Form 990 — Return of Organization Exempt From Income Tax — 2000

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 — **2000** — Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning JUL 1, 2000 and ending JUN 30, 2001

B Check if applicable: ⊘ Change of address ⊘ Change of name ⊘ Initial return ⊘ Final return ⊘X Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: GEORGE MASON UNIVERSITY FOUNDATION, INC.

Number and street (or P.O. box if mail is not delivered to street address): 4400 UNIVERSITY DRIVE, MASON HALL — Room/suite: D201

City or town, state or country, and ZIP: FAIRFAX, VA 22030-4444

D Employer identification number: 54-1603842

E Telephone number: (703)993-8850

F Check ▶ ⊘ if application pending

G Organization type (check only one) ▶ ⊘X 501(c) (3) ⊘ (insert no.) ⊘ 527 OR ⊘ 4947(a)(1)

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 900-EZ).**

(**H** and **I** are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? ⊘ Yes ⊘X No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ⊘ Yes ⊘ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ⊘ Yes ⊘X No

I Enter 4-digit group exemption no. (GEN) ▶

J Accounting method: ⊘ Cash ⊘X Accrual ⊘ Other (specify) ▶

K Check here ▶ ⊘ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ⊘

Part I — Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	23,595,065.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash $ 17,316,708. noncash $ 6,278,357.)			1d	23,595,065.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,029,000.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	2,842,565.
5	Dividends and interest from securities			5	
6 a	Gross rents SEE STATEMENT 1	6a	282,806.		
b	Less: rental expenses SEE STATEMENT 2	6b	399,166.		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	<116,360.>
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8 a	Gross amount from sale of assets other than inventory	14,795,579.	8a			
b	Less: cost or other basis and sales expenses	14,987,921.	8b			
c	Gain or (loss) (attach schedule)	<192,342.>	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3				8d	<192,342.>

9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ ____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	455,960.
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	27,613,888.

Expenses

13	Program services (from line 44, column (B))	13	10,599,247.
14	Management and general (from line 44, column (C))	14	2,005,763.
15	Fundraising (from line 44, column (D))	15	1,215,179.
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44, column (A))	17	13,820,189.

Net Assets

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	13,793,699.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	61,689,879.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	<2,973,608.>
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	72,509,970.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $ noncash $	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27	67,654.	67,654.		
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	22,906.		22,906.	
32 Legal fees	32	84,619.		84,619.	
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	537,057.		537,057.	
42 Depreciation, depletion, etc. (attach schedule)	42	384,852.		384,852.	
43 Other expenses (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 5	43e	12,723,101.	10,531,593.	976,329.	1,215,179.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	13,820,189.	10,599,247.	2,005,763.	1,215,179.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ Yes X No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______; **(ii)** the amount allocated to Program services $ ______; **(iii)** the amount allocated to Management and general $ ______; and **(iv)** the amount allocated to Fundraising $ ______.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 6

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 7 (Grants and allocations $)	10,599,247.
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	10,599,247.

Part IV Balance Sheets

	Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing			44,616.	45	126,776.
	46 Savings and temporary cash investments			6,183,303.	46	2,993,433.
	47 a Accounts receivable	47a				
	b Less: allowance for doubtful accounts	47b			47c	
	48 a Pledges receivable	48a	10,589,760.			
	b Less: allowance for doubtful accounts	48b		5,835,572.	48c	10,589,760.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees				50	
	51 a Other notes and loans receivable	51a	128,160.			
	b Less: allowance for doubtful accounts	51b		147,553.	51c	128,160.
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments - securities STMT 8 STMT 9 ▶ ☐ Cost ☒ FMV			57,183,269.	54	60,100,661.
	55 a Investments - land, buildings, and equipment: basis	55a	8,576,737.			
	b Less: accumulated depreciation	55b			55c	8,576,737.
	56 Investments - other SEE STATEMENT 10			572,567.	56	572,567.
	57 a Land, buildings, and equipment: basis	57a	16,918,388.			
	b Less: accumulated depreciation	57b	4,481,829.	7,259,195.	57c	12,436,559.
	58 Other assets (describe ▶ SEE STATEMENT 11)			1,654,000.	58	1,360,318.
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			78,880,075.	59	96,884,971.
Liabilities	60 Accounts payable and accrued expenses			998,492.	60	1,276,647.
	61 Grants payable				61	
	62 Deferred revenue			3,359,572.	62	3,973,988.
	63 Loans from officers, directors, trustees, and key employees				63	
	64 a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable STMT 12			7,360,000.	64b	15,712,570.
	65 Other liabilities (describe ▶ SEE STATEMENT 13)			5,472,132.	65	3,411,796.
	66 **Total liabilities** (add lines 60 through 65)			17,190,196.	66	24,375,001.
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			5,434,338.	67	5,288,917.
	68 Temporarily restricted			32,900,245.	68	40,394,236.
	69 Permanently restricted			23,355,296.	69	26,826,817.
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)			61,689,879.	73	72,509,970.
	74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			78,880,075.	74	96,884,971.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements ▶		a 24,682,818.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments	$<3,330,236.>	
(2)	Donated services and use of facilities	$	
(3)	Recoveries of prior year grants	$	
(4)	Other (specify):	$	
	Add amounts on lines (1) through (4) ▶		b <3,330,236.>
c	Line a minus line b ▶		c 28,013,054.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	$	
(2)	Other (specify): STMT 15	$ <399,166.>	
	Add amounts on lines (1) and (2) ▶		d <399,166.>
e	Total revenue per line 12, Form 990 (line c plus line d) ▶		e 27,613,888.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements ▶		a 13,862,727.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities	$	
(2)	Prior year adjustments reported on line 20, Form 990	$	
(3)	Losses reported on line 20, Form 990	$	
(4)	Other (specify): STMT 14	$ 294,667.	
	Add amounts on lines (1) through (4) ▶		b 294,667.
c	Line a minus line b ▶		c 13,568,060.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990	$	
(2)	Other (specify): STMT 16	$ 252,129.	
	Add amounts on lines (1) and (2) ▶		d 252,129.
e	Total expenses per line 17, Form 990 (line c plus line d) ▶		e 13,820,189.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 17		0.	0.	0.

STMT 18

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule. ▶ X Yes No

023031 12-19-00

Part VI Other Information

			N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?		78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ GEORGE MASON UNIVERSITY and check whether it is ☒ exempt **OR** ☐ nonexempt.				
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a 0.			
b	Did the organization file **Form 1120-POL** for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: **a** Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88	X	
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0.			
90 a	List the states with which a copy of this return is filed ▶ VIRGINIA				
b	Number of employees employed in the pay period that includes March 12, 2000	90b 0			

91 The books are in care of ▶ THE FOUNDATION Telephone no. ▶ 703-993-8850

Located at ▶ 4400 UNIVERSITY DRIVE, FAIRFAX, VIRGINIA ZIP code ▶ 23030-4444

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a RENTAL INCOME FROM GMU			16	1,029,000.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,842,565.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	<116,360.>			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<192,342.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a TRUST INCOME					340,784.
b OTHER INCOME					115,176.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		<116,360.>		3,679,223.	455,960.
105 Total (add line 104, columns (B), (D), and (E)) ▶					4,018,823.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103A	INCOME FROM RETIREMENT ANNUITIES
103B	MISCELLANEOUS INCOME FROM ACTIVITIES THAT PROMOTE THE UNIVERSITY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
GMUF ARLINGTON	%	LAND HOLDING		
CAMPUS, LLC	100% %	COMPANY	282,806.	9,153,891.
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ **Yes** ☒ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ **Yes** ☒ **No**

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Please Sign Here

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

▶ Signature of officer | Date | ▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address, and ZIP code ▶ HOFFMAN, FITZGERALD & SNYDER, P.C.
7900 WESTPARK DRIVE, SUITE 720
MCLEAN, VIRGINIA 22102

EIN ▶

Phone no. ▶ (703)847-4600

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2000

Name of the organization: GEORGE MASON UNIVERSITY FOUNDATION, INC.

Employer identification number: 54 1603842

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
PATTON BOGGS, LLP 2550 MAIN ST NW, WASHINGTON, DC 20037-1350	CONSULTANTS	197,585.
RUFFALO CODY & ASSOCIATES P.O. BOX 3018, CEDAR RAPIDS, IA 52406-3018	TELEMARKETING	78,331.
POISANT INTERNATIONAL, LLC 21356 CLAPPERTOWN DR, ASHBURN, VA 20147-4862	CONSULTANTS	498,136.
REED SMITH HAZEL & THOMAS, LLP P.O. BOX 12001, FALLS CHURCH, VA 22042-0681	CONSULTANTS	67,727.
Total number of others receiving over $50,000 for professional services ▶ 0		

LHA **For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.**

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activites ▶ $			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a	X	
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions. SEE STATEMENT 19			
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) SEE STATEMENT 20			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ∅ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ∅ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

7 ∅ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ∅ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ∅ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ∅X An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ∅ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ∅ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ∅ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ∅ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ∅ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2000

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	10,604,079.	10,810,579.	11,098,711.	13,725,546.	46,238,915.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	529,378.	308,053.	1,783,545.	652,892.	3,273,868.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	363,773.	365,545.	SEE STATEMENT 21 639.	2,367.	732,324.
23 Total of lines 15 through 22	11,497,230.	11,484,177.	12,882,895.	14,380,805.	50,245,107.
24 Line 23 minus line 17	11,497,230.	11,484,177.	12,882,895.	14,380,805.	50,245,107.
25 Enter 1% of line 23	114,972.	114,842.	128,829.	143,808.	

26 **Organizations described on lines 10 or 11:** **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 1,004,902.

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts SEE STATEMENT 22 ▶ **26b** 11,237,490.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 50,245,107.

d Add: Amounts from column (e) for lines: 18 3,273,868. 19 ____ 22 732,324. 26b 11,237,490. ▶ **26d** 15,243,682.

e Public support (line 26c minus line 26d total) ▶ **26e** 35,001,425.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 69.6614%

27 **Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1999) N/A (1998) ____ (1997) ____ (1996) ____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(1999) ____ (1998) ____ (1997) ____ (1996) ____

c Add: Amounts from column (e) for lines: 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ **27c** N/A

d Add: Line 27a total ____ and line 27b total ____ ▶ **27d** N/A

e Public support (line 27c total minus line 27d total) ▶ **27e** N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f** N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V **Private School Questionnaire**
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

			Yes	No
29	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?	29		
30	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?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	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," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities**
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check here ▶ ∅ If the organization belongs to an affiliated group.
Check here ▶ ∅ If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	The lobbying nontaxable amount is -
Not over $500,000	20% of the amount on line 40
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

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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 instructions for lines 45 through 50 on page 9 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines **c** through **h**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines **c** through **h**)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
3434, 3426, 3422 & 3444 N. WASHINGTON BLVD, ARLINGTON, VIRGINIA	1	282,806.
TOTAL TO FORM 990, PART I, LINE 6A		282,806.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		63,589.	
INTEREST		252,129.	
REPAIRS & MISCELLANEOUS		9,378.	
TAXES		20,712.	
LEASE ATTORNEY		15,833.	
MANAGEMENT CONTRACT AND SERVICES		19,880.	
UTILITIES		17,645.	
- SUBTOTAL -	1		399,166.
TOTAL TO FORM 990, PART I, LINE 6B			399,166.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CMSMS	1,528,690.	1,715,647.	0.	<186,957.>
SEE ATTACHED SCHEDULE	13,266,889.	13,272,274.	0.	<5,385.>
TO FORM 990, PART I, LINE 8	14,795,579.	14,987,921.	0.	<192,342.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<3,330,236.>
ARLINGTON RENTAL INTEREST CAPITALIZED FOR BOOK PURPOSES	252,129.
ARLINGTON RENTAL AMORTIZATION RECOGNIZED FOR TAX 990-T, NOT FOR FIN. STMTS.	104,499.
TOTAL TO FORM 990, PART I, LINE 20	<2,973,608.>

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATIVE EXPENSES	803,874.		803,874.	
FUNDRAISING EXPENSES	1,215,179.			1,215,179.
INSURANCE	48,644.		48,644.	
SCHOLARSHIPS	1,137,687.	1,137,687.		
ACADEMIC PROGRAM SUPPORT	8,805,894.	8,805,894.		
UNIVERSITY INITIATIVES	136,851.	136,851.		
ADMINISTRATIVE SUPPORT	175,732.	175,732.		
FEDERAL REGULATIONS	197,585.	197,585.		
UNIVERSITY SUPPORT	77,844.	77,844.		
PROFESSIONAL SERVICES	69,284.		69,284.	
OTHER EXPENSES	54,527.		54,527.	
TOTAL TO FM 990, LN 43	12,723,101.	10,531,593.	976,329.	1,215,179.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

TO PROMOTE THE ADVANCEMENT OF GEORGE MASON UNIVERSITY BY DEVELOPING AND APPLYING FINANCIAL RESOURCES TO THE PROGRAMS OF THE UNIVERSITY

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE ONE

SCHOLARSHIPS, AWARDS, REIMBURSED EXPENSES & SUPPORT EXPENSES:
THE FOUNDATION'S MAJOR PROGRAM ACTIVITY IS TO DISPERSE
DESIGNATED FUNDS IN SUPPORT OF SCHOLARSHIPS, FELLOWSHIPS,
AWARDS & GENERAL OPERATING EXPENSES OF THE UNIVERSITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		10,599,247.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS			29321742.		29321742.
CORPORATE STOCKS	12220266.				12220266.
CORPORATE BONDS		5,568,574.			5,568,574.
OTHER INVESTMENTS				1,975,248.	1,975,248.
MONEY MARKET				3,493,926.	3,493,926.
TO FM 990, LN 54 COL B	12220266.	5,568,574.	29321742.	5,469,174.	52579756.

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT & AGENCY OBLIGATIONS	7,520,905.		7,520,905.
TOTAL TO FORM 990, LINE 54, COL B	7,520,905.		7,520,905.

FORM 990	OTHER INVESTMENTS	STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
ART & ANTIQUES	COST	572,567.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		572,567.

FORM 990	OTHER ASSETS	STATEMENT 11

DESCRIPTION	AMOUNT
OTHER ASSETS	118,107.
DEFERRED LOAN FEES	36,028.
ANNUITY BENEFIT CONTRACT	964,389.
INVESTMENT INCOME RECEIVABLE	241,794.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,360,318.

FORM 990 | OTHER NOTES AND LOANS PAYABLE | STATEMENT 12

LENDER'S NAME	TERMS OF REPAYMENT
FIRST VIRGINIA BANK	

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/30/00	09/29/02	12,000,000.	7.25%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
NORTH WASHINGTON ST. LAND	ARL. LAND PURCHASE FOR FUTURE UNIVERSITY DEVELOPMENT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
COVENANT NOT TO ENCUMBER	8,352,570.	8,352,570.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		8,352,570.

FORM 990 | OTHER LIABILITIES | STATEMENT 13

DESCRIPTION	AMOUNT
ACCRUED ANNUITY BENEFIT	964,389.
FUNDS HELD FOR OTHERS	2,395,683.
UNEARNED RENT	51,724.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	3,411,796.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
ARLINGTON RENTAL EXPENSES	294,667.
TOTAL TO FORM 990, PART IV-B	294,667.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
ARLINGTON RENTAL EXPENSES	<399,166.>
TOTAL TO FORM 990, PART IV-A	<399,166.>

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 16

DESCRIPTION	AMOUNT
CAPITALIZED ARLINGTON RENTAL INTEREST EXPENSE	252,129.
TOTAL TO FORM 990, PART IV-B	252,129.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 17

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MS. JUDITH MARSHALL JOBBITT 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	PRESIDENT 40	0.	0.	0.
DR. ALAN G. MERTEN 4400 UNIVERSITY DRIVE, MS 3A1 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 40	0.	0.	0.
MR. DAVID A. ROE 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	CFO 40	0.	0.	0.
MR. CARSON LEE FIFER, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TREASURER 1	0.	0.	0.
MR. PAUL E. KYLE 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	SECRETARY 1	0.	0.	0.
MR. K. DAVID BOYER, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	CHAIR 1	0.	0.	0.
MS. LOVEY L. HAMMEL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	VICE-CHAIR 1	0.	0.	0.
DR. EDWARD H. BERSOFF 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. LUCY C. CHURCH 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. KATHERINE K. CLARK 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. BERNARD H. CLINEBURG 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.

MR. LAWRENCE K. DOLL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. ALBERT J. DWOSKIN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. RICHARD H. FINK 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. JAMES W. HAZEL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. BRUCE E. JOHNSON 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
HON. EDWIN MEESE, III 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MRS. CAROLYN PETERSON 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. ALAN L. MELTZER 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. OLZA M. NICELY 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. WILLIAM SOZA 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. DANIELE C. STRUPPA 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. ERNEST VOLGENAU 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. D. JEAN WU 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.

MR. WILLIAM A. HAZEL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. ROGER D. SILK 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. MICHAEL G. ANZILOTTI 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. DONALD DELASKI 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. SIDNEY O. DEWBERRY 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. MARSHALL H. GROOM 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. OTIS D. COSTON, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MRS. BARBARA J. FRIED 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. LLOYD J. GRIFFITHS 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. TERESA M. KLAASSEN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. J. HAMILTON LAMBERT 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. CLAUDIA F. PLEASANTS 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. EARL W. STAFFORD 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.

MR. CLIFTON WEBB 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. JEANNETTE LEE WHITE 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. CHARLES H. SMITH, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VIRGINIA 22030-4444	TRUSTEE 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990 PART V - OFFICER COMPENSATION FROM RELATED ORGANIZATIONS STATEMENT 18

OFFICER'S NAME	NAME OF RELATED ORGANIZATION	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MS. JUDITH MARSHALL JOBBITT	GEORGE MASON UNIVERSITY	169,033.	33,112.	0.
DR. ALAN G. MERTEN	GEORGE MASON UNIVERSITY	298,641.	50,298.	0.
MR. DAVID A. ROE	GEORGE MASON UNIVERSITY	89,854.	18,013.	0.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2 STATEMENT 19

2A: THE FOUNDATION IS AFFILIATED WITH GEORGE MASON UNIVERSITY AND IS RELATED TO GEORGE MASON UNIVERSITY INSTRUCTIONAL FOUNDATION, INC. THE UNIVERSITY PRESIDENT IS A TRUSTEE OF THE FOUNDATION AND OF THE GEORGE MASON UNIVERSITY INSTRUCTIONAL FOUNDATION, INC.
2C: DURING THE YEAR, THE FOUNDATION LEASED OR OTHERWISE MADE PROPERTY AVAILABLE TO THE UNIVERSITY FOR ITS USE.
2D: SEE SCHEDULE 18.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 20
PART III, LINE 4

RECIPIENTS OF SCHOLARSHIP AND FELLOWSHIP FUNDS GENERATED BY THE FOUNDATION ARE SELECTED BY APPROPRIATE UNIVERSITY PERSONNEL.

SCHEDULE A OTHER INCOME STATEMENT 21

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
MISCELLANEOUS	278,328.	265,781.	639.	2,367.
TRUST INCOME	85,445.	99,764.		
TOTAL TO SCHEDULE A, LINE 22	363,773.	365,545.	639.	2,367.