tax under sections 512-	country) tax under sections 512- 514)	country) tax under sections 512-514) (Form 1065)	country) tax under sections 512- 514) (Form 1065)	country) tax under sections 512- 514) (Form 1065)

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  (1)CHARITABLE TRUSTS (34)	(b) Primary activity  CHARITABLE GIVING	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust) TRUST	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b)(: control entite Yes	13) olled
QIAOHUA MGMT CONSULTING (SUZHOU) CO LTD  KAI TAI BLDG NO 158 RENAI RD SUZHOU, JIANGSU CH	CONSULTING SERV	СН	GWWW LLC	C CORP	172,281	352,983	100 000 %	Yes	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

Part V	<b>Transactions With Rela</b>	ated Organizations Compl	lete if the organization ai	nswered "Yes" on Form 990,	Part IV, line 34, 35b, or 36.

<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV 7			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
f b Gift, grant, or capital contribution to related organization(s)				1b	No
${f c}$ Gıft, grant, or capital contribution from related organization(s)				<b>1</b> c	No
f d Loans or loan guarantees to or for related organization(s)				1d	No
<b>e</b> Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
${f g}$ Sale of assets to related organization(s)				<b>1</b> g	No
<b>h</b> Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m Yes	s
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1p	No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ O ther transfer of cash or property from related organization(s)				1s Yes	5
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	ete this line, including co	vered relationships	and transaction thresholds	<del></del> ;	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount involve	ed
1)THE GEORGE WASHINGTON ALUMNI ASSOCIATION	S	80,000	INVOICES		
2)QIAOHUA MGMT CONSULTING (SUZHOU) CO LTD	М	173,350	INVOICES		
3)WASHINGTON RESEARCH LIBRARY CONSORTIUM	М	2,164,929	INVOICES		
			•		

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section i01(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u> </u>

