• .	n sa	·				29 3 :	937	5801512
Form	990-T	Exempt Orga	anization	Bus	siness Income der section 6033(Tax Retui	n [OMB No 1545-0687
					07/01 , 2018, and ending		n 19.	୭ଲ1ହ
Depar	rtment of the Treasury	_			nstructions and the latest			
	al Revenue Service		•		ay be made public if your orga		:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed	Name of organization	on (Check be	ox if na	me changed and see instruction	s)		oyer Identification number byees' trust, see instructions)
	<u> </u>					1	(Citipii	uyees trust, see matrocharis /
	empt under section			<u> </u>	FOUNDATION, INC			
X	501(C (tg. 3)	or	d room or suite no 1	faPO	. box, see instructions.			603842
	408(e) 220(e)	1 1 1 4 4 6 6 1 1 1 1 1 1 1			ated business activity code natructions)			
-	408A530(a)	·	ERSITY DRIV		ZIP or foreign postal code			
C Bo	529(a) ok value of all assets	· ·	VA 22030~4		zir or loreign postal code		5311	20
	end of year	F Group exemption num				<u> </u>		20
4	56,968,316.	G Check organization type) trust	401(a)	trust Other trust
		the organization's unrelated						(or first) unrelated
	ade or business her	-	rades or busine				•	e than one, describe the
		ce at the end of the previous	us sentence, cor	nplete				
tr	ade or business, th	en complete Parts III-V	·	•	· · ·			
I D	uring the tax year,	was the corporation a subs	sidiary in an affili	ated g	roup or a parent-subsidiary of	controlled group?		▶ Yes X No
1f	"Yes," enter the na	ame and identifying numbe	r of the parent cor	porati	on >			
J T	he books are in care	of ▶MARY SUSAN VA	N LEUNEN		Telephon	e number ▶ 70	3-993	-8850
Pa	tl Unrelated	Trade or Business Inc	come		(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or	sales						
b	Less returns and allows		c Balance ▶	1c				
2		d (Schedule A, line 7)		2				
3		tract line 2 from line 1c		3_				
4a	Capital gain net ii	ncome (attach Schedule D)	/Y\	4a				
b		rm 4797, Part II, line 17) (attac		4b				
C	Capital loss dedu	ction for trusts	. !	4c				<u> </u>
5		artnership or an S corporation (attach		5				
6	•	edule C)		6	6 000 404	4 110	770	2 000 632
7	Unrelated debt-fir	nanced income (Schedule E)		7	6,920,404	4,110	,772.	2,809,632.
8	-	elties, and rents from a controlled org				ļ		
9		section 501(c)(7), (9), or (17) orga		9			 -	
10	•	activity income (Schedule I)		10				
11		ie (Schedule J)		11				
12		e instructions, attach sched			6,920,404.	4 110	772	2,809,632.
13	Podustion	nes 3 through 12 1s Not Taken Elsewhe	ra (Saa instr	13				
		s must be directly cor					zvcehi i	or contributions,
14		officers, directors, and trust					. 14	
15	•						` ` }	
16	Repairs and main	tenance	1 KEC	<u>'[]</u> '			· • ——	1.
17	Rod dobto		1_1					 ` · ·
18	Interest (attach se	chedule) (see instructions)	ΔPR	06	[2020] [2]		· • ——	
19	l axes and license:	5		/ '			19	
20	Charitable contrib	utions (See instructions for	limitation rules)	ンニト	ATCH	. 2 3	20	280,339
21	Depreciation (atta	ch Form 4562)	UGI	ובע	21		· •	
22		claimed on Schedule A an						,
23								
24		leferred compensation plans						
25		programs						
26		penses (Schedule I)						
27		costs (Schedule J)						
28		(attach schedule)						6,240
29		Add lines 14 through 28.					グート	286,579.
30	Unrelated busines	ss taxable income before	net operating	loss	deduction. Subtract line	29 from line 1	3 30	2,523,053
31	Deduction for net	operating loss arising in ta	x years beginnin	g on c	or after January 1, 2018 (see	instructions)	. 31	
32	Unrelated busines	ss taxable income Subtract	t line 31 from line	30 .			32	2,523,053
	aperwork Reduct	on Act Notice, see instruct	ions.					Form 990-T (2018)

619

Form	990-T (2018)		Page 2
Par	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33 2,54	40,319.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35 2,54	40,319
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,]_	0
		38	0
	Tax Computation		
39 40		39	
40	<u></u>	40	
41	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	41	
42		42	
43	Tax on Noncompliant Facility Income. See instructions		
44	r-	44	
Par		1	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116), 45a		
b	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_	
е	Total credits. Add lines 45a through 45d		2,537.
46	Subtract line 45e from line 44	46	-2,537.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	0 505
48	1. Commence of the commence of	+	-2,537.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018	1	
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439		
8	Form 4136	1	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,537
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ► Refunded	55	2,537
Par			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	oreign country	l _x
	here >		$\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	in trust?	 ^- -
58	If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjuy I declare that have examined this return, including accompanying schedules and statements, and to the be	st of my knowledge ar	nd belief, It is
Sigr	tope, correct, and complete Declaration of prepare (other than texpayer) is based on all information of which preparer has any knowledge		
Here		the IRS discuss to the preparer sho	1
		instructions)? X Yes	
	Print/Type preparer's name Preparer's signature Check	PTIN	
Paid	MARY TORRETTA May 6 Gumb 3/12/2020 self-en	ployed P0084	7851
Prep	Only Firm's name GRANT TROUNTON LEF		
	Firm's address ► 1000 WILSON BLVD, SUITE 1400, ARLINGTON, VA 22209 Phone		
JSA		Form 99	0-T- (2018 <u>)</u>

Form 990-T (2018)

Total dividends-received deductions included in column 8

Form 990-T (2018)	GEORGE M									603842 Page 4
Schedule F-Interest, Ann	uities, Royalties	, and Ren	ts Fro	om Contro	lled O	rganiza	itions (see	nstruction	ons)	
Name of controlled organization	2. Employer identification numb	er 3. N	et unrel	entrolled Organizated Income Instructions)	4. Total	ons of specific ents made	ed included	f column 4 the in the control ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi						40.5	art of column	O that is		1. Deductions directly
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specific payments made		ınclı	ided in the co	ntrolling		nnected with income in column 10
(1)	_ 					-				
(2)		_	<u> </u>			 				
(3)				··· ·		<u> </u>				
						Ente	d columns 5 a er here and on t I, line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
Schedule G-Investment In	come of a Sec	tion 501(c)(7)	(9), or (17) Orga	nizatio	n (see inst	tructions)		
1. Description of income	2. Amount of		1.7	3. Deduction directly contact (attach sch	tions nected		4. Se	t-asides 5. Total deduction and set-asides		5. Total deductions and set-asides (col 3 plus col 4)
(1)	· -		1	(4.1.4		<u> </u>				
(2)			1.							
(3)										
(4)							,			
Totals	Enter here and o Part I, line 9, co			· ,\$	•		-	,		Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	empt Activity Inc	come, Oth	er Th	an Adverti	sing Ir	come	(see instru	ctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expension directly connected productlo unrelate business in	y with n of ed	4. Net incomfrom unrelation business 2 minus coll f a gain, coll 5 through	ed tradé (column umn 3) ompute	from a	oss income activity that t unrelated ess income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				ļ						
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pe line 10, co	art I,	-	. ,		•			Enter here and on page 1, Part II, line 26
Schedule J-Advertising Ir	ncome (see instri	uctions)	_	<u> </u>						
Part I Income From Per			onsol	idated Bas	sis					
1. Name of periodical	2. Gross advertising Income	3. Directary	ct	4. Advert gain or (los 2 minus co a gain, coi cols 5 thro	ising s) (col ol 3) If mpute		irculation ncome	6. Readi cost	•	7. Excess readership costs (column 6 minus column 5, but not more than .column 4)
(1)										
(2)				1	, ,					」 :
(3)		<u> </u>		. ; .	-		<u> </u>			⊣ . • • • • •
(4)	 			ļ				ļ		
Totals (carry to Part II, line (5))		<u>.</u>								

Form 990-T (2018)

	<u> </u>										
Part II	Income From	Periodicals F	Reported on a	a Separate	Basis	(For each	periodical	listed	ın Part II,	fill in	columns
	2 through 7 or			•		•					

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)						
Totals from Part I ▶						
·	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			Wr	. L		

Schedule K - Compensation of Officers, Di	ectors, 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)		′ %	
Total, Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$,

► Go to www.irs.gov/Form990T for instructions and the latest information.

► 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

Internal Revenue Service
Name of organization

P to not enter 33N numbers on this form as it may be made public if your organiza

Employer identification number

GEORGE MASON UNIVERSITY FOUNDATION, INC 54-1603842

Unrelated business activity code (see instructions) ▶ 525990

Describe the unrelated trade or business ► INCOME IN PARTNERSHIP INVESTMENTS

Par	Unrelated Trade or Business Income	İ	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	1		, ,	
b	Less returns and allowances c Balance	▶ 1c		·	
2	Cost of goods sold (Schedule A, line 7)	. 2			
3	Gross profit. Subtract line 2 from line 1c			1 .	
4a	Capital gain net income (attach Schedule D)	4a	20,293		20,293
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) :		28,584.		28,584
С	Capital loss deduction for trusts				
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 8	5	-9,870		-9,870
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	. 7			
8	Interest, annuities, royalties, and rents from a controlled	1 1			
	organization (Schedule F)	. 8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions; attach schedule)	12			
3	Total. Combine lines 3 through 12	13	39,007		39,007

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	
15	Salaries and wages	15	
16	Repairs and maintenance	I	
17	Bad debts,		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	4,546
20	Charitable contributions (See instructions for limitation rules)	20	1,918
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	8
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	15,269.
29	Total deductions. Add lines 14 through 28		21,741
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	17,266
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	17,266.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

• GEORGE MASON UNIVERSITY FOUNDATION, INC.

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

RENTAL OF DEBT-FINANCED REAL ESTATE

GEORGE MASON UNIVERSITY FOUNDATION, INC.

Form 990-T, Part I, Line 20

FYE 6/30/2019

Charitable Contributions Carryforward

Fiscal Year Ended	Charitable Contributions Made	Charitable Contributions Used	Carryforward available for next year	Period Charitable Contributions used	Revenue Stream
6/30/2015	33,145,532	(280,339)	32,865,193	FYE 6/30/2019	DEBT-FINANCED RENTAL INCOME
		(1,918)	32,863,275	FYE 6/30/2019	INCOME IN PARTNERSHIP INVESTMENTS
6/30/2016	41,732,130	-	41,732,130		
6/30/2017	53,815,653	-	95,547,783		
6/30/2018	56,215,781	-	151,763,564		
6/30/2019	61,423,319	-	213,186,883		
Carryforward	d to FYE 6/30/202	0 _	213,186,883		

54-1603842

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

6,240.

PART II - LINE 28 - OTHER DEDUCTIONS

6,240.

FYE 6/30/2019

Net Operating Loss Arising in Tax Years Beginning Before January 1, 2018

Fiscal Year Ended	Net Operating (Loss) Incurred	Net Operating Loss Used	NOL Carryforward available for next year	Period NOL used
6/30/2001	(107,377)	381	(106,996)	FYE 6/30/2004
		4,214	(102,782)	FYE 6/30/2005
		12,137	(90,645)	FYE 6/30/2006
		90,645	•	FYE 6/30/2014
6/30/2002	(493,955)	293,802	(200,153)	FYE 6/30/2014
	f	200,153	-	FYE 6/30/2015
6/30/2003	(6,563)	6,563	-	FYE 6/30/2015
6/30/2004	-	-	-	
6/30/2005	· -		-	
6/30/2006	-		•	_
6/30/2007	(2,534,866)	316,487	(2,218,379)	FYE 6/30/2015
		391,328	(1,827,051)	FYE 6/30/2016
		1,827,051	-	FYE 6/30/2017
6/30/2008	(1,726,841)	342,944	(1,383,897)	FYE 6/30/2017
	,	1,383,897	-	FYE 6/30/2018
6/30/2009	(590,249)	521,225	(69,024)	FYE 6/30/2018
		69,024	-	FYE 6/30/2019
6/30/2010	(1,475,966)	1,475,966	-	FYE 6/30/2019
6/30/2011	(879,605)	879,605	-	FYE 6/30/2019
6/30/2012	(322,197)	115,724	(206,473)	FYE 6/30/2019
6/30/2013	(120,283)	-	(326,756)	
6/30/2014	-	<u>-</u>	(326,756)	
6/30/2015	-	-	(326,756)	
6/30/2016	-	-	(326,756)	
6/30/2017	-		(326,756)	
6/30/2018	-	-	(326,756)	
6/30/2019	-	-	(326,756)	_

Carryforward Available as of FYE 6/30/2019

(326,756)

GEORGE MASON UNIVERSITY FOUNDATION, INC.

EIN: 54-1603842

Form 990-T, Part V, Line 45b

FYE 6/30/2019

Other Credits

GMUF received a contribution from a retirement account. On the 1099-R received from the contributor, Federal taxes of \$2,537 were incorrectly withheld. As GMUF is a public charity, taxes should not be withheld from this contribution because this falls below the \$50,000 qualified charitable distribution threshold for distributions from retirement accounts.

EORGE MASON UNIVERSITY FOUNDATION, INC

54-1603842

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	:			ATTACHMENT	7			
				4	5	,	7	8 Allocable
1	2	DEDUCTIONS DIRECTLY	CONNECTED	AVERAGE ACQUISITION	AVERAGE ADJUSTED	6 4 4 1S	GROSS INCOME REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	<u>(3A)</u>	(38)	DEBT	BASIS	<u>OF 5</u>	(2 X 6)	6 · (3A + 3B)
ARLINGTON CAMPUS	6 920,404	971,470	3,139,302	56,112,849	49,326,573	100 000	6,920,404	4,110,772
				TOTALS			6,920,404.	4,110,772

ATTACHMENT 7

PAGE 83

3872EI 649C 2/13/2020 6 21 15 PM

	54-1603842	
HMENT	8	

INCOME IN PARTNERSHIP INVESTMENTS

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIP INVESTMENTS

-9,870.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-9,870.

ATTACHMENT	9	

FORM 990T - SCHEDULE M PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	39,007.
LESS DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER NOL CARRYOVER	19,823 2,540,960
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 1,918.
CHARITABLE CONTRIBUTION	1,918.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	1,918.

54-1603842	
------------	--

ATTACHMENT 10

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES
INVESTMENT MANAGEMENT FEES

6,240

9,029

. PART II - LINE 28 - OTHER DEDUCTIONS

15,269.

SCHEDULE D (Form 1120)

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. ► Go to www.irs.gov/Form1120 for Instructions and the latest information.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

GEORGE MASON UNIVERSITY FOUNDATION, INC

Employer identification number 54-1603842

GEOI	TOL PROON UNIVERSITY FOUNDATION,	INC		L		34-1003042
Part	Short-Term Capital Gains and Losses	s (See instructions.	.)			
	See instructions for how to figure the amounts to enter on			(g) Adjustments t	o gain	(h) Gain or (loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from Form		Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I, line column (g)	2,	the result with column (g)
1a	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.			(3)	-	
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				_	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	3,125				3,125
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4_	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824	<i></i>		5	
6	Unused capital loss carryover (attach computation)				6	(
7	Net short-term capital gain or (loss) Combine lines	to through 6 in column	h		7	3,125
, Part				· · · · · · · · · · · · · · · · · · ·		
CIL	See Instructions for how to figure the amounts to enter on	1		(g) Adjustments to	o gain	(h) Gain or (loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from Form	_	Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part II, line column (g)	2,	column (d) and combine the result with column (g)
8a	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					
8b	Totals for all transactions reported on Form(s) 8949					
	with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked	17,168				17,168
11	Enter gain from Form 4797, line 7 or 9	· · · · · ·			11	28,584
12	Long-term capital gain from installment sales from F				12	
	, ,	·				
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824	• • • • • • • • • •		13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	h		15	45,752
art	Summary of Parts I and II					,
16	Enter excess of net short-term capital gain (line 7) o	over net long-term capita	I loss (line 15)		16	3,125
17	Net capital gain. Enter excess of net long-term capi	tal gain (line 15) over ne	et short-term canital lo	oss (line 7)	17	45,752
	_	= '				48,877
18	Add lines 16 and 17 Enter here and on Form 1120,	nage 1. line 8 or the r	proper line on other re	turns.	18	40,0//

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

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

▶ 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				Socia	l sec	urity number o	taxpayer identificat	ion number
GEORGE MASON UNIVERSIT	Y FOUNDAT	TION, INC				54-	1603842	
Before you check Box A, B, or C below, statement will have the same informat broker and may even tell you which bo	on as Form 10					, , ,		
Part I Short-Term. Transactinstructions). For long				1 year or le	ess	are genera	lly short-term (see
Note: You may aggree reported to the IRS a Schedule D, line 1a	and for whic	h no adjustr	nents or codes	are requir	red.	Enter the to	otals directly or	1
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box. If you ha	ve more sh	ort-	term transac		
(A) Short-term transactions (B) Short-term transactions (X) (C) Short-term transactions (C)	eported on F	orm(s) 1099	-B showing basis	•		•	e Note above)	
(a) Description of property	(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 be See the Note b	asis elow	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss). Subtract column (e)	
(Example 100 sh. XYZ Co)				(see instructions) In	and see Columi In the separal instructions	ite	(f) Code(s) from instructions	(g) Amount of adjustment
LP SHORT TERM GAIN			3,125					3,125

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2 Totals. 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)

3,125 3,125 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

For Paperwork Reduction Act Notice, see your tax return instructions.

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Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

54-1603842

GEORGE MASON UNIVERSITY FOUNDATION, INC.

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 generally long-term (see instructions). 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 belo	ow. Check only o	ne box.	If more than	one box	applies f	or your	long-term	transactions,	complete
a separate Form 894	9, page 2, for e	ach applicable bo	x. If you	ı have more l	ong-term	transactio	ons than	will fit on	this page for	one or
more of the boxes, co	mplete as man	y forms with the s	ame box	k 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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(sales price)	(e) Cost or other basis See the Note below	Adjustment, if a If you enter an a enter a cod See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo., day, yr)		and see Column (e) In the separate instructions	(f) Code(s) from Instructions	(g) Amount of adjustment	combine the result with column (g)
LP LONG TERM GAIN			17,168				17,168
	+						
	<u> </u>						
2 Totals. Add the amounts in column negative amounts) Enter each tot Schedule D, line 8b (if Box D abov above is checked), or line 10 (if B	tal here and inclu ve is checked), line	de on your 9 (if Box E	17,168			,	17,168

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.

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