Form	990-T	EX	empt Organization and proxy ta					rn	OMB	No. 1545-0687
		For cale	ndar year 2017 or other tax year be					2018.	9	0017
	ment of the Treasury		► Go to www.irs.gov/Form9	90T for i	nstructions ar	nd the latest	information.		Open to	Public Inspection for
Interna	Revenue Service	Do	not enter SSN numbers on this for							Public Inspection for Organizations Only
A	Check box if address changed		Name of organization (Check	box if nar	me changed and	see instruction	s.)			fication number see instructions.)
	empt under section	GEORGE MASON UNIVERSITY FOUNDATION, INC.								
X	501(C)(3)	The state of the s						54-1	603842	
	408(e) 220(e)	Type !							ated busin structions.)	ess activity codes
	408A 530(a)	O(a) 4400 UNIVERSITY DRIVE, MSN 1A3					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	529(a)		City or town, state or province, cou		ZIP or foreign pos	tal code		2255		
	k value of all assets and of year		FAIRFAX, VA 22030-	4444				5311	20	
			up exemption number (See instru	_						
	99,408,743.	G Che	eck organization type X 5	01(c) co	rporation	501(c)	trust	401(a)	trust	Other trust
			rimary unrelated business activity							I In In In
			corporation a subsidiary in an af			t-subsidiary o	controlled group?		▶	Yes X No
			identifying number of the parent		on. ►				2050	
			MARY SUSAN VAN LEUNE	N			e number ▶ 70		-8850	
Par			or Business Income	_	(A) Inc	ome	(B) Exper	nses	-	(C) Net
1a	Gross receipts or	sales								
b	Less returns and allows		c Balance						-	
2			ule A, line 7)							
3			2 from line 1c							
4a			ittach Schedule D)			33,830.				33,830.
b			Part II, line 17) (attach Form 4797)	-						
C			rusts							
5	Income (loss) from	partnership	ps and S corporations (attach statemer	nt) 5	-2	22,881.	ATCH 1			-22,881.
6										
7	Unrelated debt-fir	nanced in	come (Schedule E)	. 7	6,26	2,634.	4,13	7,253.		2,125,381.
8	Interest, annuities, roya	ties, and ren	nts from controlled organizations (Schedule	F) 8						
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule	G) 9						
10		-	ncome (Schedule I)							
11			fule J)							
12			tions; attach schedule)			4,004.	ATCH 2			4,004.
13			ough 12			7,587.		7,253.		2,140,334.
Par			Taken Elsewhere (See in:				, ,	Except f	or contr	ibutions,
			be directly connected with							-
14	Compensation of	officers,	directors, and trustees (Schedule	K)				14		
15									-	
16									-	
17										
18									-	A 7.47
19	Taxes and license	s		7.00	A CHIMENIE			19		4,747.
20			See instructions for limitation rules					20		211,680.
21			4562)					_		
22			on Schedule A and elsewhere on			_		22b	-	
23									-	
24			compensation plans						-	
25										
26			Schedule I),						-	
27			chedule J), . , ,						-	14,781.
28			chedule)							231,208.
29			s 14 through 28						-	1,909,126.
30			le income before net operation						-	1,909,126.
31			on (limited to the amount on line							1,505,120.
32			e income before specific deducti							
33			ally \$1,000, but see line 33 instr							
34			ble income. Subtract line 33							0.
	enter the smaller of	or zero or	line 32					34		0.

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	c 6-Month Extension of Time. Only sub						
All corporat	tions required to file an income tax return of	her than For	m 990-T (including	1120-C filers), partnerships,	RE	MICs, and trusts	
must use F	orm 7004 to request an extension of time to	file income	tax returns.				
	In the second of	11		Enter filer's identifyin			
Type or	Name of exempt organization or other filer, see	npt organization or other filer, see instructions.			tion number (EIN) or		
print	CEODCE MASON UNITERSTEY FOUN	DATION	ON. INC. 54-160				
File by the							
due date for			otions.	Social security number (S	SN)		
eturn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
nstructions.	FAIRFAX, VA 22030-4444	or a roroigir as	aureso, see mourastione.				
		1 2 1911			_	0 7	
Enter the R	leturn Code for the return that this application	on is for (file	a separate application	on for each return)			
Application		Return	Application			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corp.	oration)		07	
Form 990-E		02	Form 1041-A	orationy		08	
	(individual)	03 Form 4720 (other than individual)		than individual)		09	
Form 990-P	·	04	Form 5227			10	
Form 990-7	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above)	06				12	
The book	JANET BINGHAM ks are in the care of ► 4400 UNIVERSIT	Y DRIVE,	MSN 1A3 FAIRE	AX VA 22030-4444			
Telephor If the org If this is to the who a list with the	the No. ▶	of business in four digit Gro . If it is for pansion is for.	Fax No. ► 703 in the United States, of our Exemption Number art of the group, che	993-2018 check this box per (GEN) ck this box		. If this is and attach	
Telephor If the org If this is to the who a list with the	the No. ► 703 993-8850 ganization does not have an office or place of for a Group Return, enter the organization's ble group, check this box ►	of business in four digit Gro . If it is for pa nsion is for. until	Fax No. ► 703 In the United States, or pup Exemption Number of the group, che	993-2018 check this box er (GEN) ck this box 20 19 _, to file the exempt		. If this is and attach	
Telephor If the org If this is to the who a list with the	the No. ▶	of business in four digit Gro . If it is for pa nsion is for. until	Fax No. ► 703 In the United States, or pup Exemption Number of the group, che	993-2018 check this box er (GEN) ck this box 20 19 _, to file the exempt		. If this is and attach	
Telephor If the org If this is to the who a list with the 1 I required for the	the No. ▶ 703 993-8850 Iganization does not have an office or place of for a Group Return, enter the organization's ble group, check this box ▶ □ Internal the names and EINs of all members the extension of time organization named above. The extension of the extension	of business in four digit Gro . If it is for pa nsion is for. until is for the org	Fax No. ►703 In the United States, of the group, che art of the group, che05/15, 2 anization's return for:	993-2018 check this box per (GEN) ck this box 20_19_, to file the exempt	t orga	. If this is and attach anization return	
Telephor If the org If this is to the who a list with the 1 I required for the	the No. ▶ 703 993-8850 Iganization does not have an office or place of for a Group Return, enter the organization's ble group, check this box ▶ □ Internal the names and EINs of all members the extension of time organization named above. The extension of the extension	of business in four digit Gro . If it is for pa nsion is for. until is for the org	Fax No. ►703 In the United States, of the group, che art of the group, che05/15, 2 anization's return for:	993-2018 check this box per (GEN) ck this box 20_19_, to file the exempt	t orga	. If this is and attach anization return	
Telephor If the org If this is to the who a list with the 1 I required for the	the No. ► 703 993-8850 ganization does not have an office or place of for a Group Return, enter the organization's ble group, check this box ►	of business in four digit Gro . If it is for pa nsion is for. until is for the org	Fax No. ►703 In the United States, of the group, che art of the group, che05/15, 2 anization's return for:	993-2018 check this box per (GEN) ck this box 20_19_, to file the exempt	t orga	. If this is and attach anization return	
Telephor If the org If this is to the who a list with the I require for the	tax year entered in line 1 is for less than 12	of business in four digit Ground in the four digit Ground in the formula is for the org	Fax No. 703 In the United States, of the United States, of the group, che 05/15, anization's return for:	993-2018 check this box	orga	. If this is and attach anization return	
Telephor If the org If this is to the who a list with the for the	tax year entered in line 1 is for less than 12 Change in accounting period application is for Forms 990-BL, 990-PF,	of business in four digit Gro. If it is for pansion is for. until is for the org	Fax No. 703 In the United States, or pup Exemption Number of the group, che 05/15, 2 anization's return for: 7, and ending ck reason: Initial	993-2018 check this box	20_1	. If this is and attach anization return	
Telephor If the org If this is to the who a list with the for the If the org If the or	tax year entered in line 1 is for less than 12 Change in accounting period application is for Forms 990-BL, 990-PF, fundable credits. ▶ 4400 UNIVERSIT	of business in four digit Ground digit Groun	Fax No. 703 The United States, or oup Exemption Number of the group, che 05/15 anization's return for: 7, and ending ck reason: Initial	993-2018 check this box	20 1	. If this is and attach anization return	
Telephor If the org If this is to the who a list with the I require for the X If the incomplete the control of the control o	tax year entered in line 1 is for less than 12 Change in accounting period application is for Forms 990-PF, 9	of business in four digit Ground digit Groun	Fax No. 703 The United States, or oup Exemption Number of the group, che 05/15 anization's return for: 7, and ending ck reason: Initial 0, or 6069, enter the control of the group in the control of the group in the control of the group in the control of th	993-2018 check this box	20 1 an	. If this is and attach anization return	
Telephor If the org If this is to or the who a list with the for the X If the incomplete in the i	tax year entered in line 1 is for less than 12 Change in accounting period application is for Forms 990-PF, 990-period tax payments made. Include any prior y garden tax payments made. Include any prior y	of business in four digit Gro. If it is for pansion is for. until	Fax No. 703 The United States, on the United States on the Unite	993-2018 check this box per (GEN) ck this box 20_19_, to file the exempt	20_1	. If this is and attach anization return	
Telephor If the org If this is for the who a list with the I required for the X 2 If the form one of the list with the list	tax year entered in line 1 is for less than 12 Change in accounting period application is for Forms 990-PF, 9	of business in four digit Gro. If it is for pansion is for. until is for the org 7/01, 201 months, check 990-T, 4720 T, 4720, of ear overpayme your payments.	Fax No. 703 The United States, on the United States on the Unite	993-2018 check this box per (GEN) ck this box 20_19_, to file the exempt	20 1 an	. If this is and attach anization return	
Telephor If the org If this is for the who a list with the I require for the X 2 If the form of the control of the contro	tax year entered in line 1 is for less than 12 Change in accounting period application is for Forms 990-PF, fundable credits. See instructions. a 1993-8850 ganization does not have an office or place of for a Group Return, enter the organization's ble group, check this box ▶	of business in four digit Gro. If it is for pansion is for. until is for the org 7/01, 201 months, check 990-T, 4720 T, 4720, of ear overpayme your paymeructions.	Fax No. 703 The United States, or the Unit	p93-2018 check this box	20 1 3a 3b 3c	. If this is and attach anization return 8	

Cumulative e-File History 2017 Federal Extension3						
Taxpayer Name:	George Mason University Foundation, Inc.					
Return Type:	990, 990 & 990T (Corp)					
Submitted Date:	11/07/2018 15:10:42					
Acknowledgement Date:	11/07/2018 15:27:10					
Acknowledgement bate.						
Status:	Accepted					

Par	t III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group			
	members (sections 1561 and 1563) check here See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \$ (2) \$ (3) \$	35/22		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Additional 3% tax (not more than \$100,000)	12500		
С	Income tax on the amount on line 34	35c		
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041),	36		
37	Proxy tax. See instructions	37		
38	Alternative minimum tax	38		
39	Tax on Non-Compliant Facility Income. See instructions	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40		
Par	Tax and Payments			
41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
b	Other credits (see instructions),			
C	General business credit. Attach Form 3800 (see instructions) , , , , , , ,			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42		
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43	44	0	0.
45 a	Payments: A 2016 overpayment credited to 2017			
b	2017 estimated tax payments			
C	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
е	Backup withholding (see instructions) ,			
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
g	Other credits and payments: Form 2439			
	Form 4136 Other Total ▶ 45g			
46	Total payments. Add lines 45a through 45g	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed			_
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax			
Par			V	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		-	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the	Toreign cou	intry	X
	here >			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?		1
E2	If YES, see instructions for other forms the organization may have to file.			15
53	Enter the amount of tax-exempt interest received or accrued during the tax year \(\bigs \) \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my know	wledge and beli	ief. it is
Sign	true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	,,	mongo una non	
Her			discuss this r	
Here	Signature of officer) Date Title	e instructions)?	X Vae	No
_	Print/Type preparer's name Preparer's signature Date	P	TIN	140
Paid	Check Toppers		P0084785	1
Prep	arer Firm's name GRANT THORNTON LILP	EIN ▶36-6		
Use	Only Firm's address > 1000 WILSON BLVD, SUITE 1400, ARLINGTON, VA 22209 Phone	702	-847-750	0
_	Phone		000 T	10017

Form **990-T** (2017)

Schedule A - Cost of G		ter metho				T a T	_
1 Inventory at beginning of y					ar		
2 Purchases		- 1		-	old. Subtract line		
3 Cost of labor					nter here and in		
4a Additional section 263A co	osts						
(attach schedule)					section 263A (Yes
b Other costs (attach schedu					or acquired fo		
5 Total. Add lines 1 through			to the or	ganization?			1
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Personal Propert	y Leased	With Real Prope	erty)	
Description of property					-		
(1)				-			
(2)						· ·	
(3)							
(4)		· · · · · · · · · · · · · · · · · · ·	× **			**	
	2. Rent receiv	ved or accru	ed				
(a) From personal property (if the			rom real and personal propert	y (if the	3(a) Deductions of	directly connected with	the incom
for personal property is more than 50%)	an 10% but not	percent	age of rent for personal proper	f rent for personal property exceeds in columns 2(a) and 2(b) (atta			
(1)						100	
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of c	olumns 2(a) and 2(b). Enter			(b) Total deduction Enter here and or		
here and on page 1, Part I, line 6					Part I, line 6, colu		
Schedule E - Unrelated D			ee instructions)				
	-		2. Gross income from or	3.	Deductions directly co		ole to
 Description of del 	ot-financed property		allocable to debt-financed	(a) Straig	ht line depreciation	(b) Other deductions (attach schedule)	
			property		ach schedule)		
(1) ATTACHMENT 6							
(2)							
(1) ATTACHMENT 6 (2) (3) (4)							
(2) (3) (4) 4. Amount of average	5. Average adjus		6 Column			9 Allegable des	luctions
(2) (3) (4) 4. Amount of average acquisition debt on or	of or allocal	ole to	6. Column 4 divided		income reportable	8. Aliocable dec	
(2) (3) (4) 4. Amount of average		ole to property			income reportable in 2 x column 6)		of columns
4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allocal debt-financed	ole to property	4 divided	(colum		(column 6 x total of	of columns
4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 1)	of or allocal debt-financed	ole to property	4 divided by column 5	(colum		(column 6 x total of	of columns
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or allocal debt-financed	ole to property	4 divided by column 5	(colum		(column 6 x total of	of columns
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1)	of or allocal debt-financed	ole to property	4 divided by column 5	(colum		(column 6 x total of	of columns
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or allocal debt-financed	ole to property	4 divided by column 5	(colum		(column 6 x total of	of columns b)) on page 1
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed	of or allocal debt-financed (attach sche	ole to property	4 divided by column 5	Enter he	n 2 x column 6)	(column 6 x total of 3(a) and 3(of columns b)) on page 1 umn (B).

Page 4

Schedule F - Interest, Anni	,		pt Contr						,		
Name of controlled organization	The state of the s				4. Total	of specified included in		of column 4 that is ad in the controlling ation's gross income		Deductions directly connected with incoming column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruc			of specific		include	t of column ed in the con ation's gross	ntrolling		Deductions directly nnected with income in column 10	
(1)	7										
(2)											
(3)											
(4)										/	
Totals	ncome of a Sec	tion 501(c	:)(7), (9)), or (17		Part I,		nn (A).		ter here and on page 1, art I, line 8, column (B).	
1. Description of income	2. Amount of income directly connected (attach schedule) 4. Set-asides (attach schedule)			and set-asides (col. 3 plus col. 4)							
(1)			-						-		
(2)			-						-		
(3)									-		
Totals ▶ Schedule I - Exploited Exc	Part I, line 9, o		er Than	Advert	ising In	come (s	ee instru	ctions)		Part I, line 9, column (B)	
Description of exploited activity	Gross unrelated business income from trade or business	3. Expens directly connected production unrelated business inc	with of d	. Net incor om unrela r business minus co lf a gain, c cols. 5 thre	ted trade (column lumn 3). ompute	5. Gross from act is not u business	nrelated	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)							. 1				
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here ar page 1, Pa line 10, col.	rt I,							Enter here and on page 1, Part II, line 26.	
Schedule J - Advertising Ir	come (con instr	(ctions)									
T COMPANY TO THE PARTY OF THE P			macild-	tod Do	nie						
Part I Income From Per	lodicals Report	ed on a Co	onsolida	ted Ba	SIS		-				
1. Name of periodical	2. Gross advertising income	3. Direct advertising of	costs	4. Adver gain or (los 2 minus co a gain, co cols. 5 thre	ss) (col. ol. 3). If impute	5. Circ	ulation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)				1000	100						
(2)					14						
(3)									,		
(4)										Sign and the	
Totals (carry to Part II, line (5))											

Form 990-T (2017)

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I, ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

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

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

Form 990-T (2017)

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
PENN SQUARE GLOBAL REAL ESTATE FUND I, LP	685. -202.
BLACKSTONE TACTICAL OPPORTUNITIES FUND - Q LP	-370.
BLACKSTONE TACTICAL OPPORTUNITIES FUND (CAYMAN) LP ALPHA KEYS EUROPEAN REAL ESTATE	-685. -1,439.
BLACKSTONE TACTICAL OPPORTUNITIES FUND (CAYMAN) NQ	-2,919.
PRIVATE ADVISORS SMALL COMPANY BUYOUT FUND V BLACKSTONE TACTICAL OPPORTUNITIES FUND - NQ LP	-6,495. -11,456.
INCOME (LOSS) FROM PARTNERSHIPS	-22,881.

ATTACHMENT	2

PART I - LINE 12 - OTHER INCOME

IRC 512(A)(7) TAX ON EMPLOYEE PARKING EXPENSES

PART I - LINE 12 - OTHER INCOME

4,004.

4,004.

GEORGE MASON UNIVERSITY FOUNDATION, INC.

EIN: 54-1603842

Form 990-T, Part I, Line 20 FYE 6/30/2018

Charitable Contributions Carryforward

Fiscal Year Ended	Charitable Contributions Made	Charitable Contributions Used	Carryforward available for next year	Period Charitable Contributions used
				1
6/30/2013	25,919,521	(43,481)	25,876,040	FYE 6/30/2016
		(241,111)	25,634,929	FYE 6/30/2017
		(211,680)	25,423,249	FYE 6/30/2018
6/30/2014	29,078,946	-	54,502,195	
6/30/2015	33,145,532		87,647,727	
6/30/2016	41,732,130		129,379,857	
6/30/2017	53,815,653		183,195,510	
6/30/2018	56,215,781		239,411,291	

Carryforward to FYE 6/30/2019

239,411,291

ATTACHMENT 4

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

TAX PREPARATION FEES
INVESTMENT MANAGEMENT FEES

9,650. 5,131.

14,781.

PART II - LINE 28 - OTHER DEDUCTIONS

GEORGE MASON UNIVERSITY FOUNDATION, INC.

EIN: 54-1603842

Form 990-T, Part I, Line 31 FYE 6/30/2018

Net Operating Loss Carryforward

Fiscal Year Ended	Net Operating (Loss) Incurred	Net Operating Loss Used	NOL Carryforward available for next year	Period NOL used	
6/30/2001	(107,377)	381	(106,996)	FYE 6/30/2004	
		4,214	(102,782)	FYE 6/30/2005	
		12,137	(90,645)	FYE 6/30/2006	
		90,645		FYE 6/30/2014	
6/30/2002	(493,955)	293,802	(200,153)	FYE 6/30/2014	
		200,153		FYE 6/30/2015	
6/30/2003	(6,563)	6,563		FYE 6/30/2015	
6/30/2004					
6/30/2005	-				
6/30/2006	-				
6/30/2007	(2,534,866)	316,487	(2,218,379)	FYE 6/30/2015	
		391,328	(1,827,051)	FYE 6/30/2016	
		1,827,051		FYE 6/30/2017	
6/30/2008	(1,726,841)	342,944	(1,383,897)	FYE 6/30/2017	
		1,383,897		FYE 6/30/2018	
6/30/2009	(590,249)	525,229	(65,020)	FYE 6/30/2018	
6/30/2010	(1,475,966)		(1,540,986)		
6/30/2011	(879,605)	-	(2,420,591)		
6/30/2012	(322,197)		(2,742,788)		
6/30/2013	(120,283)		(2,863,071)		
6/30/2014		-	(2,863,071)		
6/30/2015		_	(2,863,071)		
6/30/2016			(2,863,071)		
6/30/2017			(2,863,071)		
6/30/2018		-	(2,863,071)		
Carryforward to FYE	6/30/2019		(2,863,071)		

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 6

				4.	5.		7.	8.
		3.		AVERAGE	AVERAGE	6.	GROSS INCOME	ALLOCABLE
1.	2.	DEDUCTIONS DIRECTLY	CONNECTED	ACQUISITION	ADJUSTED	% 4 IS	REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	(3A)	<u>(3B)</u>	DEBT	BASIS	OF 5	(2 X 6)	6 * (3A + 3B)
ARLINGTON CAMPUS	6,262,634.	973,528.	3,163,725.	56,112,849.	49,326,573.	100.000	6,262,634.	4,137,253.
				TOTALS			6,262,634.	4,137,253.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Employer identification number

GEORGE MASON UNIVERSITY FOUNDATION, INC.

54-1603842

Part	Short-Term Capital Gains and Losses	- Assets Held On	e Year or Less			
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Coat	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2,	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	column (g)	the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked					
2	Totals for all transactions reported on Form(s) 8949					
	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949					
	with Box C checked	-1,840.			-1,840	
4	Short-term capital gain from installment sales from Fo	orm 6252, line 26 or 37		4		
5	Short-term capital gain or (loss) from like-kind exchange	ges from Form 8824		5		
6	Unused capital loss carryover (attach computation)			6	(
7	Net short-term capital gain or (loss). Combine lines 1a				-1,840.	
Part	Long-Term Capital Gains and Losses	 Assets Held Mo 	re Than One Ye	ar		
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments to gain		
	the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949, Part II, line 2, column (g)	Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	7,710.			7,710	
11	Enter gain from Form 4797, line 7 or 9			11	27,960.	
12	Long-term capital gain from installment sales from Fo	orm 6252, line 26 or 37		12		
13	Long-term capital gain or (loss) from like-kind exchange	ges from Form 8824		13		
14	Capital gain distributions (see instructions)			14		
15	Net long-term capital gain or (loss). Combine lines 8a	through 14 in column	h	15	35,670	
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) over	er net long-term capital	loss (line 15)	16		
.0						
17	Net capital gain. Enter excess of net long-term capital				33,830.	
18	Add lines 16 and 17. Enter here and on Form 1120,				22 022	
	the corporation has qualified timber gain, also complete				33,830.	
	Note: If losses exceed gains, see Capital losses in the	instructions.				

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

Schedule D (Form 1120) 2017

Form 8949

Sales and Other Dispositions of Capital Assets

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

2017

Attachment Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

GEORGE MASON UNIVERSITY FOUNDATION, INC.

54-1603842

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

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

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b)		(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See'the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e)
	Date acquired (Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LP SHORT TERM GAIN			-1,840.				-1,840
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C all	l here and inc is checked), lin	lude on your e 2 (if Box B	-1,840.				-1,840.

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

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

Form 8949 (2017)

Attachment Sequence No. 12A

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

Social security number or taxpayer identification number

GEORGE MASON UNIVERSITY FOUNDATION, INC.

54-1603842

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

Part II

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

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

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

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

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed (Мо., day, уг.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if a If you enter an a enter a cod See the separ	Gain or (loss). Subtract column (e)	
	(Mo., day, yr.)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LP LONG TERM GAIN			7,710.				7,710.
	-						
					-		
		*					
						-	
		7					
2 Totals. Add the amounts in column negative amounts). Enter each tot							
Schedule D, line 8b (if Box D above above is checked), or line 10 (if I	ve is checked), line	9 (if Box E	7,710.				7,710.

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

Form 8949 (2017)

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4797 for instructions and the latest information.

20 **17**

Attachment Sequence No. 27

Identifying number

54-1603842 GEORGE MASON UNIVERSITY FOUNDATION, INC. Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (c) Date sold (a) Description 2 (b) Date acquired (d) Gross allowed or basis, plus Subtract (f) from the (mo day vr.) improvements and of property (mo., day, vr.) sales price allowable since sum of (d) and (e) acquisition expense of sale 27,960. ATTACHMENT 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 27,960. 7 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years. See instructions . . . Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 12 13 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b Form 4797 (2017) For Paperwork Reduction Act Notice, see separate instructions.

1251	property:		(b) Date acquired	(c) Date sold (mo
125	property.		(mo., day, yr.)	day, yr.)
	,			
	Property A	Property B	Property C	Property D
22				The state of the s
23				
24				
24				
25a		4		
25b				
26a				
26b				
26c				
26d				
26e				
26f				
26g				
27b				
27c			1	
286		-		
			- 4	
200				
				-
	mns A through	D Hanning Line 20		
	23 24 25a 25b 26a 26b 26c 26d 26e 26f 26g 27a 27b 27c 28a 28b	20 21 22 23 24 25a 25b 26a 26b 26c 26d 26e 26f 26g 27a 27b 27c	20	20 21 22 23 24 25a 25b 26a 26b 26c 26d 26e 26f 26g 27a 27b 27c 28a 28b 29a

ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
LP SECTION 1231	VAR	VAR	27,960.			27,960
					-	
						-
						-
		-				
						1
				-		1 14
						1
Totals			-		·	27,960