



**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. Page 2

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.
26	Other salaries and wages .....	26			
27	Pension plan contributions .....	27			
28	Other employee benefits .....	28			
29	Payroll taxes .....	29			
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31	27,311.	27,311.	
32	Legal fees .....	32	8,193.	8,193.	
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	153,869.	153,869.	
42	Depreciation, depletion, etc. (attach schedule) ...	42	398,201.	398,201.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 6</b>	43e	14,452,919.	799,876.	445,633.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	15,040,493.	1,387,450.	445,633.

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  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? <b>SEE STATEMENT 7</b>		<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<small>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.)</small>		
a	<b>SEE STATEMENT 8</b>	
	(Grants and allocations \$ _____)	13,207,410.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) _____	13,207,410.

**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 .....	118,584.	35,730.
	46 Savings and temporary cash investments .....	2,246,047.	2,645,687.
	47 a Accounts receivable .....	47a	47c
	b Less: allowance for doubtful accounts .....	47b	47c
	48 a Pledges receivable .....	48a 6,067,238.	48c
	b Less: allowance for doubtful accounts .....	48b 236,039.	48c
	49 Grants receivable .....		49
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	51c
	b Less: allowance for doubtful accounts .....	51b	51c
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....		53
	54 Investments - securities <b>STMT 9 STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	58,874,904.	54 73,975,712.
	55 a Investments - land, buildings, and equipment: basis .....	55a	55c
	b Less: accumulated depreciation .....	55b	55c
	56 Investments - other .....	SEE STATEMENT 11 572,567.	56 572,567.
	57 a Land, buildings, and equipment: basis .....	57a 54,765,283.	57c
	b Less: accumulated depreciation <b>STMT 12</b> .....	57b 5,528,790.	57c 49,236,493.
	58 Other assets (describe <b>▶ SEE STATEMENT 13</b> )	1,258,191.	58 1,758,709.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	100,063,083.	59 134,056,097.	
Liabilities	60 Accounts payable and accrued expenses .....	2,276,279.	60 4,254,373.
	61 Grants payable .....		61
	62 Deferred revenue .....	3,409,779.	62 3,100,317.
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a 34,745,000.
	b Mortgages and other notes payable <b>STMT 14</b> .....	22,678,611.	64b 14,073,933.
	65 Other liabilities (describe <b>▶ SEE STATEMENT 15</b> )	3,548,791.	65 3,569,190.
66 <b>Total liabilities</b> (add lines 60 through 65)	31,913,460.	66 59,742,813.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	4,421,929.	67 4,545,346.
	68 Temporarily restricted .....	31,845,671.	68 35,911,612.
	69 Permanently restricted .....	31,882,023.	69 33,856,326.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> 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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	68,149,623.	73 74,313,284.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	100,063,083.	74 134,056,097.

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 VI Other Information		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		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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization <b>▶ GEORGE MASON UNIVERSITY</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	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 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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
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 on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
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, 2003	90b	0
91	The books are in care of ▶ THE FOUNDATION Telephone no. ▶ 703-993-8850		
	Located at ▶ 4400 UNIVERSITY DRIVE, FAIRFAX, VIRGINIA ZIP + 4 ▶ 23030-4444		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> 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** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a RENTAL INCOME FROM GMU			16	1,044,145.	
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					
96 Dividends and interest from securities			14	1,637,723.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	227.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	2,839.	
100 Gain or (loss) from sales of assets other than inventory			18	1,038,186.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a TRUST INCOME					135,774.
b OTHER INCOME					703.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		227.		3,722,893.	136,477.
105 Total (add line 104, columns (B), (D), and (E))					3,859,597.

**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** (See page 34 of the instructions.)

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** (See page 34 of the instructions.)

(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
SEE STATEMENT 21	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(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.

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), address, and ZIP + 4: **FITZGERALD, SNYDER & CO., P.C.**  
**7900 WESTPARK DRIVE, SUITE 720**  
**MCLEAN, VA 22102**

EIN: \_\_\_\_\_ Phone no.: **(703) 847-4600**

323161 12-17-03

**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-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2003**

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 page 1 of the 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
<b>NONE</b>				
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Total number of other employees paid over \$50,000 ▶ 0				

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

(See page 2 of the 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
<b>THE ORR PARTNERS</b> 3112 FAIRVIEW PARK DRIVE, FALLS CHURCH, VA 22042	CONSULTANTS	1063670.
<b>CENTURY PROJECT MANAGEMENT, LTD</b> 1980 POST OAK BLVD. SUITE 1200, HOUSTON, TX 77056	DEVELOPMENT MANAGER	15217908.
<b>PATTON-BOGGS, LLC</b> 2550 MAIN STREET, NW, WASH., D.C. 20037-1350	CONSULTANTS	181,898.
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-----		
Total number of others receiving over \$50,000 for professional services ▶ 0		

**Part III Statements About Activities** (See page 2 of the instructions.)

		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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <b>SEE STATEMENT 22</b>		
a	Sale, exchange, or leasing of property? .....	X	
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) <b>SEE STATEMENT 23</b>		X
b	Do you have a section 403(b) annuity plan for your employees? .....		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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.)
- 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  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 6 of the instructions.)

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,704,673.	17,318,351.	18,840,877.	10,604,079.	60,467,980.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> 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	2,737,290.	3,170,998.	4,163,928.	529,378.	10,601,594.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	260,840.	74,768.	SEE STATEMENT 24 446,403.	363,773.	1,145,784.
<b>23</b> Total of lines 15 through 22	16,702,803.	20,564,117.	23,451,208.	11,497,230.	72,215,358.
<b>24</b> Line 23 minus line 17	16,702,803.	20,564,117.	23,451,208.	11,497,230.	72,215,358.
<b>25</b> Enter 1% of line 23	167,028.	205,641.	234,512.	114,972.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 1,444,307.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 11,131,646.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 72,215,358.
d Add: Amounts from column (e) for lines: 18 10,601,594. 19 22 1,145,784. 26b 11,131,646.					<b>26d</b> 22,879,024.
e Public support (line 26c minus line 26d total)					<b>26e</b> 49,336,334.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 68.3183%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.) N/A  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) N/A  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

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

**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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> 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) (See page 12 of the instructions.) 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
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<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 other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

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



**Schedule B**  
(Form 990, 990-EZ, or  
990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2003**

Name of organization

Employer identification number

GEORGE MASON UNIVERSITY FOUNDATION, INC.

54-1603842

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990 and Form 990-EZ

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	EQUIPMENT	VARIABLES	VAR	5.00	16	567,395.			567,395.	386,939.		52,836.
2	BUILDING IMPROVEMENTS	VARIABLES	VAR	60.00	16	669,699.			669,699.	177,192.		50,591.
3	BUILDINGS	VARIABLES	VAR	25.00	16	8516787.			8516787.	4566458.		294,774.
4	CONSTRUCTION IN PROGRESS	VARIABLES	VAR	25.00	16	26492737.			26492737.			0.
5	LAND	VARIABLES	SL			18518665.			18518665.			0.
	* TOTAL 990 PAGE 2 DEPR					54765283.		0.	54765283.	5130589.	0.	398,201.

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	4,500.
TOTAL TO FORM 990, PART I, LINE 6A		4,500.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OTHER RENTAL EXPENSES		4,273.	
- SUBTOTAL -	1		4,273.
TOTAL TO FORM 990, PART I, LINE 6B			4,273.

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)
SECURITIES	33,472,875.	32,309,442.	0.	1,163,433.
TO FORM 990, PART I, LINE 8	33,472,875.	32,309,442.	0.	1,163,433.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
FURNITURE AND FIXTURES	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	4,774.	130,021.	0.	0.
TO FM 990, PART I, LN 8	4,774.	130,021.	0.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS - UNRESTRICTED NET ASSETS	<419,107.>
UNREALIZED LOSS ON INVESTMENTS - TEMPORARILY RESTRICTED NET ASSETS	3,781,122.
CHANGE IN SPLIT INTEREST AGREEMENTS - TEMPORARILY RESTRICTED NET ASSETS	290,212.
CHANGE IN SPLIT INTEREST AGREEMENTS - PERMANENTLY RESTRICTED NET ASSETS	391,102.
UNREALIZED LOSS ON DERIVATIVES	<47,750.>
TOTAL TO FORM 990, PART I, LINE 20	3,995,579.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADMINISTRATIVE EXPENSES	742,583.		742,583.	
FUNDRAISING EXPENSES	445,633.			445,633.
INSURANCE	57,293.		57,293.	
SCHOLARSHIPS	1,376,237.	1,376,237.		
ACADEMIC PROGRAM SUPPORT	11,228,033.	11,228,033.		
UNIVERSITY INITIATIVES	64,211.	64,211.		
ADMINISTRATIVE SUPPORT	222,212.	222,212.		

FEDERAL RELATIONS	181,882.	181,882.		
UNIVERSITY SUPPORT ANNUITY BENEFIT CONTRIBUTION	51,211.	51,211.		
	83,624.	83,624.		
<b>TOTAL TO FM 990, LN 43</b>	<b>14,452,919.</b>	<b>13,207,410.</b>	<b>799,876.</b>	<b>445,633.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
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 8

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		13,207,410.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS			12063378.		12,063,378.
CORPORATE STOCKS	19,119,128.				19,119,128.
CORPORATE BONDS		9,106,268.			9,106,268.
OTHER INVESTMENTS				8,784,538.	8,784,538.
MONEY MARKET				706,093.	706,093.
ALTERNATIVE INVESTMENTS				9,314,118.	9,314,118.
DERIVATIVE ASSET				89,305.	89,305.
RESTRICTED INVESTMENTS-MONEY MARKET				9,026,455.	9,026,455.
<b>TO 990, LN 54 COL B</b>	<b>19,119,128.</b>	<b>9,106,268.</b>	<b>12063378.</b>	<b>27920509.</b>	<b>68,209,283.</b>

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT & AGENCY OBLIGATIONS	5,766,429.		5,766,429.
TOTAL TO FORM 990, LINE 54, COL B	5,766,429.		5,766,429.

FORM 990 OTHER INVESTMENTS STATEMENT 11

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

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	567,395.	439,775.	127,620.
BUILDING IMPROVEMENTS	669,699.	227,783.	441,916.
BUILDINGS	8,516,787.	4,861,232.	3,655,555.
CONSTRUCTION IN PROGRESS	26,492,737.	0.	26,492,737.
LAND	18,518,665.	0.	18,518,665.
TOTAL TO FORM 990, PART IV, LN 57	54,765,283.	5,528,790.	49,236,493.

FORM 990 OTHER ASSETS STATEMENT 13

DESCRIPTION	AMOUNT
OTHER ASSETS	132,276.
ANNUITY BENEFIT CONTRACT	829,767.
INVESTMENT INCOME RECEIVABLE	266,030.
DEFERRED LOAN COSTS	530,636.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,758,709.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 14

LENDER'S NAME TERMS OF REPAYMENT

FIRST VIRGINIA BANK ON DEMAND

DATE OF NOTE MATURITY DATE ORIGINAL LOAN AMOUNT INTEREST RATE

11/01/02 18,000,000. 3.50%

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 14,073,933. 14,073,933.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 14,073,933.

FORM 990 OTHER LIABILITIES STATEMENT 15

DESCRIPTION AMOUNT

ACCRUED ANNUITY BENEFIT 829,767.

FUNDS HELD FOR OTHERS 2,565,461.

UNEARNED RENT 36,907.

DERIVATIVE LIABILITY 137,055.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B 3,569,190.

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FORM 990                      OTHER REVENUE NOT INCLUDED ON FORM 990                      STATEMENT 16

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DESCRIPTION	AMOUNT
SPLIT INTEREST AGREEMENTS - CHANGE IN VALUE	681,314.
UNREALIZED LOSS ON DERIVATIVES	<47,750.>
TOTAL TO FORM 990, PART IV-A	<u>633,564.</u>

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FORM 990                      OTHER EXPENSES NOT INCLUDED ON FORM 990                      STATEMENT 17

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DESCRIPTION	AMOUNT
ARLINGTON RENTAL EXPENSES	4,273.
TOTAL TO FORM 990, PART IV-B	<u>4,273.</u>

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FORM 990                      OTHER REVENUE INCLUDED ON FORM 990                      STATEMENT 18

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DESCRIPTION	AMOUNT
ARLINGTON RENTAL EXPENSES	<4,273.>
TOTAL TO FORM 990, PART IV-A	<u>&lt;4,273.&gt;</u>

FORM 990                      PART V - LIST OF OFFICERS, DIRECTORS,                      STATEMENT 19  
                                          TRUSTEES AND KEY EMPLOYEES

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, VA 22030-4444	PRESIDENT 40	0.	0.	0.
DR. ALAN G. MERTEN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE (PRESIDENT GMU) 40	0.	0.	0.
MR. DAVID A. ROE 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	CHIEF FINANCIAL OFFICER 40	0.	0.	0.
MR. ALBERT J. DWOSKIN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	VICE CHAIRMAN 1	0.	0.	0.
MR. PAUL E. KYLE 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	CHAIRMAN 1	0.	0.	0.
MS. CAROL WALCOFF DIXON 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	SECRETARY 1	0.	0.	0.
MR. CARSON LEE FIFER, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. LOVEY L. HAMMEL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	IMMEDIATE PAST CHAIRMAN 1	0.	0.	0.
MS. LUCY C. CHURCH 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. KATHERINE K. CLARK 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. BERNARD H. CLINEBURG 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.

MR. LAWRENCE K. DOLL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. W. JAMES GREEN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. BRUCE E. JOHNSON 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
HON. EDWIN MEESE, III 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MRS. CAROLYN PETERSON 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. TERRIE G. SPIRO 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. WILLIAM SOZA 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. ERNST VOLGENAU 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. D. JEAN WU 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. SYDNEY O. DEWBERRY 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. MARSHALL H. GROOM 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. OTIS D. COSTON, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MRS. BARBARA J. FRIED 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.

MR. J. HAMILTON LAMBERT 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. EARL W. STAFFORD 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. CHARLES H. SMITH, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. ROBERT P. CALLAHAN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. ROBERT CAREY STEELE 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. BENJAMIN H. GRAHAM 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. GARY T. MCCOLLUM 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. CAROLYN S. SETTLES 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MS. R. REBECCA DONATELLI 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. DONALD DE LASKI 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. GEOFFREY V. PARKER 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. JEFFREY GORRELL 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. EDWARD H. BERSOFF 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.

MR. RICKY K. BROWN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. MICHAEL G. ANZILOTTI 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TREASURER 1	0.	0.	0.
DR. SARA COBB 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. JOHN J. NORMAN, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
DR. MICHAEL G. FERRI 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
THE HON. BETTY SOUTHARD MURPHY, ESQ. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. EDWIN W. LYNCH, JR. 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
THE HON. JOHN G. MILLIKEN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. DEXTER S. ODIN 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
MR. JUAN A. MENCIA 4400 UNIVERSITY DRIVE, MS 1A3 FAIRFAX, VA 22030-4444	TRUSTEE 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.



SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 23  
PART III, LINE 3

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

SCHEDULE A OTHER INCOME STATEMENT 24

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	90,646.	15,526.	340,784.	278,328.
TRUST INCOME	170,194.	59,242.	105,619.	85,445.
TOTAL TO SCHEDULE A, LINE 22	260,840.	74,768.	446,403.	363,773.