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**COPY**

OMB No 1545-0687

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Form **990-T**

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

**2016**

Department of the Treasury  
Internal Revenue Service

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 20 17

► Information about Form 990-T and its instructions is available at [www.irs.gov/form990](http://www.irs.gov/form990).  
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>THE GEORGE WASHINGTON UNIVERSITY</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>53-0196584</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions <b>C/O TAX DEPT, 45155 RESEARCH PL., 260</b>	<b>E</b> Unrelated business activity codes (See instructions.) <b>721110 812930</b>
		City or town, state or province, country, and ZIP or foreign postal code <b>ASHBURN, VA 20147-4198</b>	
<b>C</b> Book value of all assets at end of year <b>4,383,821,034</b>		<b>F</b> Group exemption number (See instructions.) ►	
		<b>G</b> Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity. ► (SEE STATEMENT)  
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation ►

**J** The books are in care of ► **SHARON HEINLE** Telephone number ► **(571) 553-1087**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	17,103,667				
b	Less returns and allowances	0				
c	Balance ►		1c	17,103,667		
2	Cost of goods sold (Schedule A, line 7)		2	1,410		
3	Gross profit Subtract line 2 from line 1c		3	17,102,257		17,102,257
4a	Capital gain net income (attach Schedule D)		4a	781,317		781,317
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	0		0
c	Capital loss deduction for trusts		4c	0		0
5	Income (loss) from partnerships and S corporations (attach statement)		5	(634,297)		(634,297)
6	Rent income (Schedule C)		6	0	0	0
7	Unrelated debt-financed income (Schedule E)		7	0	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9	0	0	0
10	Exploited exempt activity income (Schedule I)		10	0	0	0
11	Advertising income (Schedule J)		11	0	0	0
12	Other income (See instructions; attach schedule)		12	0		0
13	Total. Combine lines 3 through 12		13	17,249,277	0	17,249,277

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)		14	0	
15	Salaries and wages		15	5,093,241	
16	Repairs and maintenance		16	145,561	
17	Bad debts		17	0	
18	Interest (attach schedule)		18	3,759,416	
19	Taxes and licenses		19	845,171	
20	Charitable contributions (See instructions for limitation rules)		20	0	
21	Depreciation (attach Form 4562)		21	2,380,744	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	0	2,380,744
23	Depletion		23	0	
24	Contributions to deferred compensation plans		24	0	
25	Employee benefit programs		25	0	
26	Excess exempt expenses (Schedule I)		26	0	
27	Excess readership costs (Schedule J)		27	0	
28	Other deductions (attach schedule)		28	6,232,914	
29	Total deductions. Add lines 14 through 28		29	18,457,047	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	(1,207,770)	
31	Net operating loss deduction (limited to the amount on line 30)		31	0	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	(1,207,770)	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	0	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	(1,207,770)	

For Paperwork Reduction Act Notice, see instructions. Cat No 11291J Form **990-T** (2016)

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**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions and:</b>		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>		
<b>c</b> Income tax on the amount on line 34 <input type="checkbox"/> <b>35c</b>		0
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <input type="checkbox"/> <b>36</b>		
<b>37 Proxy tax.</b> See instructions <input type="checkbox"/> <b>37</b>		
<b>38 Alternative minimum tax</b> <input type="checkbox"/> <b>38</b>		
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions <input type="checkbox"/> <b>39</b>		
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies <input type="checkbox"/> <b>40</b>		0

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) <input type="checkbox"/> <b>41a</b>		
<b>b</b> Other credits (see instructions) <input type="checkbox"/> <b>41b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions) <input type="checkbox"/> <b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) <input type="checkbox"/> <b>41d</b>		
<b>e</b> <b>Total credits.</b> Add lines 41a through 41d <input type="checkbox"/> <b>41e</b>		0
<b>42</b> Subtract line 41e from line 40 <input type="checkbox"/> <b>42</b>		0
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) <input type="checkbox"/> <b>43</b>		0
<b>44</b> <b>Total tax.</b> Add lines 42 and 43 <input type="checkbox"/> <b>44</b>		0
<b>45a</b> Payments. A 2015 overpayment credited to 2016 <input type="checkbox"/> <b>45a</b>	433,535	
<b>b</b> 2016 estimated tax payments <input type="checkbox"/> <b>45b</b>	200,000	
<b>c</b> Tax deposited with Form 8868 <input type="checkbox"/> <b>45c</b>		
<b>d</b> Foreign organizations. Tax paid or withheld at source (see instructions) <input type="checkbox"/> <b>45d</b>		
<b>e</b> Backup withholding (see instructions) <input type="checkbox"/> <b>45e</b>	12,320	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) <input type="checkbox"/> <b>45f</b>		
<b>g</b> Other credits and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> 0 <b>Total</b> <input type="checkbox"/> <b>45g</b>	0	
<b>46</b> <b>Total payments.</b> Add lines 45a through 45g <input type="checkbox"/> <b>46</b>		645,855
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> <b>47</b>		
<b>48</b> <b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed <input type="checkbox"/> <b>48</b>		0
<b>49</b> <b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid <input type="checkbox"/> <b>49</b>		645,855
<b>50</b> Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> 645,855 Refunded <input type="checkbox"/> <b>50</b>		0

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/> BR, CH <input type="checkbox"/>	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. <input type="checkbox"/>		
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ 0 <input type="checkbox"/>		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of Officer

Date

DEPUTY EVP &amp; TREASURER

Title

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

Paid Preparer Use Only

Print/Type preparer's name

TRAVIS L PATTON

Preparer's signature

Date

05/01/2018

Check ☐ if self-employed

PTIN

P00369623

Firm's name ☐ PRICEWATERHOUSECOOPERS, LLPFirm's EIN ☐ 13-4008324Firm's address ☐ 600 13TH STREET NW SUITE 1000, WASHINGTON, DC 20005Phone no. ☐ (202) 414-1000

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**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<b>2</b> Purchases	<b>2</b>	1,410	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	1,410
<b>3</b> Cost of labor	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	1,410			

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0 Total	0

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0	0
Total dividends-received deductions included in column 8				0

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**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0	0	

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col (B).			Enter here and on page 1, Part II, line 26
		0	0			0

**Schedule J—Advertising Income (see instructions)****Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0	0	0

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1-5)</b>	0	0				0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

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Name of Partnership	EIN	UBI
<b>AIM Activity</b>		
(1) ARROWSTREET CAPITAL GLOBAL ALL COUNTRY ALPHA EXTENSION FUND LIMITED	98-1238999	-278
(2) ENERGY CAPITAL PARTNERS I, LP	51-0563716	-140,412
(3) ENERGY CAPITAL PARTNERS II, LP	26-4048642	414,919
(4) ENERGY SPECTRUM PARTNERS VI LP	27-3620947	-681,418
(5) ENVERVEST ENERGY INSITUTIONAL FUND X-B, LP	71-0979432	28,359
(6) FORTRESS VALUE RECOVERY FUND TE I LLC	20-0024165	-105,591
(7) FUNDAMENTAL PARTNERS LP	26-0415171	-423,006
(8) LUXCATH, LLC	45-5378527	-38,435
(9) QUANTUM ENERGY PARTNERS V, LP	26-2514715	435,662
(10) RESOURCE CAPITAL FUND V, L P	98-0622443	3,291
(11) SONOSTIK LLC	46-3854505	-39,524
(12) TARGA RESOURCES PARTNERS LP	65-1295427	264
(13) THE VARDE FUND IX, LP	26-1594327	15,631
(14) THE VARDE FUND VIII, LP	20-4804871	14,801
(15) TPF II, L P.	20-8876464	-119,530
(16) WLR IV Loans AIV, LP	27-1111347	444
(17) WLR IV RRH AIV, LP	80-0764043	526
<b>Total for Part I, Line 5</b>		<b>-634,297</b>

Description		Amount
(1) THE GEORGE WASHINGTON INN LONG TERM INTEREST EXPENSE		242,491
(2) ONE WASHINGTON CIRCLE LONG TERM INTEREST EXPENSE		1,419,346
(3) VISITOR PARKING LONG TERM INTEREST EXPENSE		2,097,579
Total		3,759,416
Total for Part II, Line 18		3,759,416

Description	Amount
(1) DC PERSONAL PROPERTY TAX	20,923
(2) DC REAL PROPERTY TAX	699,143
(3) DC VAULT TAX	75,293
(4) DC BALLPARK FEE	16,500
(5) STATE INCOME TAX	33,312
<b>Total</b>	<b>845,171</b>
<b>Total for Part II, Line 19</b>	<b>845,171</b>



## Form 990T Part II, Line 20

## Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Contribution Carryover Expires
2011	103,000	76,516	0	26,484	2016
2012	155,324	0	0	155,324	2017
2013	89,221	0	0	89,221	2018
2014	55,571	0	0	55,571	2019
2015	42,243	0	0	42,243	2020
2016	19,050	0	0	19,050	2021
<b>Totals</b>	<b>464,409</b>	<b>76,516</b>	<b>0</b>	<b>387,893</b>	

Description	Amount
(1) COST OF SALES	283,486
(2) UTILITIES	442,419
(3) ELECTRICAL AND MECHANICAL	71,513
(4) LAUNDRY AND DRYCLEANING	20,577
(5) TRAVEL AGENT COMMISSIONS	559,423
(6) RESERVATION SYSTEMS	82,151
(7) CREDIT CARD COMMISSIONS	376,250
(8) SHARED SERVICES	166,051
(9) CONTINENTAL BREAKFAST	70,635
(10) INFORMATION SYSTEMS COST	126,873
(11) PROMOTIONAL GIFTS AND SUPPLIES	9,966
(12) INSURANCE	84,360
(13) GUEST AMENITIES AND SUPPLIER	233,574
(14) MEDIA	123,253
(15) PROMOTIONAL ENTERTAINMENT	25,705
(16) RESTAURANT OPERATING AND ADMIN EXPENSES	98,189
(17) MANAGEMENT FEES	546,664
(18) BANK CHARGE/CREDIT SALES	123,013
(19) CONTRACT SERVICES	215,337
(20) LINEN SERVICE FEE	32,904
(21) MARKETING	141
(22) TRAVEL	7,419
(23) BUSINESS MEALS	3
(24) OTHER RENTAL RELATED EXPENSES	406,942
(25) MISCELLANEOUS EXPENSES	272,190
(26) TAX PREPARATION FEES	56,419
(27) Current Year Amortization	0
<b>Total</b>	<b>4,435,457</b>
<b>AIM Activity</b>	
(28) ENERGY CAPITAL PARTNERS I, LP 510563716	19,273
(29) ENERGY SPECTRUM PARTNERS VI LP 273620947	155
(30) ENVERVEST ENERGY INSITITUTIONAL FUND X-B, LP 710979432	25,080
(31) QUANTUM ENERGY PARTNERS V, LP 262514715	1,745,628
(32) THE VARDE FUND IX, LP 261594327	243
(33) THE VARDE FUND VIII, LP 204804871	15
(34) TPF II, L P 208876464	7,063
<b>Total</b>	<b>1,797,457</b>
<b>Total for Part II, Line 28</b>	<b>6,232,914</b>

Year Generated	Amount Generated	Amount Used In Prior Years	Amount Used In Current Year	Amount Remaining	NOL Expires
2012	1,320,759	464,119	0	856,640	2032
2013	825,555	0	0	825,555	2033
2014	3,519,473	0	0	3,519,473	2034
<b>Totals</b>	<b>5,665,787</b>	<b>464,119</b>	<b>0</b>	<b>5,201,668</b>	

Date	Amount
12/14/2016	200,000
<b>Totals</b>	<b>200,000</b>

**SCHEDULE D  
(Form 1120)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,  
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No 1545-0123

**2016**

Name

THE GEORGE WASHINGTON UNIVERSITY

Employer identification number

53-0196584

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	44,520			44,520
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( 0 )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h. . . . .			<b>7</b>	44,520

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	141,262			141,262
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	595,535
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	736,797

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	44,520
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	736,797
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV . . . . .	<b>18</b>	781,317

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat No 11460M

Schedule D (Form 1120) 2016

# Alternative Minimum Tax—Corporations

OMB No 1545-0123

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2016**

Name **THE GEORGE WASHINGTON UNIVERSITY** Employer identification number **53-0196584**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	(1,207,770)
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property . . . . .	<b>2a</b>	72,173
<b>b</b>	Amortization of certified pollution control facilities. . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . .	<b>2e</b>	(95,797)
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds. . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	0
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	1,220,342
<b>o</b>	Other adjustments and preferences . . . . .	<b>2o</b>	(45)
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o. . . . .	<b>3</b>	(11,097)
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>	(11,097)
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions . . . . .	<b>4b</b>	0
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount. . . . .	<b>4c</b>	0
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments See instructions. <b>Note:</b> You <i>must</i> enter an amount on line 4d (even if line 4b is positive). . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount . . . . .	<b>4e</b>	0
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT . . . . .	<b>5</b>	(11,097)
<b>6</b>	Alternative tax net operating loss deduction. See instructions . . . . .	<b>6</b>	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	<b>7</b>	
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions) If zero or less, enter -0- . . . . .	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (0.25) . . . . .	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- . . . . .	<b>8c</b>	
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	
<b>10</b>	Multiply line 9 by 20% (0.20) . . . . .	<b>10</b>	
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10. . . . .	<b>12</b>	
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 129551

Form **4626** (2016)

Year Generated	Amount Generated	Amount Used In Prior Years	Amount Used in Current Year	Amount Remaining	AMT NOL Expires
2012	780,191	378,577	0	401,614	2032
2013	727,458	0	0	727,458	2033
2014	1,343,061	0	0	1,343,061	2034
<b>Totals</b>	<b>2,850,710</b>	<b>378,577</b>	<b>0</b>	<b>2,472,133</b>	

# Sales and Other Dispositions of Capital Assets

► Information about Form 8949 and its separate instructions is at [www.irs.gov/form8949](http://www.irs.gov/form8949).  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

THE GEORGE WASHINGTON UNIVERSITY

Social security number or taxpayer identification number

53-0196584

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I** **Short-Term.** Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS  
☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS			44,520				44,520
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				44,520	0		0	44,520

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side  
THE GEORGE WASHINGTON UNIVERSITYSocial security number or taxpayer identification number  
53-0196584

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG-TERM GAIN/LOSS FROM INVESTMENTS			141,262				141,262
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				141,262	0		0	141,262

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

THE GEORGE WASHINGTON UNIVERSITY

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No 1545-0172

**2016**Attachment  
Sequence No 179

Identifying number

53-0196584

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	500,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	0
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	0
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2017 Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	2,378,730
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		7,988	5 yrs	MQ	S/L	187
c 7-year property		33,902	7 yrs	MQ	S/L	567
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property		69,006	39 yrs	MM	S/L	1,260
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,380,744
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 12906N

Form **4562** (2016)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L		
		%				S/L		
		%				S/L		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	0
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	0		0		0		0		0		0	
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

Return Reference - Identifier	Explanation
FORM 990-T, SECTION H - ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	HOTEL OPERATIONS, CERTAIN PARTNERSHIP INVESTMENTS, ATHLETIC FACILITY MEMBERSHIPS, FACILITY RENTAL, ALUMNI TRAVEL PROGRAM, VISITOR PARKING OPERATIONS, ADVERTISING, MUSEUM SHOP OPERATIONS, AND LINEN SERVICE PROVIDED TO SUMMER CONFERENCE GROUPS.