

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: The George Washington University. Doing business as. Number and street (or P.O. box if mail is not delivered to street address) Room/suite: c/o TAX DEPT 45155 RESEARCH PL 260. City or town, state or province, country, and ZIP or foreign postal code: ASHBURN, VA 201474198

D Employer identification number: 53-0196584. E Telephone number: (571) 553-8309. G Gross receipts \$ 2,702,747,443

F Name and address of principal officer: Mark S Wrighton, 1918 F St NW, WASHINGTON, DC 20052

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.GWU.EDU

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1821. M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: EDUCATION AND RESEARCH; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Neena Ali AVP & University Controller. Date: 2023-05-11

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of the George Washington University (GW) is to educate individuals in liberal arts, languages, sciences, learned professions, and other courses and subjects of study, and to conduct scholarly research and publish the findings of such research.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,195,068,079 including grants of \$ 383,625,192 ) (Revenue \$ 1,219,098,792 )

EDUCATION: OUR NAMESAKE ENVISIONED A UNIVERSITY IN THE NATION'S CAPITAL THAT WOULD PREPARE CITIZEN LEADERS BROUGHT TOGETHER FROM ALL OVER THE WORLD. TODAY, WE ARE THAT UNIVERSITY WITH STUDENTS AND FACULTY MEMBERS FROM EVERY STATE AND MORE THAN 130 COUNTRIES. TAKING FULL ADVANTAGE OF OUR SETTING IN A GLOBAL NERVE CENTER, A GW EDUCATION INTEGRATES INTELLECTUAL DISCOVERY, INTERACTIVE LEARNING, AND UNPARALLELED ACCESS TO OPPORTUNITIES IN EVERY SECTOR OF SOCIETY. IN A CITY SHAPING THE FUTURE, GEORGE WASHINGTON IS A UNIVERSITY WHERE FACULTY AND STUDENTS NOT ONLY STUDY THE WORLD BUT ALSO WORK TO CHANGE IT.

4b (Code: ) (Expenses \$ 203,808,680 including grants of \$ 52,890,833 ) (Revenue \$ 195,142,812 )

RESEARCH AND RESEARCH SUPPORT: GW'S RESEARCH IS DISTINGUISHED BY OUR COMMITMENT TO TRANSFORM POLICY THAT AFFECTS PEOPLE IN THEIR DAILY LIVES. THIS UNIQUE APPROACH TO RESEARCH GIVES SPECIAL CHARACTER TO OUR TEACHING AND ENABLES US TO OFFER OUR STUDENTS LEARNING 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, GW'S RESEARCH HELPS SOLVE NATIONAL AND GLOBAL PROBLEMS WHILE GIVING OUR STUDENTS LEARNING OPPORTUNITIES INSIDE AND OUTSIDE THE CLASSROOM. IN THE 21ST CENTURY, GW'S FACULTY AND STUDENTS CONTINUE TO OPEN NEW DOORS OF DISCOVERY.

4c (Code: ) (Expenses \$ 106,189,467 including grants of \$ 0 ) (Revenue \$ 96,818,799 )

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 Student CENTER HOUSES STUDENT ORGANIZATION OFFICES AND MEETING ROOMS AND IS UTILIZED BY STUDENTS, FACULTY, STAFF, AND VISITORS. FOR MORE INFO ABOUT GW'S PROGRAMS & ACCOMPLISHMENTS, SEE THE 2021 - 2022 FINANCIAL REPORT ON THE FINANCE DIVISION WEBSITE AT: https://finance.gwu.edu/reports

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,505,066,226

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and reporting on various activities and assets.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		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?	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part 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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> 13,665</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<p><b>3b</b></p>	<p>Yes</p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p><b>4a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," enter the name of the foreign country: <u>UK, BR, CH</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<p><b>7a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>	<p>Yes</p>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p><b>7f</b></p>		<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p><b>8</b></p>			
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p><b>9a</b></p>			
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>			
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<p><b>13a</b></p>			
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<p><b>14b</b></p>			
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .</p>	<p><b>15</b></p>	<p>Yes</p>		
<p><b>16</b> If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.</p>	<p><b>16</b></p>		<p>No</p>	
<p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.</p>	<p><b>17</b></p>			

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 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
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Neena Ali 45155 RESEARCH PL STE 260 ASHBURN, VA 201474198 (571) 553-3601

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mark S Wrighton President - Ex Officio (as of 1/2022)	50.0 ..... 0.0	X		X				0	0	0
(2) Thomas J LeBlanc President - Ex Officio (through 12/2021)	50.0 ..... 0.0	X		X				1,337,421	0	190,292
(3) A Michael Hoffman Trustee	2.0 ..... 0.0	X						0	0	0
(4) Adam Conner Trustee	2.0 ..... 0.0	X						0	0	0
(5) Ali Kolaghassi Trustee	2.0 ..... 0.0	X						0	0	0
(6) Amr ElSawy Trustee	3.0 ..... 0.0	X						0	0	0
(7) Avram Tucker Secretary of the Board/Comm Chair	5.0 ..... 0.0	X						0	0	0
(8) Charles Bendit Trustee	2.0 ..... 0.0	X						0	0	0
(9) Chelsea Lenowska (Lenhart) Trustee	2.0 ..... 0.0	X						0	0	0
(10) Christine Piorkowski Barth Trustee/Comm Chair	3.0 ..... 0.0	X						0	0	0
(11) Donna Hill Staton Trustee/Comm Chair	3.0 ..... 0.0	X						0	0	0
(12) Ellen Zane Vice Chair of the Board/Comm Chair	5.0 ..... 1.0	X						0	0	0
(13) George W Wellde Jr Trustee/Comm Chair	3.0 ..... 0.0	X						0	0	0
(14) Grace E Speights Board Chair/Comm Chair	5.0 ..... 0.0	X						0	0	0
(15) Jeffrey Flaks Trustee	2.0 ..... 0.0	X						0	0	0
(16) Judith Lane Rogers Trustee	2.0 ..... 0.0	X						0	0	0
(17) Luis Otero-Bravo Trustee	2.0 ..... 0.0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Madeleine S Jacobs Trustee/Comm Chair	3.0	X						0	0	0
(19) Mark H Chichester Trustee/Comm Chair	3.0	X						0	0	0
(20) Michelle Rubin Trustee	2.0	X						0	0	0
(21) Mollie Bowman Trustee	2.0	X						0	0	0
(22) Pamela Lawrence Trustee	2.0	X						0	0	0
(23) Peter Harrison Trustee	2.0	X						0	0	0
(24) Roslyn M Brock Trustee/Comm Chair	3.0	X						0	0	0
(25) Sam Shekar Trustee	2.0	X						0	0	0
(26) Todd Klein Trustee	2.0	X						0	0	0
(27) Aristide J Collins Vice President and Chief of Staff/Secretary of University	50.0			X				418,164	0	35,360
(28) Charles Barber VP & General Counsel	50.0			X				532,274	0	49,098
(29) Christopher Bracey Provost and EVP for Academic Affairs	50.0			X				519,997	0	55,152
(30) Mark Diaz Executive VP and CFO	50.0			X				1,246,716	0	71,862
(31) Barbara Lee Bass VP for Health Affairs and Dean of SMHS	35.0				X			1,215,357	0	109,560
(32) Lynn Goldman Dean, Milken Institute School of Public Health	50.0				X			556,395	0	30,953
(33) Paul J Wahlbeck Dean, CCAS	50.0				X			519,104	0	103,691
(34) Beth Nolan Sr VP and General Counsel (through 6/2021)	50.0					X		801,862	0	23,635
(35) Dana Bradley VP & Chief People Officer	50.0					X		712,516	0	39,708
(36) Donna Arbide VP for Development and Alumni Relations	50.0					X		690,542	0	49,252
(37) Shahram Sarkani Director and Professor of EMSE	50.0					X		1,156,347	0	58,192
(38) Thomas A Mazzuchi Professor, Dept. of Engineering	50.0					X		700,325	0	50,233
(39) Blake D Morant Former Dean, Law School	40.0						X	414,873	0	41,099
(40) Forrest Maltzman Former Provost and EVP for Academic Affairs	40.0						X	360,643	0	32,555
(41) Jeffrey S Akman Former VP for Health Affairs and Dean of SMHS	40.0						X	410,335	0	35,637
(42) Leo M Chalupa Former VP for Research	40.0						X	331,490	0	41,873
(43) Malworsth Brian Blake Former Provost and EVP for Academic Affairs	40.0						X	485,475	0	19,481
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								12,409,836	0	1,037,633

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1,695**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK CONSTRUCTION GROUP LLC 7500 OLD GEORGETOWN RD BETHESDA, MD 20814	Construction	47,906,170
MEDICAL FACULTY ASSOCIATES 2150 Pennsylvania Avenue NW Washington DC, DC 20037	Teaching and research	35,065,530
2U INC 7900 HARKINS RD LANHAM, MD 20706	E - Learning	33,668,500
ARAMARK SERVICES INC 1776 Wilson Blvd Arlington, VA 22209	Facility services	26,353,490
LAUGHLIN MARINACCIO & OWENS INC 1776 Wilson Blvd Arlington, VA 22209	Marketing	4,228,237

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 402**

**Part VIII Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
<b>1a</b> Federated campaigns . . . . .			0	
<b>b</b> Membership dues . . . . .			0	
<b>c</b> Fundraising events . . . . .			35,055	
<b>d</b> Related organizations . . . . .			0	
<b>e</b> Government grants (contributions) . . . . .			19,154,961	
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .			71,804,494	
<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .			9,442,500	
<b>h Total.</b> Add lines 1a-1f . . . . .				90,994,510

Program Service Revenue		Business Code				
			(A)	(B)	(C)	(D)
<b>2a</b> Tuition and Fees		900099	1,123,400,709	1,123,400,709		
<b>b</b> Grants and Contracts		900099	200,086,909	200,086,909		
<b>c</b> Auxiliary Enterprises		611710	96,818,798	96,818,798		
<b>d</b> Medical Education Agreements		900099	69,331,499	69,331,499		
<b>e</b> Other Program service revenue		611710	21,452,107	21,452,107		
<b>f</b> All other program service revenue.			0	0	0	0
<b>g Total.</b> Add lines 2a-2f. . . . .			1,511,090,022			

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		9,478,376	0		9,478,376	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0		0	
	<b>5</b> Royalties . . . . .		4,048,413	0		4,048,413	
	<b>6a</b> Gross rents	(i) Real	44,661,003				
		(ii) Personal					
		<b>b</b> Less: rental expenses	4,129,198				
		<b>c</b> Rental income or (loss)	40,531,805	0			40,531,805
	<b>d</b> Net rental income or (loss) . . . . .		40,531,805				40,531,805
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	990,177,854	47,358,500			
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	932,786,106	35,309,360			
		<b>c</b> Gain or (loss)	57,391,748	12,049,140			
	<b>d</b> Net gain or (loss) . . . . .		69,440,888				69,440,888
	<b>8a</b> Gross income from fundraising events (not including \$ 35,055 of contributions reported on line 1c). See Part IV, line 18 . . . . .		15,840				
		<b>b</b> Less: direct expenses	23,976				
		<b>c</b> Net income or (loss) from fundraising events . . . . .		-8,136			-8,136
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>b</b> Less: direct expenses					
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		131,617				
<b>b</b> Less: cost of goods sold		161,236					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			-29,619	-29,619			
Miscellaneous Revenue	Business Code						
<b>11a</b> Unrelated Partnership Income	525990	1,051,907		1,051,907			
<b>b</b> Independent Operations	721110	3,739,401		3,739,401			
<b>c</b>							
<b>d</b> All other revenue . . . . .		0	0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		4,791,308					
<b>12 Total revenue.</b> See instructions . . . . .		1,730,337,567	1,511,060,403	4,791,308		123,491,346	

**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 this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,179,750	47,179,750		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	380,024,283	380,024,283		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	9,311,992	9,311,992		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	7,952,341	2,238,902	4,544,676	1,168,763
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,040,531	1,545,643	494,888	
<b>7</b> Other salaries and wages	570,876,617	506,950,065	54,265,681	9,660,871
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,033,391	32,700,432	6,632,004	700,955
<b>9</b> Other employee benefits	56,237,018	45,936,023	9,316,327	984,668
<b>10</b> Payroll taxes	40,373,136	32,977,945	6,688,287	706,904
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	7,618,970	3,524,190	4,094,780	
<b>c</b> Accounting	455,271	27,702	427,569	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	267,060			267,060
<b>f</b> Investment management fees	6,330,125		6,330,125	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	162,497,133	147,317,649	14,245,864	933,620
<b>12</b> Advertising and promotion	5,491,573	5,229,579	176,830	85,164
<b>13</b> Office expenses	25,835,178	21,352,485	3,779,210	703,483
<b>14</b> Information technology	21,114,052	16,775,621	4,332,171	6,260
<b>15</b> Royalties	983,141	983,141		
<b>16</b> Occupancy	67,581,121	62,477,771	4,981,390	121,960
<b>17</b> Travel	11,568,512	10,960,005	346,922	261,585
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	3,729	3,729		
<b>19</b> Conferences, conventions, and meetings	16,059,341	10,924,830	3,195,139	1,939,372
<b>20</b> Interest	74,677,288	66,188,090	8,489,198	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	85,999,760	78,912,319	7,087,441	
<b>23</b> Insurance	4,210,672	4,129,659	81,013	
<b>24</b> 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.)				
<b>a</b> SUBSCRIPTIONS/PERIODICALS	9,937,861	9,806,188	112,266	19,407
<b>b</b> Bad Debt Expense	3,563,587	178,539	3,385,048	
<b>c</b> Memberships	2,996,920	2,480,916	479,280	36,724
<b>d</b> Interdepartmental Assessments	0	1,171,500	-1,197,718	26,218
<b>e</b> All other expenses	4,080,412	3,757,278	298,184	24,950
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,665,300,765	1,505,066,226	142,586,575	17,647,964
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	23,923,483	<b>1</b>	23,136,742
	<b>2</b> Savings and temporary cash investments	215,037,791	<b>2</b>	78,671,659
	<b>3</b> Pledges and grants receivable, net . . . . .	62,081,585	<b>3</b>	73,083,817
	<b>4</b> Accounts receivable, net . . . . .	44,881,651	<b>4</b>	45,194,928
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	42,227,493	<b>7</b>	121,106,590
	<b>8</b> Inventories for sale or use . . . . .	116,793	<b>8</b>	50,684
	<b>9</b> Prepaid expenses and deferred charges . . . . .	31,874,042	<b>9</b>	31,606,716
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,022,592,569		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,209,096,378	2,812,988,376	<b>10c</b> 2,813,496,191
	<b>11</b> Investments—publicly traded securities . . . . .	516,945,018	<b>11</b>	236,192,532
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,229,523,131	<b>12</b>	1,355,325,150
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	16,353,703	<b>13</b>	12,390,663
	<b>14</b> Intangible assets . . . . .	6,356,387	<b>14</b>	5,561,839
	<b>15</b> Other assets. See Part IV, line 11	50,239,193	<b>15</b>	58,769,831
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	5,052,548,646	<b>16</b>	4,854,587,342	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	282,857,592	<b>17</b>	203,301,500
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	104,599,170	<b>19</b>	110,168,164
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	1,990,536,935	<b>24</b>	1,865,674,810
	<b>25</b> 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	27,903,841	<b>25</b>	87,031,293
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,405,897,538	<b>26</b>	2,266,175,767
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,775,849,416	<b>27</b>	1,746,856,085
	<b>28</b> Net assets with donor restrictions	870,801,692	<b>28</b>	841,555,490
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	2,646,651,108	<b>32</b>	2,588,411,575
	<b>33</b> Total liabilities and net assets/fund balances	5,052,548,646	<b>33</b>	4,854,587,342

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,730,337,567
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,665,300,765
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	65,036,802
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,646,651,108
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-117,518,851
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-5,757,484
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	2,588,411,575

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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 basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</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.	Yes	

**Additional Data**

[Return to Form](#)

**Software ID:** 21014044

**Software Version:** 2021v4.2

**Form 990, Special Condition Description:**

**Special Condition Description**

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
The George Washington University

**Employer identification number**  
53-0196584

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 7,338,633,223
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 53.77%
Row 15: Public support percentage for 2020 Schedule A, Part II, line 14 15 52.32%

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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 organization
b 10%-facts-and-circumstances test—2020. 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
18 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	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.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b>	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> .		
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined on line 9a) 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>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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).		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the officers, 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? <i>If "No," describe in Part VI 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.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

	Yes	No
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

	Yes	No
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10	OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING, GAMING EVENTS, AND SALES OF INVENTORY.
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - , COLUMN A - 392745.0, COLUMN B - 257888.0, COLUMN C - 182766.0, COLUMN D - 23700.0, COLUMN E - 147458.0, COLUMN F - 1004557.0;

## **Additional Data**

**Return to Form**

**Software ID:** 21014044

**Software Version:** 2021v4.2

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

**If the organization answered "Yes" 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 The George Washington University	Employer identification number 53-0196584
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

**2** Political campaign activity expenditures. See instructions ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** 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

**4a** Was a correction made? .....  Yes  No

**b** If "Yes," describe in Part IV.

**Part I-C 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 ..... \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 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  No

**5** 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) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	951													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	951													
<b>d</b> Other exempt purpose expenditures .....	1,660,833,780													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	1,660,834,731													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	9,117	9,491	2,691	951	22,250
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

**Additional Data**

**Return to Form**

**Software ID:** 21014044

**Software Version:** 2021v4.2

Supplemental Financial Statements

2021

Open to Public Inspection

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization The George Washington University

Employer identification number

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with questions (1a, 1b, 2) regarding art and historical treasures, including revenue and asset amounts.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	2,411,272,032	1,802,656,169	1,778,559,425	1,798,809,978	1,729,147,338
<b>b</b> Contributions . . . . .	51,436,740	51,388,291	71,085,725	56,629,481	29,112,124
<b>c</b> Net investment earnings, gains, and losses	-17,076,919	661,623,896	49,225,004	16,916,449	128,803,363
<b>d</b> Grants or scholarships . . . . .	10,962,082	10,715,029	13,011,274	12,692,870	11,945,402
<b>e</b> Other expenditures for facilities and programs . . . . .	88,000,110	88,824,990	77,883,601	76,110,559	70,782,046
<b>f</b> Administrative expenses . . . . .	6,308,375	4,856,305	5,319,110	4,993,054	5,525,399
<b>g</b> End of year balance . . . . .	2,340,361,286	2,411,272,032	1,802,656,169	1,778,559,425	1,798,809,978

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 70.98 %
  - b** Permanent endowment ▶ 29.02 %
  - c** Term endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . .   | No  | No |
| <b>(ii)</b> Related organizations . . . . .  | No  | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | No  | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	861,600	183,109,231	0	183,970,831
<b>b</b> Buildings . . . . .	1,109,513,103	2,438,225,120	990,440,558	2,557,297,665
<b>c</b> Leasehold improvements	0	12,941,426	10,078,022	2,863,404
<b>d</b> Equipment . . . . .	0	277,942,089	208,577,798	69,364,291
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,813,496,191

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) DEFERRED COMPENSATION LIFE INSURANCE		
(B) INVESTMENT FUND FOR 457 LIABILITIES		
(C) BENEFICIAL INTEREST PERPETUAL TRUSTS		
(D) RECEIVABLES FROM CRUTS HELD BY 3RD PARTY		
(E) LIFE INCOME FUNDS		
(F) LIMITED PARTNERSHIPS		
(G) OTHER SECURITIES		
(H) OTHER STOCKS		
(I) DEFERRED COMPENSATION LIFE INSURANCE		
(J) INVESTMENT FUND FOR 457 LIABILITIES		
(K) BENEFICIAL INTEREST PERPETUAL TRUSTS		
(L) RECEIVABLES FROM CRUTS HELD BY 3RD PARTY		
(M) LIFE INCOME FUNDS		
(N) LIMITED PARTNERSHIPS		
(O) OTHER SECURITIES		
(P) OTHER STOCKS		
(Q) DEFERRED COMPENSATION LIFE INSURANCE	1,651,580	F
(R) INVESTMENT FUND FOR 457 LIABILITIES	63,905,062	F
(S) BENEFICIAL INTEREST PERPETUAL TRUSTS	41,164,756	F
(T) RECEIVABLES FROM CRUTS HELD BY 3RD PARTY	3,930,234	F
(U) LIFE INCOME FUNDS	14,085,119	F
(V) LIMITED PARTNERSHIPS	63,146,752	F
(W) OTHER SECURITIES	994,573,756	F
(X) OTHER STOCKS	172,867,891	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,355,325,150</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description

(b) Book value

(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)		

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)		87,031,293

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE UNIVERSITY HOLDS A COLLECTION OF HISTORICAL DOCUMENTS IN THE AMOUNT OF \$15,020,422. THE GW LIBRARIES' SPECIAL COLLECTIONS RESEARCH CENTER INCLUDE STRONG REPRESENTATION OF AMERICAN LABOR HISTORY, SOCIAL JUSTICE, HISTORY OF EDUCATION, AND 20TH CENTURY WASHINGTON, D.C. HISTORY. COLLECTIONS INCLUDE RARE BOOKS, ARCHIVES AND MANUSCRIPTS, MAPS, AND AUDIOVISUAL MATERIALS. NOTABLE COLLECTIONS INCLUDE THE ARCHIVES OF THE INTERNATIONAL BROTHERHOOD OF TEAMSTERS, THE NATIONAL EDUCATION ASSOCIATION, THE CORCORAN GALLERY OF ART AND THE CORCORAN COLLEGE OF ART + DESIGN; THE I. EDWARD KIEV COLLECTION OF JUDAICA AND HEBRAICA; AND GW'S UNIVERSITY ARCHIVES. IN ADDITION, THE UNIVERSITY HOLDS SEVERAL PERMANENT COLLECTIONS OF ARCHIVES, HISTORICAL DOCUMENTS, AND ARTWORK. THE GEORGE WASHINGTON UNIVERSITY MUSEUM (THE "MUSEUM") HOUSES THE TEXTILE MUSEUM COLLECTION, WHICH INCLUDES TEXTILES, CERAMICS, HISTORIC FURNISHINGS AND PHOTOGRAPHS THAT ARE ON PERMANENT LOAN TO GW. THE MUSEUM ALSO HOUSES THE ALBERT SMALL COLLECTION, WHICH IS OWNED BY THE UNIVERSITY AND FEATURES MAPS, PHOTOGRAPHS AND ARTIFACTS RELATED TO THE HISTORY OF WASHINGTON, D.C. THROUGH EXHIBITIONS, PROGRAMS AND ACADEMIC COURSES, THE MUSEUM COLLECTIONS ENRICH UNIVERSITY RESEARCH, EDUCATION, AND CULTURAL UNDERSTANDING. A SEPARATE COLLECTION IS MANAGED BY THE UNIVERSITY'S LUTHER W. BRADY ART GALLERY, AN EDUCATIONAL GALLERY LOCATED ON CAMPUS, WHICH INCLUDES PAINTINGS, SCULPTURES, GRAPHICS AND PHOTOGRAPHS. THE UNIVERSITY ALSO MAINTAINS THE DIMOCK GALLERY, WHICH SUPPORTS ITS FINE ARTS AND HISTORY STUDENTS AND PROVIDES A "HANDS-ON" EXPERIENCE FOR CURATING AND PRESENTING STUDENTS' CREATIVE ENDEAVORS.
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE UNIVERSITY'S ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT TO A WIDE VARIETY OF PROGRAMS AND ACTIVITIES ON AN ONGOING BASIS, PLAYING A CRITICAL ROLE IN ENABLING THE UNIVERSITY TO ACHIEVE ITS MISSION. PROGRAMS SUPPORTED BY THE ENDOWMENT INCLUDE SCHOLARSHIPS AND FELLOWSHIPS, LECTURESHIPS AND PROFESSORSHIPS, RESEARCH ACTIVITIES, LIBRARIES, MUSEUMS, AND ATHLETICS.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University is an exempt organization under Section 501(c)(3) of the Internal Revenue Code and, therefore, is not required to pay federal income tax on income related to its exempt purposes. The University is subject to tax on unrelated business income. The University has concluded that there are no material uncertain tax positions as of June 30, 2022 and 2021 .

## Additional Data

[Return to Form](#)

**Software ID:** 21014044

**Software Version:** 2021v4.2

**SCHEDULE E**  
**(Form 990)**

# Schools

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

- ▶ **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.**
- ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The George Washington University

**Employer identification number**

53-0196584

**Part I**

	YES	NO
<b>1</b> 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	
<b>2</b> 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	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has a solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please explain. If "No," please explain. If you need more space use Part II. . . . .	Yes	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .	Yes	

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	THE POLICY IS PUBLISHED ON THE UNIVERSITY'S WEBSITE AND IS PRINTED IN ALL MAJOR UNDERGRADUATE AND GRADUATE APPLICATION MATERIALS, INCLUDING UNDERGRADUATE AND GRADUATE BULLETINS AND COURSE CATALOGS, STUDENT HANDBOOKS, FINANCIAL AID SOURCEBOOKS, GUIDE TO STUDENT RIGHTS AND RESPONSIBILITIES, AND EMPLOYMENT RECRUITMENT MATERIALS. THE UNIVERSITY CONTINUES IN ITS EFFORTS TO ENSURE ALL SUPPLEMENTARY WRITTEN COMMUNICATIONS ALSO INCLUDE A REFERENCE TO THE POLICY.
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE UNIVERSITY RECEIVES FINANCIAL ASSISTANCE FROM VARIOUS GOVERNMENTAL AGENCIES, WITHIN THE FEDERAL GOVERNMENT AND WITHIN LOCAL JURISDICTIONS. THE GOVERNMENTAL GRANTS AND CONTRACTS SUPPORT CERTAIN RESEARCH PROJECTS AND STUDENT FINANCIAL AID.

Schedule E (Form 990) (2021)

**Additional Data****Return to Form****Software ID:** 21014044**Software Version:** 2021v4.2

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
The George Washington University

**Employer identification number**

53-0196584

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean		9	Program Services	Education and Research	113,000
(2) East Asia and the Pacific		63	Program Services	Education and Research	1,176,000
(3) Europe (Including Iceland and Greenland)	3	222	Program Services	Education and Research	10,360,000
(4) Middle East and North Africa		49	Program Services	Education and Research	1,049,000
(5) North America (Canada & Mexico only)		126	Program Services	Education and Research	688,000
(6) Russia and Neighboring States		41	Program Services	Education and Research	400,000
(7) South America	1	61	Program Services	Education and Research	658,000
(8) South Asia		30	Program Services	Education and Research	689,000
(9) Sub-Saharan Africa		93	Program Services	Education and Research	2,362,000
(10) Central America and the Caribbean			Grantmaking		30,000
(11) East Asia and the Pacific			Grantmaking		884,000
(12) Europe (Including Iceland and Greenland)			Grantmaking		6,025,000
(13) Middle East and North Africa			Grantmaking		216,000
(14) North America (Canada & Mexico only)			Grantmaking		137,000
(15) South America			Grantmaking		259,000
(16) South Asia			Grantmaking		324,000
(17) Sub-Saharan Africa			Grantmaking		1,411,000
(18) Central America and the Caribbean			Investments		413,368,000
(19) Europe (Including Iceland and Greenland)			Investments		23,165,000
(20) Middle East and North Africa			Fundraising		13,000
<b>3a</b> Sub-total . . . . .	4	694			25,370,000
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			437,957,000
<b>c Totals</b> (add lines 3a and 3b)	4	694			463,327,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		East Asia and the Pacific	subaward	321,000	EFT			
(2)		Europe (Including Iceland and Greenland)	subaward	18,000	EFT			
(3)		South Asia	subaward	100,000	EFT			
(4)		Russia and Neighboring States	subaward	43,000	EFT			
(5)		Sub-Saharan Africa	subaward	28,000	EFT			
(6)		South America	subaward	37,000	EFT			
(7)		South America	subaward	9,000	EFT			
(8)		North America (Canada & Mexico only)	subaward	57,000	EFT			
(9)		Middle East and North Africa	subaward	106,000	EFT			
(10)		Sub-Saharan Africa	subaward	245,000	EFT			
(11)		Sub-Saharan Africa	subaward	12,000	EFT			
(12)		South Asia	subaward	42,000	EFT			
(13)		East Asia and the Pacific	subaward	109,000	EFT			
(14)		East Asia and the Pacific	subaward	34,000	EFT			
(15)		Europe (Including Iceland and Greenland)	subaward	10,000	EFT			
(16)		Europe (Including Iceland and Greenland)	subaward	55,000	EFT			
(17)		Europe (Including Iceland and Greenland)	subaward	324,000	EFT			
(18)		Sub-Saharan Africa	subaward	571,000	EFT			
(19)		Europe (Including Iceland and Greenland)	subaward	79,000	EFT			
(20)		Sub-Saharan Africa	subaward	306,000	EFT			
(21)		North America (Canada & Mexico only)	subaward	59,000	EFT			
(22)		South Asia	subaward	177,000	EFT			
(23)		Europe (Including Iceland and Greenland)	subaward	82,000	EFT			
(24)		Sub-Saharan Africa	subaward	10,000	EFT			
(25)		Europe (Including Iceland and Greenland)	subaward	88,000	EFT			
(26)		Europe (Including Iceland and Greenland)	subaward	96,000	EFT			
(27)		Europe (Including Iceland and Greenland)	subaward	189,000	EFT			
(28)		North America (Canada & Mexico only)	subaward	21,000	EFT			
(29)		Europe (Including Iceland and Greenland)	subaward	46,000	EFT			
(30)		Sub-Saharan Africa	subaward	50,000	EFT			
(31)		Sub-Saharan Africa	subaward	143,000	EFT			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 28

3 Enter total number of other organizations or entities 3

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) STUDY ABROAD SCHOLARSHIPS	Central America and the Caribbean	1	29,890	EFT			
(2) STUDY ABROAD SCHOLARSHIPS	East Asia and the Pacific	36	418,900	EFT			
(3) STUDY ABROAD SCHOLARSHIPS	Europe (Including Iceland and Greenland)	340	5,031,356	EFT			
(4) STUDY ABROAD SCHOLARSHIPS	Middle East and North Africa	8	110,250	EFT			
(5) STUDY ABROAD SCHOLARSHIPS	South America	13	212,150	EFT			
(6) STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	4	42,000	EFT			
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 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  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**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.

ReturnReference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	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 GW'S 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 ORGANIZATION'S 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 AWARD AND GW'S 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, Research Administration Pods, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES. A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS. THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES. THE SYSTEM CHECKS 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 AND EAS, HAVE THE RECORDS OF PAYMENTS.
Schedule F, Part I, Line 3 Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN-Accrual; EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; RUSSIA AND NEIGHBORING STATES-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB-SAHARAN AFRICA-Accrual
Schedule F, Part II, Line 1 Method used to account for expenditures on org's financial statements	EAST ASIA AND THE PACIFIC-Accrual; EUROPE (INCLUDING ICELAND AND GREENLAND)-Accrual; MIDDLE EAST AND NORTH AFRICA-Accrual; NORTH AMERICA (CANADA & MEXICO ONLY)-Accrual; RUSSIA AND NEIGHBORING STATES-Accrual; SOUTH AMERICA-Accrual; SOUTH ASIA-Accrual; SUB-SAHARAN AFRICA-Accrual
Schedule F, Part III Method used to account for expenditures on org's financial statements	CENTRAL AMERICA AND THE CARIBBEAN -Accrual EAST ASIA AND THE PACIFIC -Accrual EUROPE (INCLUDING ICELAND AND GREENLAND) -Accrual MIDDLE EAST AND NORTH AFRICA -Accrual SOUTH AMERICA -Accrual SUB-SAHARAN AFRICA -Accrual

## Additional Data

**Software ID:** 21014044

**Software Version:** 2021v4.2

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
 The George Washington University

**Employer identification number**  
 53-0196584

**Part I 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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RUFFALO NOEL LEVITZ 1025 KIRKWOOD Parkway SW  CEDAR RAPIDS, IA 52404	Consulting and Telefundraising		No	103,644	61,994	41,650
2 THE STELTER COMPANY 10435 NEW YORK AVE  DES MOINES, IA 50322	Consulting		No	0	46,402	-46,402
3 GIVECAMPUS 99 M STREET SE Ste 233  Washington, DC 20003	Online Fundraising Platform		No	671,977	82,580	589,397
4 MARK JONES 148 DAYLESFORD BLVD  Berwyn, PA 19132	Consulting		No	0	50,063	-50,063
5 JANE KOLSON 540 Second Street 203  Alexandria, VA 22314	Consulting		No	0	26,021	-26,021
6						
7						
8						
9						
10						
<b>Total</b>				<b>775,621</b>	<b>267,060</b>	<b>508,561</b>

**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.  
 CT, DC, KS, KY, LA, ME, AK, MD, MA, MI, MN, MS, NH, NJ, NY, ND, OH, OK, OR, SC, VA, AR, WA

**Part II 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.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<u>Golf Tournament</u> (event type)	_____ (event type)	_____ (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	50,895			50,895
	<b>2</b> Less: Contributions . . . . .	35,055			35,055
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	15,840	0	0	15,840
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	1,250			1,250
	<b>6</b> Rent/facility costs . . . . .	22,726			22,726
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				23,976
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-8,136	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

-----

-----

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

-----

-----

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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 ▶ \$ \_\_\_\_\_ and 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

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
Schedule G, Part I, Line 2b	FUNDRAISER AGREEMENTS THAT PROVIDE BOTH PAYMENTS FOR SERVICES AND PAYMENTS FOR EXPENSES REQUIRE EXPENSES TO BE DOCUMENTED WITH RECEIPTS. THERE WERE NO AGREEMENTS WITH FUNDRAISERS EXCLUSIVELY FOR EXPENSES.



**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) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Financial Assistance in the form of University-Awarded Grants, Scholarships, and Allocations	16000	349,727,000			
(2) Financial Assistance in the form of stipends, prizes, and awards	3000	17,466,000			
(3) CARES Act HEERF III grant	10000	12,591,000			
(4) Subawards	3	240,000			
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	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 GW'S 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 ORGANIZATION'S 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 AWARD AND GW'S 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, RESEARCH ADMINISTRATION PODS, CENTRAL RESEARCH, AND FINANCIAL OFFICES WITHIN GW. MEDICAL FACULTY ASSOCIATES, INC. JOINT FUNDRAISING CAMPAIGN ONLY - MFA AGREES TO SPEND PHILANTHROPICALLY RAISED FUNDS CONSISTENT WITH DONOR INTENT AND TO PROVIDE ANNUAL REPORTS ON THE USE OF EXPENSED FUNDS AND RELATED DETAIL TO GW. GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE FINANCIAL AID OFFICE KEEPS RECORDS ON ITS INTEGRATED SOFTWARE SYSTEM THAT SUBSTANTIATES THE AMOUNT GRANTED TO EACH STUDENT, THE ELIGIBILITY CRITERIA FOR EACH STUDENT, AND THE SELECTION PROCESS USED IN AWARDING ASSISTANCE. THE UNIVERSITY'S GRANTS AND OTHER ASSISTANCE ARE INITIALLY CREDITED DIRECTLY TO THE STUDENT'S ACCOUNT IN ITS INTEGRATED SOFTWARE SYSTEM IN ORDER TO PAY FOR TUITION, FEES, ROOM AND BOARD, AND/OR TEXTBOOK CHARGES. A CHANGE IN ENROLLMENT STATUS RESULTS IN WEEKLY REPORTS THAT FINANCIAL AID STAFF REVIEW FOR POSSIBLE ADJUSTMENTS. THE BALANCE OF AID IN EXCESS OF THE ABOVE CHARGES CAN BE REFUNDED TO THE STUDENT FOR LIVING EXPENSES. THE SYSTEM CHECKS 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 AND EAS, HAVE THE RECORDS OF PAYMENTS.

## Additional Data

[Return to Form](#)

**Software ID:** 21014044

**Software Version:** 2021v4.2

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**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.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The George Washington University

Employer identification number

53-0196584

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>	Yes	
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>	Yes	
<b>8</b>		No
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Thomas J LeBlanc President - Ex Officio (through 12/2021)	(i)	1,134,648	175,050	27,723	85,580	104,712	1,527,713	0
	(ii)	0	0	0	0	0	0	0
2 Mark Diaz Executive VP and CFO	(i)	854,842	316,000	75,874	46,333	25,529	1,318,578	0
	(ii)	0	0	0	0	0	0	0
3 Christopher Bracey Provost and EVP for Academic Affairs	(i)	511,079	0	8,918	28,244	26,908	575,149	0
	(ii)	0	0	0	0	0	0	0
4 Charles Barber VP & General Counsel	(i)	501,435	0	30,839	29,999	19,099	581,372	0
	(ii)	0	0	0	0	0	0	0
5 Aristide J Collins Vice President and Chief of Staff/Secretary of University	(i)	412,007	0	6,157	25,723	9,637	453,524	0
	(ii)	0	0	0	0	0	0	0
6 Barbara Lee Bass VP for Health Affairs and Dean of SMHS	(i)	1,188,999	0	26,358	90,000	19,560	1,324,917	0
	(ii)	0	0	0	0	0	0	0
7 Lynn Goldman Dean, Milken Institute School of Public Health	(i)	515,953	0	40,442	29,659	1,294	587,348	0
	(ii)	0	0	0	0	0	0	0
8 Paul J Wahlbeck Dean, CCAS	(i)	487,440	0	31,664	28,196	75,495	622,795	0
	(ii)	0	0	0	0	0	0	0
9 Shahram Sarkani Director and Professor of EMSE	(i)	1,086,766	0	69,581	32,663	25,529	1,214,539	0
	(ii)	0	0	0	0	0	0	0
10 Beth Nolan Sr VP and General Counsel (through 6/2021)	(i)	321,615	0	480,247	13,855	9,780	825,497	0
	(ii)	0	0	0	0	0	0	0
11 Dana Bradley VP & Chief People Officer	(i)	306,431	0	406,085	21,556	18,152	752,224	0
	(ii)	0	0	0	0	0	0	0
12 Thomas A Mazzuchi Professor, Dept. of Engineering	(i)	657,334	0	42,991	31,238	18,995	750,558	0
	(ii)	0	0	0	0	0	0	0
13 Donna Arbide VP for Development and Alumni Relations	(i)	596,865	59,500	34,177	30,983	18,269	739,794	0
	(ii)	0	0	0	0	0	0	0
14 Blake D Morant Former Dean, Law School	(i)	385,430	0	29,443	22,208	18,891	455,972	0
	(ii)	0	0	0	0	0	0	0
15 Leo M Chalupa Former VP for Research	(i)	307,630	0	23,860	22,900	18,973	373,363	0
	(ii)	0	0	0	0	0	0	0
16 Forrest Maltzman Former Provost and EVP for Academic Affairs	(i)	336,771	0	23,872	23,646	8,909	393,198	0
	(ii)	0	0	0	0	0	0	0
17 Malworsth Brian Blake Former Provost and EVP for Academic Affairs	(i)	473,295	4,020	8,160	18,618	863	504,956	0
	(ii)	0	0	0	0	0	0	0
18 Jeffrey S Akman Former VP for Health Affairs and Dean of SMHS	(i)	380,654	0	29,681	25,773	9,864	445,972	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	FIRST-CLASS TRAVEL WAS PROVIDED TO ONE Officer and one Key Employee. Upon evaluation of the business purposes and university policy, THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	THE PRESIDENT RESIDES IN ON-CAMPUS HOUSING AS A CONDITION OF HIS EMPLOYMENT FOR THE CONVENIENCE OF THE UNIVERSITY. THE RESIDENCE IS USED FOR UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT PURPOSES ON A REASONABLE AND CONTINUAL BASIS, ALTHOUGH DURING THIS REPORTING PERIOD THE FREQUENCY AND NATURE OF THE USE WAS REDUCED DUE TO RESTRICTIONS RELATED TO THE COVID-19 PANDEMIC. Upon evaluation of the business purposes and university policy, THE BENEFIT WAS NOT TREATED AS TAXABLE COMPENSATION.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	CLUB DUES WERE PAID ON BEHALF OF One OFFICER. THE MEMBERSHIPS WERE USED PREDOMINANTLY FOR UNIVERSITY BUSINESS PURPOSES. Upon evaluation of the business purposes and university policy, THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION where appropriate.
Schedule J, Part I, Line 4a Severance or change-of-control payment	B. Nolan and D. Bradley RECEIVED SEVERANCE PAYMENTS of \$338,250 and \$285,000, respectively.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	IN RECOGNITION OF THE FACT THAT THE UNIVERSITY'S CONTRIBUTIONS ON BEHALF OF AN EMPLOYEE TO ITS QUALIFIED RETIREMENT PLAN ('401(A) PLAN') ARE LIMITED BY THE INTERNAL REVENUE CODE'S CAP ON AN EMPLOYEE'S COMPENSATION (\$290,000 FOR 2021) AND THE CONTRIBUTION LIMITS FOR DEFINED CONTRIBUTION PLANS, THE UNIVERSITY PROVIDES ALL EMPLOYEES WHO PARTICIPATE IN THE 401(A) PLAN AND WHO EARN COMPENSATION IN EXCESS OF THE CAP WITH CONTRIBUTIONS TO A NONQUALIFIED DEFERRED COMPENSATION PLAN ('457(F) RESTORATION PLAN') EQUAL TO THE DIFFERENCE BETWEEN THE BENEFIT THE INDIVIDUAL WOULD HAVE RECEIVED UNDER THE 401(A) PLAN IF NO COMPENSATION OR CONTRIBUTION LIMITS APPLIED AND THE AMOUNT ACTUALLY ACCRUED UNDER THE 401(A) PLAN; LESS ANY EMPLOYER CONTRIBUTION TO THE GEORGE WASHINGTON UNIVERSITY ELIGIBLE DEFERRED COMPENSATION PLAN. THE AMOUNTS REPORTED IN THIS SECTION ARE ALREADY INCLUDED IN THE COMPENSATION REPORTED IN SCHEDULE J, PART II. Thomas LeBlanc \$52,690 Mark Diaz \$14,700 Charles Barber \$4,870 Jeffrey S. Akman \$4,649 Barbara Bass \$57,000 Lynn Goldman \$9,818 Paul Wahlbeck \$8,750 Thomas A.Mazzuchi \$16,633 Shahram Sarkani \$46,517 Beth Nolan \$118,849 Forrest Maltzman \$2,774 Leo M. Chalupa \$1,853 Blake D.Morant \$4,294
Schedule J, Part I, Line 5a Compensation contingent on revenues of the organization	TWO PERSONS LISTED ARE MEMBERS OF THE FACULTY PAID ADDITIONAL COMPENSATION BASED IN PART ON THE GROSS REVENUE OF PROGRAMS. THE ADDITIONAL AMOUNT IS PAID FOR THE MANAGEMENT, DEVELOPMENT, AND PARTICIPATION IN EDUCATIONAL PROGRAMS.
Schedule J, Part I, Line 7 Non-fixed payments	GW OFFERED AN ANNUAL INCENTIVE COMPENSATION PLAN FOR CERTAIN SENIOR OFFICIALS. THE ANNUAL AWARD OPPORTUNITY IS CAPPED AT A PERCENTAGE OF THEIR SALARY. THE PLAN INCLUDES PROGRAMMATIC GOALS AND OBJECTIVES FOR THE YEAR THAT ARE SPECIFIC TO THEIR SCHOOL OR UNIT GOALS. 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 BASED ON THEIR GOALS AND OBJECTIVES AND AWARDS THE INCENTIVE PAYMENTS BASED ON COMPARABLE MARKET DATA.

**Additional Data**

**Return to Form**

**Software ID:** 21014044

**Software Version:** 2021v4.2



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Sarah Binder	FAMILY MEMBER OF Former Officer	160,815	EMPLOYMENT		No

**Part V Supplemental Information**

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

Return Reference

Explanation

## Additional Data

[Return to Form](#)

**Software ID:** 21014044

**Software Version:** 2021v4.2

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The George Washington University

**Employer identification number**

53-0196584

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	1	0	NONE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		14,270	Other
5 Clothing and household goods . . . . .	X		26,649	Other
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	210	9,020,926	Other - AVG HI/LOW method on gift date
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	9	11,394	Other - FMV - Appraisal or estimate
20 Drugs and medical supplies . . . . .	X	2	5,852	Other - FMV - Appraisal or estimate
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>Real Estate</u> ) . . . . .	X	2	340,409	Other - FMV - Appraisal or estimate
Other ( <u>Life</u> ) . . . . .	X	7	13,964	Other - Net Cash value
26 ▶ <u>insurance</u> ) . . . . .				
27 Other ▶ ( <u>Various</u> ) . . . . .	X	3	9,036	Other - FMV - Appraisal or estimate
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	GW IS REPORTING THE NUMBER OF CONTRIBUTIONS
Schedule M, Part I, Line 33 Noncash contribution amounts not reported	A ZERO AMOUNT WAS REPORTED ON SCHEDULE M, PART I, LINE 1 COL. C FOR DONATED WORKS OF ART BECAUSE THE ORGANIZATION DID NOT CAPITALIZE THIS TYPE OF PROPERTY, AS ALLOWED UNDER ASC 958.

## Additional Data

[Return to Form](#)

**Software ID:** 21014044

**Software Version:** 2021v4.2

**SCHEDULE O**  
**(Form 990)****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
The George Washington University

Employer identification number

53-0196584

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	THE EXECUTIVE COMMITTEE, DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, SHALL, TO THE EXTENT NOT OTHERWISE SPECIFIED BY THE BOARD, POSSESS AND EXERCISE ALL OF THE POWERS AND DUTIES OF THE BOARD OF TRUSTEES, EXCEPT THE COMMITTEE SHALL HAVE NO POWER TO ELECT OR REMOVE TRUSTEES OR THE PRESIDENT, TO AMEND THESE BYLAWS OR A FACULTY CODE, OR TO APPROVE THE MERGER OF THE UNIVERSITY WITH ANY OTHER CORPORATION. THE EXECUTIVE COMMITTEE SHALL CONVENE PERIODICALLY AS THE COMPENSATION COMMITTEE TO ESTABLISH COMPENSATION POLICIES AND PRACTICES AS WELL AS TO APPROVE THE COMPENSATION AND EMPLOYMENT ARRANGEMENTS OF THE PRESIDENT AND OTHER DESIGNATED OFFICIALS OF THE UNIVERSITY. IT SHALL ALSO ADDRESS CONFLICTS OF INTEREST FOR THOSE INDIVIDUALS WHOSE COMPENSATION IT REVIEWS. THE EXECUTIVE COMMITTEE SHALL BE CONSIDERED A STANDING COMMITTEE.
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Mark Wrighton and Ellen Zane - Business relationship
Form 990, Part VI, Line 4 Significant changes to organizational documents	Board Size and Membership: - Remove age limit for trustees. Executive Committee: - Clarify size of the committee by stating that the President does not count toward maximum committee membership. Committee Structure: - Add to the Audit and Compliance Committee's description oversight of compliance, institutional policies, and legal reports. - Formalize the Committee on Academic Affairs' oversight of research and admissions. - Expand the oversight of the Committee on Governance and Nominations to include the Trustee Conflicts of Interest Policy and update language to include explicitly trustee orientation, trustee recruitment and education, and evaluation of Board performance and effectiveness. Board Officers: - Clarify language around Board officer terms when serving more than 2 terms as a Board Officer. University Officers: - Change the treasurer description to specify that the Treasurer shall be the most senior financial officer of the university. - Add the General Counsel as an officer along with a description of the officer's duties. - Add Secretary of the University as an officer along with a description of the officer's duties.
Form 990, Part VI, Line 11b Review of form 990 by governing body	FORM 990 WAS PREPARED BY THE UNIVERSITY'S TAX DEPARTMENT AND THEN REVIEWED INTERNALLY BY SENIOR MANAGEMENT AND EXTERNALLY BY Grant Thornton LLP. IT WAS THEN submitted TO THE COMMITTEE ON AUDIT AND COMPLIANCE OF THE UNIVERSITY'S BOARD OF TRUSTEES FOR REVIEW AND DISCUSSION. THE FINAL FORM 990 WAS made available TO BOARD Members BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.
Form 990, Part VI, Line 12c Conflict of interest policy	CONFLICT OF INTEREST POLICIES ARE MONITORED BY THE UNIVERSITY'S OFFICE OF ETHICS, COMPLIANCE, and Risk WHICH DISTRIBUTES AN ANNUAL DISCLOSURE FORM TO IDENTIFIED POPULATIONS AFTER A RISK ANALYSIS OF THE POSITION. THE DISCLOSURE FORMS ARE COLLECTED, AND THE DISCLOSURES ARE SUMMARIZED AND SHARED WITH THE OFFICE OF THE GENERAL COUNSEL, THE BOARD OF TRUSTEES COMMITTEE ON AUDIT AND COMPLIANCE AND OTHER BOARD COMMITTEES AS APPROPRIATE. FOR TRUSTEES, THE COMMITTEE ON GOVERNANCE AND NOMINATIONS REVIEWS AND APPROVES THE TRUSTEE CONFLICTS OF INTEREST POLICY AND TRUSTEE CONFLICT OF INTEREST DISCLOSURES, AND MANAGEMENT PLANS. ANY DISCLOSURE WHICH REVEALS FACTS THAT INDICATE AN ACTUAL OR APPARENT CONFLICT IS REVIEWED AND, WHEN APPROPRIATE, A PLAN IS DEVELOPED AND IMPLEMENTED TO ELIMINATE, MANAGE, OR MITIGATE SUCH CONFLICT. THESE PLANS ARE MONITORED AND ENFORCED THROUGH ONGOING OVERSIGHT, COORDINATED BY THE OFFICE OF ETHICS, COMPLIANCE, AND RISK INCLUDING A THOROUGH REVIEW OF UNIVERSITY PAYMENT REQUESTS THAT MAY CREATE A CONFLICT.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE EXECUTIVE COMMITTEE (THE "COMMITTEE") OF THE UNIVERSITY'S BOARD OF TRUSTEES (EXCLUDING THE PRESIDENT) IS DELEGATED THE AUTHORITY BY THE BOARD TO SET EXECUTIVE COMPENSATION. THE COMMITTEE, SERVING AS THE COMPENSATION COMMITTEE, TYPICALLY REVIEWS AND DETERMINES THE COMPENSATION FOR THE PRESIDENT; REVIEWS AND APPROVES THE COMPENSATION RECOMMENDED BY THE PRESIDENT FOR THE OFFICERS, KEY EMPLOYEES, AND OTHER TOP MANAGEMENT OFFICIALS ON AN ANNUAL BASIS. 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. THE COMMITTEE 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. IN DETERMINING THE PRESIDENT'S COMPENSATION, THE COMMITTEE CONSIDERS THE CONSULTANT'S REPORT AND MARKET DATA IN ADDITION TO THE TERMS OF HIS EMPLOYMENT CONTRACT. THE COMMITTEE ALSO TAKES INTO CONSIDERATION ACCOMPLISHMENTS FOR THE CURRENT FISCAL YEAR AS WELL AS GOALS FOR THE UPCOMING FISCAL YEAR. WHEN REVIEWING THE REASONABLENESS OF THE OFFICERS, KEY EMPLOYEES, AND OTHER TOP MANAGEMENT OFFICIALS' COMPENSATION, IN ADDITION TO CONSIDERING THE CONSULTANT'S REPORT AND MARKET DATA, THE COMMITTEE ALSO REVIEWS THEIR 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 THE 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.
Form 990, Part VI, Line 19	THE GOVERNING DOCUMENTS (BYLAWS, CHARTER AND MISSION STATEMENT) ARE AVAILABLE ON THE BOARD OF TRUSTEE'S WEBSITE AT: <a href="http://TRUSTEES.GWU.EDU/GOVERNING-DOCUMENTS">HTTP://TRUSTEES.GWU.EDU/GOVERNING-DOCUMENTS</a> . THE FACULTY AND NON-FACULTY

Return Reference	Explanation
Required documents available to the public	CONFLICT OF INTEREST POLICIES ARE AVAILABLE FROM THE UNIVERSITY'S Office of Ethics, Compliance, and Risk WEBSITE AT: <a href="https://compliance.gwu.edu/policies">https://compliance.gwu.edu/policies</a> . THE FINANCIAL STATEMENTS ARE AVAILABLE IN THE ANNUAL REPORT, WHICH IS POSTED ON THE FINANCE DIVISION WEBSITE AT: <a href="http://finance.gwu.edu/reports">HTTP://FINANCE.GWU.EDU/REPORTS</a> .
Form 990, Part VII, Section A Additional trustee information	ALL TRUSTEES SERVE WITHOUT COMPENSATION FOR THEIR ROLE AS TRUSTEE. NO TRUSTEE DEVOTES FULL TIME TO THEIR POSITION. THE AVERAGE NUMBER OF HOURS EACH TRUSTEE DEVOTES TO THEIR POSITION ON THE BOARD OF TRUSTEES DEPENDS UPON THE TRUSTEE'S LEADERSHIP ON THE BOARD AND COMMITTEES. AT LEAST THREE BOARD MEETINGS AND ONE RETREAT WERE HELD DURING THE FISCAL YEAR. MEETINGS WERE HELD BOTH IN PERSON AND VIRTUALLY. EACH TRUSTEE SERVES ON AT LEAST TWO COMMITTEES.
Form 990, Part IX, Line 24d Interdepartmental Assessments	THE UNIVERSITY REPORTS INterdepartmental EXPENSES RECORDED IN VARIOUS COST CENTERS AS A SEPARATE LINE ITEM (LINE 24D). INterdepartmental EXPENSES INCLUDE BUT ARE NOT LIMITED TO, FACILITIES OVERHEAD, POSTAGE, TELEPHONE, PRINT, AND ADVERTISING SERVICES PERFORMED BY INTERNAL DEPARTMENTS. THE RECLASSIFICATION OF INterdepartmental EXPENSES TO A SEPARATE LINE PRESERVES THE OBJECT CLASSIFICATION OF EACH INDIVIDUAL EXPENSE SO THAT ONLY COSTS PAID TO THIRD PARTIES FOR GOODS AND SERVICES ARE REPORTED.
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in value of charitable trusts - -4942651; Adjustment for subsidiary activity - -37124; Recoveries (losses) on pledge contributions - -751709; Reversal of prior year overestimated grant expenses - -26000;

## **Additional Data**

**Return to Form**

**Software ID:** 21014044

**Software Version:** 2021v4.2

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The George Washington University

**Employer identification number**

53-0196584

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> DYNAMO BRASIL VII LLC c/o Corporation Trust Center 1209 Orange Street Wilmington, DE 19801	Investments	DE	0	1,559,431	GW
<b>(2)</b> George Washington WORLDWIDE LLC 1918 F St NW Washington, DC 20052	International education	DC	0	83,804	GW

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> Medical Faculty Associates Inc 2150 Pennsylvania Avenue NW  Washington, DC 20037 52-2220700	Patient care, clinical research, and teaching to medical students and residents of GWU	DC	501(c)(3)	10	GW	Yes	No
<b>(2)</b> MOUNT VERNON COLLEGE c/o TAX DEpartment 45155 RESEARCH PLACE ASHBURN, VA 20147 53-0196635	EDUCATION/SUPPORT GW	DC	501(c)(3)	Type I	GW	Yes	No
<b>(3)</b> WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE  UPPER MARLBORO, MD 20774 52-1559828	LIBRARY SERVICES	DC	501(c)(3)	Type II	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> Charitable remainder trusts (29)	Charitable Giving		NA	Trust				Yes	
<b>(2)</b> Qiaohua Mgmt Consulting (Suzhou) Co Ltd Consulting Service	Consulting service	CH	GWWW LLC	C Corporation	0	79,360	1 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p		No
1q		No
1r	Yes	
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> WASHINGTON RESEARCH LIBRARY CONSORTIUM	M	1,332,560	invoices
<b>(2)</b> Medical Faculty Associates Inc	A	11,292,393	invoices
<b>(3)</b> Medical Faculty Associates Inc	B	4,394,942	Invoices
<b>(4)</b> Medical Faculty Associates Inc	D	236,101,618	FMV
<b>(5)</b> Medical Faculty Associates Inc	L	10,950,317	invoices
<b>(6)</b> Medical Faculty Associates Inc	M	30,384,964	invoices
<b>(7)</b> Medical Faculty Associates Inc	O	6,195,061	invoices
<b>(8)</b> Medical Faculty Associates Inc	R	285,624	invoices



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

**Additional Data**[Return to Form](#)**Software ID:** 21014044**Software Version:** 2021v4.2