

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

**C** Name of organization: GEORGETOWN UNIVERSITY  
 % DAVID B GREEN  
 Doing business as

**D** Employer identification number: 53-0196603

**E** Telephone number: (202) 687-0100

**G** Gross receipts \$ 2,828,399,958

**F** Name and address of principal officer:  
 DAVID B GREEN  
 2121 WISCONSIN AVE NW STE 400  
 WASHINGTON, DC 20007

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.GEORGETOWN.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1844 **M** State of legal domicile: DC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 GEORGETOWN UNIVERSITY IS ONE OF THE WORLD'S LEADING ACADEMIC AND RESEARCH INSTITUTIONS. ESTABLISHED IN 1789, GEORGETOWN IS THE NATION'S OLDEST CATHOLIC AND JESUIT UNIVERSITY

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	38
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	36
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	15,560
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	15,000
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	3,265,928
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	382,239,731	395,681,460
<b>9</b> Program service revenue (Part VIII, line 2g)	1,075,058,927	1,063,571,727
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,042,327	168,790,521
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,245,181	56,787,893
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,700,586,166	1,684,831,601
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	248,664,250	255,270,828
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	745,861,503	794,140,717
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	254,192	297,176
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,956,900		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	551,064,377	541,819,452
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,545,844,322	1,591,528,173
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	154,741,844	93,303,428

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	3,581,321,072	3,912,901,768
<b>21</b> Total liabilities (Part X, line 26)	1,858,134,967	2,318,608,500
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,723,186,105	1,594,293,268

## Part II Signature Block

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2021-05-14

DAVID B GREEN CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-05-07

Check  if self-employed PTIN: P00369623

Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 600 13TH ST NW SUITE 1000 Phone no. (202) 414-1000  
 WASHINGTON, DC 20005

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 540,912,344 including grants of \$ 231,149,076 ) (Revenue \$ 897,530,571 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 321,833,333 including grants of \$ 1,948,851 ) (Revenue \$ 27,425,713 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 242,142,048 including grants of \$ 20,170,431 ) (Revenue \$ 16,884,977 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 105,071,026 including grants of \$ 2,002,470 ) (Revenue \$ 121,730,466 )

**4e Total program service expenses** ▶ 1,209,958,751

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

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

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22 Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30 Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33 Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34 Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38 Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 27,594	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> 15,560</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>		<p><b>2b</b> Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>		<p><b>3a</b> Yes</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>		<p><b>3b</b> Yes</p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>		<p><b>4a</b> Yes</p>		
<p><b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>		<p><b>5a</b></p>	<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		<p><b>5b</b></p>	<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>		<p><b>5c</b></p>		
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>		<p><b>6a</b></p>	<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>		<p><b>6b</b></p>		
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>		<p><b>7a</b> Yes</p>		
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>		<p><b>7b</b> Yes</p>		
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>		<p><b>7c</b></p>	<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		<p><b>7e</b></p>	<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>		<p><b>7f</b></p>	<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>		<p><b>7g</b></p>		
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>		<p><b>7h</b> Yes</p>		
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>		<p><b>8</b></p>		
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>		<p><b>9a</b></p>		
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>		<p><b>9b</b></p>		
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>			
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>			
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>			
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>		<p><b>13a</b></p>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>		<p><b>14a</b></p>	<p>No</p>	
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .</p>		<p><b>14b</b></p>		
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.</p>		<p><b>15</b> Yes</p>		
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.</p>		<p><b>16</b></p>	<p>No</p>	

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include: 1a Enter the number of voting members... 38; 1b Enter the number of voting members included in line 1a... 36; 2 Did any officer, director, trustee, or key employee have a family relationship... No; 3 Did the organization delegate control over management duties... No; 4 Did the organization make any significant changes to its governing documents... No; 5 Did the organization become aware during the year of a significant diversion of the organization's assets? No; 6 Did the organization have members or stockholders? No; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? No; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? No; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Yes; 8b Each committee with authority to act on behalf of the governing body? Yes; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? No

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

Table with 5 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? No; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Yes; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Yes; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Yes; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Yes; 13 Did the organization have a written whistleblower policy? Yes; 14 Did the organization have a written document retention and destruction policy? Yes; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Yes; 15b Other officers or key employees of the organization Yes; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Yes; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Yes

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed KY, MD, MA, MI, NH, NJ, NY, OR, PA, SC, WI; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID B GREEN 2121 WISCONSIN AVE NW STE 400 WASHINGTON, DC 20007 (202) 687-0100

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	12,843,874	0	781,743

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1,592**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE WHITING-TURNER CONTRACTING COMP, 300 EAST JOPPA ROAD BALTIMORE, MD 21286	CONSTRUCTION	30,801,184
MEDSTAR GEORGETOWN UNIVERSITY HOSPI, 3800 RESEVOIR ROAD NW WASHINGTON, DC 20007	PROF. TEACHING SVCS.	24,373,197
ARAMARK EDUCATIONAL SERVICES INC, 1101 MARKET STREET PHILADELPHIA, PA 19107	MANAGEMENT SERVICES	23,860,240
GILBANE BUILDING COMPANY, 7901 SANDY SPRING ROAD SUITE 500 LAUREL, MD 20707	CONSTRUCTION	17,037,952
2U, 60 CHELSEA PIERS NEW YORK, NY 10011	PROGRAM SERVICES	9,004,783

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **338**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,719,715		
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	135,973,442		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	257,988,303		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	30,378,179		
	<b>h Total.</b> Add lines 1a-1f . . . . .		395,681,460		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> INSTRUCTION		611310	897,530,571	897,530,571	
	<b>b</b> AUXILIARY SERVICES		721310	92,504,293	71,908,618	4,171,251
	<b>c</b> ACADEMIC SUPPORT		611710	27,425,713	27,425,713	
	<b>d</b> RESEARCH		611310	16,884,977	16,884,977	
	<b>e</b> OTHER		611310	29,226,173	29,226,173	
	<b>f</b> All other program service revenue.					
	<b>g Total.</b> Add lines 2a-2f. . . . .			1,063,571,727		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			115,799,952		-2,277,226	118,077,178	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			1,080,746			1,080,746	
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real					
			(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>		5,755,898			
		<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>		449,940			
	<b>d</b> Net rental income or (loss) . . . . .			5,305,958		0	5,619	5,300,339
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		1,194,831,078			
		<b>c</b> Gain or (loss) . . . . .	<b>7c</b>		1,141,840,509			
	<b>d</b> Net gain or (loss) . . . . .			52,990,569				52,990,569
	<b>8a</b> Gross income from fundraising events (not including \$ 1,719,715 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
					562,709			
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>		1,277,908			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-715,199				-715,199
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
					0			
		<b>b</b> Less: direct expenses . . . . .	<b>9b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				0	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>							
				0				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				0	
Miscellaneous Revenue		Business Code						
<b>11a</b> SPONSORSHIP REVENUE		541890	3,071,076		325,450		2,745,626	
<b>b</b> SERVICE CONTRACT REVENUE		541611	7,737,955		1,040,834		6,697,121	
<b>c</b> ALL OTHER REVENUE		541990	40,307,357	40,307,357				
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			51,116,388					
<b>12 Total revenue.</b> See instructions . . . . .			1,684,831,601	1,083,283,409	3,265,928		202,600,804	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	20,144,868	20,144,868		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	227,804,155	227,804,155		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	7,321,805	7,321,805		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	6,260,720	332,781	4,964,561	963,378
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	229,819	1,500	228,319	
<b>7</b> Other salaries and wages . . . . .	634,253,989	504,186,012	113,037,024	17,030,953
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	41,262,856	32,800,984	7,353,884	1,107,988
<b>9</b> Other employee benefits . . . . .	73,402,795	58,349,909	13,081,878	1,971,008
<b>10</b> Payroll taxes . . . . .	38,730,538	30,787,975	6,902,573	1,039,990
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	4,183,113	4,183,113		
<b>b</b> Legal . . . . .	3,799,305	2,852,889	833,828	112,588
<b>c</b> Accounting . . . . .	1,776,309	1,333,826	389,844	52,639
<b>d</b> Lobbying . . . . .	30,088	30,088		
<b>e</b> Professional fundraising services. See Part IV, line 17	297,176			297,176
<b>f</b> Investment management fees . . . . .	3,365,678		3,365,678	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	160,558,501	120,562,986	35,237,545	4,757,970
<b>12</b> Advertising and promotion . . . . .	11,643,889	8,743,368	2,555,468	345,053
<b>13</b> Office expenses . . . . .	30,191,688	22,670,866	6,626,126	894,696
<b>14</b> Information technology . . . . .	19,560,218	14,687,720	4,292,853	579,645
<b>15</b> Royalties . . . . .	447,132	447,132		
<b>16</b> Occupancy . . . . .	81,349,685	30,277,406	47,384,699	3,687,580
<b>17</b> Travel . . . . .	25,683,906	20,303,633	3,600,091	1,780,182
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	16,802,709	10,865,752	5,600,903	336,054
<b>20</b> Interest . . . . .	54,759,656	11,992,471	42,767,185	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	58,077,223	12,920,535	45,156,688	
<b>23</b> Insurance . . . . .	23,367,130	20,144,431	3,222,699	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BOOKS & PERIODICALS	13,359,354	13,348,678	10,676	
<b>b</b> ALL OTHER EXPENSES	32,863,868	32,863,868		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,591,528,173	1,209,958,751	346,612,522	34,956,900
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	66,220	<b>1</b>	62,444
	<b>2</b> Savings and temporary cash investments . . . . .	297,065,146	<b>2</b>	326,979,244
	<b>3</b> Pledges and grants receivable, net . . . . .	172,902,609	<b>3</b>	158,591,683
	<b>4</b> Accounts receivable, net . . . . .	94,948,980	<b>4</b>	70,367,923
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	28,527,388	<b>7</b>	23,715,268
	<b>8</b> Inventories for sale or use . . . . .	1,315,229	<b>8</b>	1,399,230
	<b>9</b> Prepaid expenses and deferred charges . . . . .	64,478,625	<b>9</b>	53,678,425
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 2,134,382,055		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 1,020,054,886	1,077,335,568	<b>10c</b> 1,114,327,169
	<b>11</b> Investments—publicly traded securities . . . . .	546,666,634	<b>11</b>	636,287,166
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,296,224,718	<b>12</b>	1,358,697,101
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	165,783,567
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,789,955	<b>15</b>	3,012,548
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,581,321,072	<b>16</b>	3,912,901,768	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	183,994,035	<b>17</b>	177,986,763
	<b>18</b> Grants payable . . . . .	47,163,558	<b>18</b>	59,458,637
	<b>19</b> Deferred revenue . . . . .	77,262,794	<b>19</b>	79,037,542
	<b>20</b> Tax-exempt bond liabilities . . . . .	465,646,411	<b>20</b>	416,767,545
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	9,660,529	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	880,820,127	<b>24</b>	1,168,932,275
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	193,587,513	<b>25</b>	416,425,738
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,858,134,967	<b>26</b>	2,318,608,500
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-172,666,956	<b>27</b>	-279,165,874
	<b>28</b> Net assets with donor restrictions . . . . .	1,895,853,061	<b>28</b>	1,873,459,142
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	1,723,186,105	<b>32</b>	1,594,293,268	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	3,581,321,072	<b>33</b>	3,912,901,768	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,684,831,601
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,591,528,173
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	93,303,428
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,723,186,105
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-74,558,846
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-147,637,419
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,594,293,268

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0196603

**Name:** GEORGETOWN UNIVERSITY

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

INSTRUCTION: THE UNIVERSITY CONSISTS OF GEORGETOWN COLLEGE, GEORGETOWN LAW CENTER, ROBERT E. MCDONOUGH SCHOOL OF BUSINESS, SCHOOL OF CONTINUING STUDIES, SCHOOL OF MEDICINE, SCHOOL OF NURSING AND HEALTH STUDIES, THE EDMUND A. WALSH SCHOOL OF FOREIGN SERVICE, THE GRADUATE SCHOOL OF ARTS AND SCIENCES, AND THE MCCOURT SCHOOL OF PUBLIC POLICY. THESE SCHOOLS OFFER UNDERGRADUATE AND GRADUATE DEGREES, EXECUTIVE EDUCATION, ADVANCED PROFESSIONAL CERTIFICATES, CUSTOM EDUCATION, AND SPECIAL PROGRAMS. DURING THE YEAR ENDED JUNE 30, 2020, GEORGETOWN UNIVERSITY ENROLLED APPROXIMATELY 19,600 STUDENTS AND AWARDED 6,922 DEGREES. STUDENTS AND AWARDED 6,922 DEGREES.

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**Form 990, Part III, Line 4b:**

ACADEMIC SUPPORT: THIS INCLUDES ACTIVITIES THAT SUPPORT THE UNIVERSITY'S PRIMARY EDUCATIONAL AND RESEARCH MISSIONS. THESE ACTIVITIES INCLUDE ACADEMIC ADMINISTRATION, ACADEMIC COMPUTING SUPPORT, ACADEMIC PERSONNEL DEVELOPMENT, COURSE AND CURRICULUM DEVELOPMENT, DEPARTMENTAL ADMINISTRATION, EDUCATIONAL MEDIA SERVICES, AND LIBRARIES.

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**Form 990, Part III, Line 4c:**

RESEARCH: ONE OF THE PRIMARY OBJECTIVES OF THE UNIVERSITY IS THE DEVELOPMENT OF KNOWLEDGE THROUGH BASIC SCIENCE, CLINICAL RESEARCH AND OTHER RESEARCH. DURING THE YEAR ENDED JUNE 30, 2020, FACULTY AND STUDENTS PARTICIPATED IN OVER 3,000 RESEARCH PROJECTS IN SCIENCE AND OTHER AREAS.

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**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: )	(Expenses \$	83,700,506	including grants of \$	0 )	(Revenue \$	92,504,293 )
AUXILIARY SERVICES						

(Code: )	(Expenses \$	15,084,601	including grants of \$	2,002,470 )	(Revenue \$	11,806,136 )
PUBLIC SERVICES						



**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 6,285,919 including grants of \$ 0 ) (Revenue \$ 17,420,037 )  
OTHER PROGRAM SERVICES



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA BROWN ..... VP & GENERAL COUNSEL	40.0 ..... 0.0				X			597,133	0	24,900
MARIE A MATTSO ..... SECRETARY	40.0 ..... 0.0			X				434,172	0	38,421
DAVID B GREEN ..... CHIEF FINANCIAL OFFICER	40.0 ..... 0.0			X				423,153	0	46,346
DAVID R RUBENSTEIN ..... FORMER VP FOR FINANCE & TREAS	0.0 ..... 0.0						X	228,319	0	20,851
ABDULLA BIN ALI AL-THANI PHD ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
JOSEPH P BARATTA B'93 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
ALBERTO L BEECK ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
W ROBERT BERKLEY JR B'95 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
BRUCE BLUME L'80 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
GEORGE W CASEY JR F'70 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER J CLARE B'87 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
ANTHONY R COSCIA F'81 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
PETER CRONCOTA B'83 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
MARIJN E DEKKERS PHD ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
SUZANNE O DONOHOE C'92 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
WILLIAM J DOYLE C'72 ..... BOARD CHAIR	6.0 ..... 0.0	X						0	0	0
MARY CALLAHAN ERDOES C'89 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
THOMAS W FARLEY C'97 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
FR JOHN P FITZGIBBONS SJ ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
ANTOINE M GARIBALDI PHD ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMY GOLDMAN F'86 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
BONNIE W GWIN F'82 MSFS'83 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
RICHARD HLUCHAN F'71 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
KATHLEEN M HUGIN C'82 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
TYREE P JONES JR L'86 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
SUSAN B KARCHES C'74 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
SR CAROL KEEHAN DC ..... VICE CHAIR	4.0 ..... 0.0	X						0	0	0
LAURIE HODGE LAPEYRE B'83 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
FRANK H MCCOURT JR C'75 ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
DIKEMBE MUTOMBO C'91 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES O'HARA C'88 L'92 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
TIMOTHY J O'NEILL L'77 ..... VICE CHAIR	4.0 ..... 0.0	X						0	0	0
FR A E OROBATOR SJ ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
CLAIRE PERRY PHD F'83 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
MICHAEL PSAROS B'89 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
THOMAS A REYNOLDS B'74 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
KENNETH A SAMET ..... BOARD MEMBER	4.0 ..... 0.0	X						0	0	0
ANN M SARNOFF B'83 ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
FR ANTONINO SPADARO SJ ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0
FR DANIEL VILLANUEVA SJ ..... VICE CHAIR	4.0 ..... 0.0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FERNANDO ZOBEL DE AYALA ..... BOARD MEMBER	2.0 ..... 0.0	X						0	0	0

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GEORGETOWN UNIVERSITY

**Employer identification number**  
53-0196603

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

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

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

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	340,968,886	352,553,768	377,254,732	382,239,731	395,681,460	1,848,698,577
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	340,968,886	352,553,768	377,254,732	382,239,731	395,681,460	1,848,698,577
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						1,848,698,577

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . . . .	340,968,886	352,553,768	377,254,732	382,239,731	395,681,460	1,848,698,577
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	89,310,222	97,912,689	100,418,313	119,781,921	122,636,596	530,059,741
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						0
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						2,378,758,318
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	5,065,988,055

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	77.717 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	79.140 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0196603

**Name:** GEORGETOWN UNIVERSITY

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization GEORGETOWN UNIVERSITY	Employer identification number 53-0196603
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (see instructions) .....

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

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No

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

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

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

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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



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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

30,088	
30,088	
1,585,871,965	
1,585,902,053	
1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....

250,000	

Yes  No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	87,172	337,758	25,465	30,088	480,483
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	3,687	4,095	0	7,782

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
GEORGETOWN UNIVERSITY

**Employer identification number**  
53-0196603

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,822,484,263	1,769,557,429	1,661,745,430	1,483,502,000	1,528,868,601
<b>b</b> Contributions . . . . .	143,833,784	163,784,659	56,297,805	61,462,136	88,817,292
<b>c</b> Net investment earnings, gains, and losses	7,526,913	-11,911,398	142,983,152	203,110,491	-55,373,872
<b>d</b> Grants or scholarships . . . . .	25,014,017	22,519,065	20,475,011	19,098,185	17,268,099
<b>e</b> Other expenditures for facilities and programs . . . . .	80,790,907	71,977,851	66,410,934	63,089,152	58,848,971
<b>f</b> Administrative expenses . . . . .	4,329,132	4,449,511	4,583,013	4,141,860	2,692,951
<b>g</b> End of year balance . . . . .	1,863,710,904	1,822,484,263	1,769,557,429	1,661,745,430	1,483,502,000

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 23.540 %
- b** Permanent endowment ▶ 72.860 %
- c** Temporarily restricted endowment ▶ 3.600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>		No
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		51,183,932		51,183,932
<b>b</b> Buildings . . . . .		1,783,210,695	885,073,083	898,137,612
<b>c</b> Leasehold improvements		40,488,406	15,144,530	25,343,876
<b>d</b> Equipment . . . . .		158,723,657	119,837,273	38,886,384
<b>e</b> Other . . . . .		100,775,365		100,775,365
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,114,327,169

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	1,358,697,101	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,358,697,101	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) POST RETIREMENT LIABILITY	67,648,001
(3) PENSION LIABILITY	42,023,000
(4) OTHER LIABILITIES	38,299,825
(5) ASSET RETIREMENT OBLIGATION	30,091,968
(6) REFUNDABLE ADVANCES	32,294,134
(7) FINANCING LEASES	5,319,279
(8) OPERATING LEASES	200,749,531
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	416,425,738

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,341,524,721
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-223,315,515	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-223,315,515
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,564,840,236
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,745,346	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	116,246,019	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	119,991,365
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	1,684,831,601

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,366,153,200
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,129,078	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,129,078
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,365,024,122
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,745,346	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	222,758,705	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	226,504,051
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	1,591,528,173

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0196603

**Name:** GEORGETOWN UNIVERSITY

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 1A	COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE: THE UNIVERSITY HAS ELECTED NOT TO CAPITALIZE THE COST OR VALUE OF ITS COLLECTION OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. ITEMS THAT THE UNIVERSITY PURCHASES FOR ITS COLLECTION ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS DECREASES IN TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY THE DONORS. ITEMS CONTRIBUTED BY DONORS FOR THE COLLECTION ARE NOT REFLECTED ON THE FINANCIAL STATEMENTS. THE UNIVERSITY'S COLLECTION INCLUDES ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED AND PRESERVED, AND THE UNIVERSITY VERIFIES THE ITEMS IN ITS COLLECTION AND ASSESSES THEIR CONDITION ON A REGULAR BASIS. THERE WERE NO DEACCESSIONS FROM THE UNIVERSITY'S COLLECTION DURING THE YEARS ENDED JUNE 30, 2020 OR JUNE 30, 2019.



## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART III, LINE 4	COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS: THE UNIVERSITY MAINTAINS A COLLECTION OF BOOKS, JOURNALS, ART, UNIVERSITY ARCHIVAL MATERIALS, MANUSCRIPTS AND ELECTRONIC RESOURCES. THIS COLLECTION IS HOUSED AND MADE AVAILABLE PRIMARILY THROUGH LAUINGER, BLOMMER, DAHLGRE N, RIGGS, WOODSTOCK AND THE E.B. WILLIAMS LIBRARIES. THESE MATERIALS ARE ESSENTIAL RESOURC ES FOR THE EDUCATIONAL AND RESEARCH EXPERIENCES OF OUR STUDENTS AND RESEARCH NEEDS OF OUR FACULTY AND SCHOLARS.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS: THE PRIMARY GOAL OF THE ENDOWMENT IS TO SUPPORT THE UNIVERSITY'S EDUCATIONAL AND RESEARCH MISSION.

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	FIN 48(ASC 740) FOOTNOTE: THE UNIVERSITY CONSIDERS UNCERTAIN TAX POSITIONS ON THE BASIS OF A TWO-STEP PROCESS IN WHICH (1) MANAGEMENT DETERMINES WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON THE BASIS OF THE TECHNICAL MERITS OF THE POSITION AND (2) FOR THOSE TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE UNIVERSITY RECOGNIZES THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELATED TAX AUTHORITY.

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: TUITION DISCOUNT (UNIVERSITY & DONOR SPONSORED) NETTED WITH REVENUE ON AFS: \$(222,758,705) HOTEL & CONFERENCE CENTER GROSS UP: (556,810) ----- TOTAL: \$(223,315,515) SCHEDULE D, PART XI, LINE 4B AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1: NON-OPERATING CAPITAL CONTRIBUTIONS: \$118,611,010 RENTAL EXPENSES: (449,940) FUNDRAISING EXPENSES: (1,277,908) OTHER RECLASSIFICATIONS TO REVENUES: (638,443) YATES FIELD HOUSE REVENUE GROSS UP: 1,300 ----- TOTAL: \$116,246,019

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25: HOTEL & CONFERENCE CENTER GROSS UP: \$(556,810) RENTAL EXPENSES: 449,940 FUNDRAISING EXPENSES: 1,277,908 OTHER RECLASSIFICATIONS TO EXPENSES: (40,660) YATES FIELD HOUSE REVENUE GROSS UP: (1,300) ----- -- TOTAL: \$1,129,078

# Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS & NOT ON FORM 990, PART IX: TUITION DISCOUNT (UNIVERSITY & DONOR SPONSORED) NETTED WITH REVENUE ON AFS: \$222,759,705 ----- TOTAL: \$222,759,705

**SCHEDULE E**  
(Form 990 or 990-EZ)

# Schools

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

Department of the Treasury  
Name of the organization  
GEORGETOWN UNIVERSITY

**Employer identification number**  
53-0196603

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	Yes	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy 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? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . .	Yes	
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	Yes	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	Yes	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	Yes	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		No
<b>b</b> Admissions policies? . . . . .		No
<b>c</b> Employment of faculty or administrative staff? . . . . .		No
<b>d</b> Scholarships or other financial assistance? . . . . .		No
<b>e</b> Educational policies? . . . . .		No
<b>f</b> Use of facilities? . . . . .		No
<b>g</b> Athletic programs? . . . . .		No
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	Yes	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . .	Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE UNIVERSITY'S ADMISSIONS MATERIALS, WEBSITE, AND BROCHURES CONTAIN OR LINK TO THE UNIVERSITY'S NONDISCRIMINATION POLICY, WHICH CAN BE FOUND AT: <a href="https://ideaa.georgetown.edu/policies">HTTPS://IDEAA.GEORGETOWN.EDU/POLICIES</a> .
SCHEDULE E, PART I, LINE 6(A)	FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY: THE UNIVERSITY RECEIVED FINANCIAL ASSISTANCE FROM THE FEDERAL GOVERNMENT AND VARIOUS LOCAL JURISDICTIONS. THESE FUNDS SUPPORT CERTAIN RESEARCH PROJECTS AND STUDENT FINANCIAL AID.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
GEORGETOWN UNIVERSITY

**Employer identification number**  
53-0196603

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total . . . . .	10	246			898,428,567
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			925,289
<b>c Totals</b> (add lines 3a and 3b)	10	246			899,353,856

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶                      18

3 Enter total number of other organizations or entities . . . . . ▶                      18

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

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS: GEORGETOWN UNIVERSITY IS NOT A "GRANTMAKER" PER SE IN THAT ITS FUNDAMENTAL MISSION RELATES TO EDUCATION AND RESEARCH. HOWEVER, IN THE COURSE OF THESE MISSION-RELATED ACTIVITIES, THE UNIVERSITY DOES MAKE PAYMENTS THAT MEET THE CRITERIA FOR "GRANTMAKING" AS DEFINED BY THE INSTRUCTIONS TO SCHEDULE F OF THE FORM 990. THESE PAYMENTS FALL INTO THREE CATEGORIES: (1) STUDENT FINANCIAL AID - THE UNIVERSITY'S FINANCIAL AID IS AWARDED BASED EITHER ON FINANCIAL NEED OR ACADEMIC MERIT; THE OFFICE OF STUDENT FINANCIAL SERVICES (THE FINANCIAL AID OFFICE) DETERMINES STUDENTS' ELIGIBILITY FOR NEED-BASED AID. VARIOUS ACADEMIC DEPARTMENTS DETERMINE ELIGIBILITY FOR MERIT-BASED AID; (2) CHARITABLE CONTRIBUTIONS - CHARITABLE CONTRIBUTIONS ARE MADE IN ACCORDANCE WITH UNIVERSITY POLICY; AND (3) SUBAWARDS - SUBAWARDS ARE MONITORED BY THE OFFICE OF THE CHIEF FINANCIAL OFFICER.

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE F, PART I, LINE 3	METHOD TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL STATEMENTS: CENTRAL AMERICA/CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE: ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA: ACCRUAL RUSSIA/NEWLY INDEPENDENT STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

## 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART II, LINE 1	METHOD TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL STATEMENTS: CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EUROPE: ACCRUAL SOUTH AMERICA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL NORTH AMERICA: ACCRUAL MIDDLE EAST: ACCRUAL SOUTH ASIA: ACCRUAL

# 990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART III	METHOD TO ACCOUNT FOR EXPENDITURES ON ORGANIZATION'S FINANCIAL STATEMENTS: EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE: ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA: ACCRUAL RUSSIA/NEWLY INDEPENDENT STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL CENTRAL AMERICA/CARIBBEAN: ACCRUAL



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 53-0196603

**Name:** GEORGETOWN UNIVERSITY

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	EDUCATIONAL SERVICES	1,606,734
East Asia and the Pacific	0	0	Program Services	EDUCATIONAL SERVICES	2,063,778

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	5	0	Program Services	EDUCATIONAL SERVICES	7,112,048
Middle East and North Africa	1	2	Program Services	EDUCATIONAL SERVICES	61,092,765

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	EDUCATIONAL SERVICES	2,790,562
Russia and the Newly Independent States	0	0	Program Services	EDUCATIONAL SERVICES	100,144

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	EDUCATIONAL SERVICES	860,736
South Asia	0	50	Program Services	EDUCATIONAL SERVICES	267,504

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	4	194	Program Services	EDUCATIONAL SERVICES	1,618,537
Central America and the Caribbean	0	0	Investments		733,967,475

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		71,030,956
North America	0	0	Investments		14,874,131

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Grantmaking		15,000
South Asia	0	0	Grantmaking		39,295

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		101,297
Europe (Including Iceland and Greenland)	0	0	Grantmaking		854,017



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Grantmaking		33,588
North America	0	0	Grantmaking		16,330

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Grantmaking		283,911
Sub-Saharan Africa	0	0	Grantmaking		625,048

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBAWARD	7,678	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUBAWARD	81,880	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBAWARD	49,000	WIRE		N/A	N/A
		South America	SUBAWARD	10,568	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBAWARD	100,000	WIRE		N/A	N/A
		South America	SUBAWARD	15,000	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBAWARD	6,700	WIRE		N/A	N/A
		South America	SUBAWARD	25,000	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBAWARD	159,809	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUBAWARD	45,683	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	SUBAWARD	36,753	WIRE		N/A	N/A
		South America	SUBAWARD	45,000	WIRE		N/A	N/A



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBAWARD	39,000	WIRE		N/A	N/A
		Central America and the Caribbean	SUBAWARD	19,850	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBAWARD	51,439	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUBAWARD	54,435	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	SUBAWARD	44,693	WIRE		N/A	N/A
		North America	SUBAWARD	16,330	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBAWARD	242,387	WIRE		N/A	N/A
		Sub-Saharan Africa	SUBAWARD	70,179	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBAWARD	111,000	WIRE		N/A	N/A
		Sub-Saharan Africa	SUBAWARD	21,646	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBAWARD	56,000	WIRE		N/A	N/A
		Middle East and North Africa	SUBAWARD	33,588	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBAWARD	13,600	WIRE		N/A	N/A
		South America	SUBAWARD	30,143	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBAWARD	56,375	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUBAWARD	294,005	WIRE		N/A	N/A



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	SUBAWARD	7,500	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUBAWARD	81,000	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	SUBAWARD	5,262	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	SUBAWARD	10,666	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	SUBAWARD	73,023	WIRE		N/A	N/A
		South Asia	GENERAL SUPPORT	29,295	WIRE		N/A	N/A

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	GENERAL SUPPORT	10,000	WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	GENERAL SUPPORT	15,000	WIRE		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD SCHOLARSHIPS	East Asia and the Pacific	52	1,196,797	WIRE		N/A	N/A
STUDY ABROAD SCHOLARSHIPS	Europe (Including Iceland and Greenland)	155	3,159,388	WIRE		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD SCHOLARSHIPS	Middle East and North Africa	17	124,659	WIRE		N/A	N/A
STUDY ABROAD SCHOLARSHIPS	North America	5	152,801	WIRE		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD SCHOLARSHIPS	Russia and the Newly Independent States	4	70,365	WIRE		N/A	N/A
STUDY ABROAD SCHOLARSHIPS	South America	17	316,706	WIRE		N/A	N/A

**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD SCHOLARSHIPS	South Asia	2	31,170	WIRE		N/A	N/A
STUDY ABROAD SCHOLARSHIPS	Sub-Saharan Africa	17	284,669	WIRE		N/A	N/A



**Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S**

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDY ABROAD SCHOLARSHIPS	Central America and the Caribbean	1	16,765	WIRE		N/A	N/A

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
 Internal Revenue Service

**Supplemental Information Regarding  
 Fundraising or Gaming Activities**

OMB No. 1545-0047

**2019**

**Open to Public  
 Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
 GEORGETOWN UNIVERSITY

**Employer identification number**  
 53-0196603

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE DONLON AGENCY LLC 1100 N CASS STREET 401N MILWAUKEE, WI 53202	MARKETING		No	0	297,176	-297,176
<b>Total</b>				0	297,176	-297,176

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		<b>LOMBARDI GALA</b> (event type)	<b>SOM REUNION</b> (event type)	<b>14</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	1,414,114	124,895	743,415	2,282,424
<b>2</b>	Less: Contributions . . . . .	1,326,994	13,500	379,221	1,719,715
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	87,120	111,395	364,194	562,709
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	0	5,482	94,508	99,990
	<b>7</b> Food and beverages . . . . .	188,071	134,612	489,583	812,266
	<b>8</b> Entertainment . . . . .	7,200	10,834	98,491	116,525
	<b>9</b> Other direct expenses . . . . .	137,272	17,193	94,662	249,127
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				1,277,908
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-715,199

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

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

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

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

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

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

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

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

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

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization GEORGETOWN UNIVERSITY

Employer identification number 53-0196603

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 129
3 Enter total number of other organizations listed in the line 1 table 13

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) UNIVERSITY-SPONSORED SCHOLARSHIPS	8426	179,225,121		N/A	N/A
(2) DONOR-SPONSORED SCHOLARSHIPS	3085	38,180,264		N/A	N/A
(3) FAMILY EMERGENCY FUND GRANTS	36	35,518		N/A	N/A
(4) NON-SERVICE STIPENDS	2164	8,414,401		N/A	N/A
(5) ACADEMIC PRIZES & AWARDS	965	1,948,851		N/A	N/A
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS: GEORGETOWN UNIVERSITY IS NOT A "GRANTMAKER" PER SE IN THAT ITS FUNDAMENTAL MISSION RELATES TO EDUCATION AND RESEARCH. HOWEVER, IN THE COURSE OF THESE MISSION-RELATED ACTIVITIES, THE UNIVERSITY DOES MAKE PAYMENTS THAT MEET THE CRITERIA FOR "GRANTMAKING" AS DEFINED BY THE INSTRUCTIONS TO SCHEDULE I OF THE FORM 990. THESE PAYMENTS FALL INTO FOUR CATEGORIES: (1) STUDENT FINANCIAL AID - THE UNIVERSITY'S FINANCIAL AID IS AWARDED BASED EITHER ON FINANCIAL NEED OR ACADEMIC MERIT; THE OFFICE OF STUDENT FINANCIAL SERVICES (THE FINANCIAL AID OFFICE) DETERMINES STUDENTS' ELIGIBILITY FOR NEED-BASED AID. VARIOUS ACADEMIC DEPARTMENTS DETERMINE ELIGIBILITY FOR MERIT-BASED AID; (2) CHARITABLE CONTRIBUTIONS, WHICH ARE MADE IN ACCORDANCE WITH UNIVERSITY POLICY; (3) SUBAWARDS, WHICH ARE MONITORED BY THE OFFICE OF THE CHIEF FINANCIAL OFFICER; AND (4) OTHER GRANTS IN SUPPORT OF THE UNIVERSITY'S MISSION.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0196603  
**Name:** GEORGETOWN UNIVERSITY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALASKA CHILDREN'S TRUST 3201 C STREET STE 110 ANCHORAGE, AK 99503	91-1765129	501(c)(3)	75,000		N/A	N/A	SUBAWARD
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461	83-0621846	501(c)(3)	160,163		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ACADEMY OF FAMILY PHYSICIANS 1133 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	44-0536051	501(c)(3)	48,000		N/A	N/A	SUBAWARD
AMERICAN COUNCIL ON EDUCATION ONE DUPONT CIRCLE NW NO 800 WASHINGTON, DC 200361193	53-0196573	501(c)(3)	20,000		N/A	N/A	GENERAL SUPPORT



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN COUNCIL ON TEACHING OF FRGN LANGS 1001 N FAIRFAX STREET SUITE 1100 ALEXANDRIA, VA 22314	13-2780784	501(c)(3)	15,265		N/A	N/A	SUBAWARD
AMERICAN DENTAL ASSOCIATION 211 EAST CHICAGO AVE SUITE 200 CHICAGO, IL 60611	36-0724690	501(c)(6)	91,680		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 200168046	53-0196549	501(c)(3)	6,686		N/A	N/A	SUBAWARD
ARIZONA STATE U BOARD OF REGENTS PO BOX 876011 TEMPE, AZ 852876011	86-0196696	Arizona	31,064		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ARIZONA STATE UNIVERSITY POBOX 876011 TEMPE, AZ 852876011	86-0196696	Arizona	87,366		N/A	N/A	SUBAWARD
ARTHRITIS AND OSTEOPOROSIS CENTER OF NO VA 8100 ASHTON AVE MANASSAS, VA 20109	32-0066150		19,530		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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ARTHRITIS AND RHEUMATISM ASSOCIATES PC 2730 UNIVERSITY BOULEVARD WEST STE 280 WHEATON, MD 20902	52-1072944		6,500		N/A	N/A	SUBAWARD
ASSOC OF STATE & TERRITORIAL DENTAL DIRS 3858 CASHILL BLVD SUITE 306 RENO, NV 89509	74-2095782	501(c)(6)	256,839		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAPTIST HEALTH SOUTH FLORIDA INC 6855 RED ROAD CORAL GABLES, FL 33143	65-0267668	501(c)(3)	30,630		N/A	N/A	SUBAWARD
BECKMAN RESEARCH INSTITUTE CITY OF HOPE 1500 EAST DUARTE SUITE 200 DUARTE, CA 91010	95-3432210	501(c)(3)	66,456		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER 109 BROOKLINE AVENUE BOSTON, MA 02215	04-2103881	501(c)(3)	80,596		N/A	N/A	SUBAWARD
BOARD OF REGENTS OF THE UNIVERSITY OF OKLA 201 STEPHENSON PARKWAY NORMAN, OK 73019	73-1377584	Oklahoma	730,838		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BRIGHTOUTCOME INC 1110 LAKE COOK ROAD SUITE 3100 BUFFALO GROVE, IL 60089	61-1404438		12,328		N/A	N/A	SUBAWARD
CARNEGIE INSTITUTION OF WASHINGTON 1530 P ST NW SUITE 167 WASHINGTON, DC 20005	53-0196523	501(c)(3)	19,401		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CENTER FOR APPLIED LINGUISTICS 4640 40TH STREET NW WASHINGTON, DC 200161859	52-0807619	501(c)(3)	77,940		N/A	N/A	SUBAWARD
CHILD TRENDS INCORPORATED 7315 WISCONSIN AVENUE SUITE 1200W BETHESDA, MD 20814	13-2982869	501(c)(3)	24,096		N/A	N/A	SUBAWARD



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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CHILDRENS RESEARCH INSTITUTE 111 MICHIGAN AVE NW MLC4900 WASHINGTON, DC 20010	52-1654453	501(c)(3)	225,932		N/A	N/A	SUBAWARD
COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 100879789	13-5598093	501(c)(3)	192,467		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COMMUNITY OF HOPE INC 4 ATLANTIC ST SW WASHINGTON, DC 20032	52-1184749	501(c)(3)	10,000		N/A	N/A	SUBAWARD
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 148510022	15-0532082	501(c)(3)	5,360		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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COUNCIL ON INTERNATIONAL EXCHANGE INC 300 FORE STREET PORTLAND, ME 04101	13-5619649	501(c)(3)	25,057		N/A	N/A	SUBAWARD
DANA FARBERPARTNERS CANCERCARE INC 450 BROOKLINE AVE BP437 BOSTON, MA 02215	04-3320640	501(c)(3)	269,099		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DENVER WORLD AFFAIRS COUNCIL 3607 MARTIN LUTHER KING JR BLVD DENVER, CO 80205	45-4346778	501(c)(3)	24,408		N/A	N/A	SUBAWARD
DEVELOPMENT INTERNATIONAL LLC 528 SUGAR RIDGE CT LONGWOOD, FL 32779	26-1787652		568,141		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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DOMINICAN REPUBLIC ED & MENTORING PROJECT 13 WINTER LN MILTON, VT 05468	03-0362565	501(c)(3)	61,691		N/A	N/A	SUBAWARD
DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA, PA 19104	23-1352630	501(c)(3)	75,424		N/A	N/A	SUBAWARD

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DUKE UNIVERSITY 2080 DUKE UNIVERSITY RD DURHAM, NC 27708	56-0532129	501(c)(3)	87,315		N/A	N/A	SUBAWARD
EARTH CONSERVATION CORPS PO BOX 71253 WASHINGTON, DC 20024	52-1683270	501(c)(3)	30,000		N/A	N/A	SUBAWARD

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EAST CAROLINA UNIVERSITY 1 FICKLEN DRIVE - MAIL STOP 158 GREENVILLE, NC 27858	56-6000403	North Carolina	14,633		N/A	N/A	SUBAWARD
EMORY UNIVERSITY 1518 CLIFTON ROAD CNR 7040-C ATLANTA, GA 30322	58-0566256	501(c)(3)	6,253		N/A	N/A	SUBAWARD

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FAMILY HEALTH INTERNATIONAL 359 BLACKWELL STREET SUITE 200 DURHAM, NC 277012477	23-7413005	501(c)(3)	233,749		N/A	N/A	SUBAWARD
FINAL MILE CONSULTING LLC 141 W JACKSON BLVD CHICAGO, IL 60604	99-0379743		123,937		N/A	N/A	SUBAWARD



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GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE ATTN RESEARCH FINANCE MC 30-69 FAIRFAX, VA 22030	54-0836354	Virginia	9,546		N/A	N/A	SUBAWARD
GEORGE WASHINGTON UNIVERSITY 800 17TH STREET NW MSN 4B2 WASHINGTON, DC 20006	53-0196584	501(c)(3)	144,733		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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GULF COAST CITIZEN DIPLOMACY COUNCIL INC 223 PALAFOX PLACE ROOM 200 PENSACOLA, FL 32502	80-0249546	501(c)(3)	21,194		N/A	N/A	SUBAWARD
H LEE MOFFITT CANCER CENTER PO BOX 742801 ATLANTA, GA 303742801	59-2451713	501(c)(3)	240,264		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HACKENSACK UNIVERSITY MEDICAL CENTER 30 PROSPECT AVE HACKENSACK, NJ 07601	22-1487576	501(c)(3)	24,259		N/A	N/A	SUBAWARD
HARVARD PILGRIM HEALTH CARE INC PO BOX 3672 BOSTON, MA 022413672	04-2452600	501(c)(3)	82,543		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 022415649	04-2103580	501(c)(3)	444,432		N/A	N/A	SUBAWARD
HASKINS LABORATORIES INC 00 GEORGE STREET NEW HAVEN, CT 06511	13-1628174	501(c)(3)	172,887		N/A	N/A	SUBAWARD

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HEALTHPARTNERS INSTITUTE 170 33RD AVENUE SOUTH SUITE 900 BLOOMINGTON, MN 55425	41-1670163	501(c)(3)	30,776		N/A	N/A	SUBAWARD
HENRY M JACKSON FOUND FOR ADVANCE MIL MED 6720-A ROCKLEDGE DRIVE - SUITE 100 BETHESDA, MD 20817	52-1317896	501(c)(3)	209,754		N/A	N/A	SUBAWARD

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HIPS INC PO BOX 90738 MS23301A WASHINGTON, DC 20090	52-1847137	501(c)(3)	25,000		N/A	N/A	SUBAWARD
HOUSING INITIATIVE PARTNERSHIP INC 6525 BELCREST ROAD NO 555 HYATTSVILLE, MD 20782	52-1596171	501(c)(3)	7,000		N/A	N/A	GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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HOWARD UNIVERSITY 525 BYANT ST NW 137 WASHINGTON, DC 20059	53-0204707	501(c)(3)	845,269		N/A	N/A	SUBAWARD
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE BOX 3500 NEW YORK, NY 10029	13-6171197	501(c)(3)	62,588		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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IN OUR OWN VOICE NAT BLACK WOMEN'S RPDT JUSTICE 1300 I STREET NW WASHINGTON, DC 20005	86-1672086	501(c)(3)	25,000		N/A	N/A	SUBAWARD
INDIANA UNIVERSITY 107 S INDIANA AVE SUITE 400E BLOOMINGTON, IN 47405	35-6001673	Indiana	393,038		N/A	N/A	SUBAWARD



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INOVA HEALTHCARE SERVICES 2990 TELESTAR COURT 2ND FLOOR FALLS CHURCH, VA 22042	54-0620889	501(c)(3)	177,560		N/A	N/A	SUBAWARD
INSTITUTE FOR CLINICAL RESEARCH INC PO BOX 29545 WASHINGTON, DC 200170745	52-1336656	501(c)(3)	36,590		N/A	N/A	SUBAWARD

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INTERNATIONAL BANK FOR RECONS AND DEV 1818 H STREET NW WASHINGTON, DC 20433	98-0002549		24,000		N/A	N/A	SUBAWARD
INTERNATIONAL MONITORING & EVALUATION LLC 4206 RIVER RD NW MSN MC 3-304 WASHINGTON, DC 20016	47-2387850		126,393		N/A	N/A	SUBAWARD

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INTERNATIONAL VISITORS CENTER OF CHICAGO 309 W WASHINGTON ST CHICAGO, IL 60606	36-2406639	501(c)(3)	7,551		N/A	N/A	SUBAWARD
JAMES MADISON UNIVERSITY 800 SOUTH MAIN ST SUITE 450 HARRISONBURG, VA 22807	54-6001756	Virginia	27,002		N/A	N/A	SUBAWARD

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JOHNS HOPKINS UNIVERSITY 3101 WYMAN PARK DR BALTIMORE, MD 21218	52-0595110	501(c)(3)	849,470		N/A	N/A	SUBAWARD
KAISER FOUNDATION RESEARCH INSTITUTE 800 HARRISON STREET 16TH FLR OAKLAND, CA 946123433	94-1105628	501(c)(3)	505,213		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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KANSAS ACTION FOR CHILDREN 720 SW JACKSON STE 201 TOPEKA, KS 66603	48-0879502	501(c)(3)	50,000		N/A	N/A	SUBAWARD
KENT STATE UNIVERSITY 800 E SUMMIT ST KENT, OH 44242	31-6402079	Ohio	15,641		N/A	N/A	SUBAWARD

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KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM COURT LOUISVILLE, KY 40223	27-4557052	501(c)(3)	50,000		N/A	N/A	SUBAWARD
LAHEY CLINIC INC 41 MALL ROAD SUITE 108 BURLINGTON, MA 01805	04-2704683	501(c)(3)	63,139		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEGAL AID SOCIETY OF DC 1331 H STREET NW WASHINGTON, DC 20005	53-0196600	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT ST BOSTON, MA 02114	04-2697983	Massachusetts	329,378		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(c)(3)	12,573		N/A	N/A	SUBAWARD
MEDSTAR HEALTH RESEARCH INSTITUTE 6525 BELCREST RD HYATTSVILLE, MD 20782	52-6056274	501(c)(3)	875,552		N/A	N/A	SUBAWARD



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MIAMI UNIVERSITY EAST HIGH STREET OXFORD, OH 45056	31-6402089	Ohio	16,356		N/A	N/A	SUBAWARD
MONTANA STATE UNIVERSITY PO BOX 172470 107 ROUDEBUSH HALL BOZEMAN, MT 59717	81-6010045	Montana	268,745		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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MONTGOMERY COUNTY MARYLAND 101 MONROE STREET 8TH FLOOR 309 MONTANA HALL ROCKVILLE, MD 20850	52-6000980	Maryland	233,621		N/A	N/A	SUBAWARD
NATIONAL NETWORK FOR ORAL HEALTH ACCESS 181 E 56TH AVE SUITE 101 DENVER, CO 80216	84-1186592	501(c)(3)	14,400		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE STREET STE 401 CHICAGO, IL 60603	36-2167808	501(c)(3)	40,492		N/A	N/A	SUBAWARD
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 1ST AVENUE NEW YORK, NY 10016	13-5562308	501(c)(3)	448,719		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY 2005 HARRIS HALL BOX 7213 RALEIGH, NC 276957213	04-3847594	North Carolina	126,715		N/A	N/A	SUBAWARD
NOVA SOUTHEASTERN UNIVERSITY INC 3100 SW 9TH AVE FT LAUDERDALE, FL 333153025	59-1083502	501(c)(3)	10,062		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NUEVA VIDA INC 801 N PITT ST SUITE 113 ALEXANDRIA, VA 22314	54-1943145	501(c)(3)	6,658		N/A	N/A	SUBAWARD
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 432101063	31-6025986	Ohio	172,407		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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PATH 2201 WESTLAKE AVE STE 200 SEATTLE, WA 98121	91-1157127	501(c)(3)	53,170		N/A	N/A	SUBAWARD
POPULATION REFERENCE BUREAU INC 1875 CONNECTICUT AVENUE NW WASHINGTON, DC 20009	53-0214030	501(c)(3)	35,000		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PORTLAND STATE UNIVERSITY PO BOX 751 SUITE 520 PORTLAND, OR 972070751	93-0619733	Oregon	239,290		N/A	N/A	SUBAWARD
PROVIDENCE HEALTH FOUNDATION 1150 VARNUM STREET NE WASHINGTON, DC 20017	52-1275583	501(c)(3)	81,293		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAND CORPORATION 1776 MAIN STREET SANTA MONICA, CA 904072138	95-1958142		27,812		N/A	N/A	SUBAWARD
RECTOR AND VISITORS OF THE UNIVERSITY OF VA PO 400194 PO BOX 2138 CHARLOTTESVILLE, VA 22904	54-6001796	Virginia	24,518		N/A	N/A	SUBAWARD



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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REGENTS OF THE UNIV OF CALIFORNIA LA BOX 957089 1125 MURPHY HALL LOS ANGELES, CA 900959000	95-6006143	California	8,258		N/A	N/A	SUBAWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MC0009 405 HILGARD AVENUE LA JOLLA, CA 920930009	94-3067788	California	213,900		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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REGENTS OF THE UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	38-6006309	Michigan	24,034		N/A	N/A	SUBAWARD
RUTGERS THE STATE UNIVERSITY OF NJ DAVIDSON RD PISCATAWAY, NJ 088545602	22-6001086	New Jersey	79,966		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SANTA FE COUNCIL ON INTERNATIONAL RELATIONS 413 GRANT AVE SUITE D SANTA FE, NM 87501	85-0196904	501(c)(3)	7,777		N/A	N/A	SUBAWARD
SANTA FE INSTITUTE OF SCIENCE 1399 HYDE PARK RD SANTA FE, NM 87501	85-0325494	501(c)(3)	143,220		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SAVE THE CHILDREN FEDERATION INC 501 KING HIGHWAYS FAIRFIELD, CT 06825	06-0726487	501(c)(3)	494,406		N/A	N/A	SUBAWARD
SLOAN-KETTERING INST FOR CANCER RESEARCH 1275 YORK AVE SUITE 400 NEW YORK, NY 10065	13-1924236	501(c)(3)	117,328		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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SMITHSONIAN INSTITUTION 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	53-0206027	501(c)(3)	45,500		N/A	N/A	GENERAL SUPPORT
SOUTHWEST HUMAN DEVELOPMENT INC 2850 N 24TH ST PHOENIX, AZ 85008	86-0407179	501(c)(3)	58,316		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

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STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(c)(3)	457,256		N/A	N/A	SUBAWARD
STEMMLER & ASSOCIATES LLC 1645 E MISSOURI AVE PHOENIX, AZ 85016	46-5310989		70,228		N/A	N/A	SUBAWARD

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SYRACUSE UNIVERSITY 900 SOUTH CROUSE AVE SUITE 210 SYRACUSE, NY 13244	15-0532081	501(c)(3)	163,700		N/A	N/A	SUBAWARD
TALUS ANALYTICS LLC 645 1ST AVE LYONS, CO 80540	47-4653610		273,333		N/A	N/A	SUBAWARD

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THE BOSTON CONSULTING GROUP INC PO BOX 75200 PO BOX 1487 CHICAGO, IL 606755200	04-2432614		454,090		N/A	N/A	SUBAWARD
THE BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVENUE NW WASHINGTON, DC 200362103	53-0196577	501(c)(3)	6,109		N/A	N/A	SUBAWARD



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THE COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES LEXINGTON, KY 40511	36-6000818	501(c)(3)	56,673		N/A	N/A	SUBAWARD
THE MIDTOWN YOUTH ACADEMY 1140 3RD STREET NE SUIT 2022 WASHINGTON, DC 20002	52-1008326	501(c)(3)	7,284		N/A	N/A	GENERAL SUPPORT

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THE PENNSYLVANIA STATE UNIVERSITY 27 W BEAVER AVE STATE COLLEGE, PA 168014819	24-6000376	Pennsylvania	179,281		N/A	N/A	SUBAWARD
THE POPULATION COUNCIL INC 4301 CONNECTICUT AVE NW WASHINGTON, DC 20008	13-1687001	501(c)(3)	78,479		N/A	N/A	SUBAWARD

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THE REGENTS UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 SUITE 280 WEST SACRAMENTO, CA 95798	94-6036494	California	102,327		N/A	N/A	SUBAWARD
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(c)(3)	8,842		N/A	N/A	SUBAWARD

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THE TOR PROJECT INC 217 1ST AVE S SEATTLE, WA 98194	20-8096820	501(c)(3)	542,439		N/A	N/A	SUBAWARD
THE UNIVERSITY OF TEXAS AT AUSTIN 3925 WEST BRAKER LANE 4903 AUSTIN, TX 78759	74-6000203	Texas	173,091		N/A	N/A	SUBAWARD

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TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET BUILDING 156 SUITE 3340 BOSTON, MA 02215	04-2103547	501(c)(3)	147,023		N/A	N/A	SUBAWARD
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER, NH 037551404	02-0222111	501(c)(3)	80,001		N/A	N/A	SUBAWARD

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TSINGHUA EDUCATION FOUNDATION NA INC 2200 SAND HILL ROAD SUITE 160 MENLO PARK, CA 94025	52-2073001	501(c)(3)	333,333		N/A	N/A	GENERAL SUPPORT
TULANE UNIVERSITY 1555 POYDRAS ST NEW ORLEANS, LA 70112	72-0423889	501(c)(3)	21,038		N/A	N/A	SUBAWARD

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TURNAROUND FOR CHILDREN INC 25 WEST 45TH STREET NEW YORK, NY 10036	06-1495529	501(c)(3)	80,000		N/A	N/A	SUBAWARD
UNIV OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVE 6TH FLOOR HOUSTON, TX 77030	74-6001118	Texas	207,155		N/A	N/A	SUBAWARD

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UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD 3 TUSCON, AZ 857190521	74-2652689	Arizona	10,643		N/A	N/A	SUBAWARD
UNIVERSITY OF DELAWARE 210 HULLIHEN HALL NEWARK, DE 19716	51-6000297	Delaware	165,400		N/A	N/A	SUBAWARD



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UNIVERSITY OF GEORGIA RESEARCH FOUND INC 310 EAST CAMPUS ROAD ATHENS, GA 30602	58-1353149	501(c)(3)	115,691		N/A	N/A	SUBAWARD
UNIVERSITY OF IDAHO 875 PERIMETER DRIVE MOSCOW, ID 83844	82-6000945	Idaho	27,218		N/A	N/A	SUBAWARD

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UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41427 BALTIMORE, MD 212036427	52-6002036	Maryland	324,668		N/A	N/A	SUBAWARD
UNIVERSITY OF MARYLAND COLLEGE PARK 4101 CHESAPEAKE BLDG COLLEGE PARK, MD 207423141	52-6002033	Maryland	75,328		N/A	N/A	SUBAWARD

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UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146	59-0624458	501(c)(3)	46,592		N/A	N/A	SUBAWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER NEBRASKA MEDICAL CENTER OMAHA, NE 68198	47-0049123	Nebraska	96,354		N/A	N/A	SUBAWARD

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UNIVERSITY OF NEW MEXICO MSC09-5225 ALBUQUERQUE, NM 871310001	85-6000642	New Mexico	38,027		N/A	N/A	SUBAWARD
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL 450 RIDGE RD STE 2215 CHAPEL HILL, NC 275991400	56-6001393	North Carolina	216,426		N/A	N/A	SUBAWARD

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UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 97403	46-4727800	Oregon	14,094		N/A	N/A	SUBAWARD
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P221 PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	160,629		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 910 GENESEE ST SUITE 200 ROCHESTER, NY 146113847	16-0743209	501(c)(3)	69,726		N/A	N/A	SUBAWARD
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVENUE TAMPA, FL 33620	59-3102112	Florida	27,755		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 SOUTH FIGUEROA STREET LOS ANGELES, CA 900898001	95-1642394	501(c)(3)	9,681		N/A	N/A	SUBAWARD
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL PO BOX 841765 SUITE 102 DALLAS, TX 75284	75-6002868	Texas	375,305		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON, CA 95211	94-1156266	501(c)(3)	12,002		N/A	N/A	SUBAWARD
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	Vermont	40,844		N/A	N/A	SUBAWARD



**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF WASHINGTON BOX 355880 SEATTLE, WA 98195	91-6001537	Washington	75,848		N/A	N/A	SUBAWARD
UNIVERSITY OF WISCONSIN 702 WEST JOHNSON ST MADISON, WI 53715	39-6006492	Wisconsin	211,218		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 843039 RICHMOND, VA 232983039	54-6001758	Virginia	12,726		N/A	N/A	SUBAWARD
VIRGINIA POLYTECHNIC INSTITUTE & STATE UNI 00 TURNER STREET SUITE 4200 BLACKSBURG, VA 24061	54-6001805	Virginia	114,521		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY FOUNDATION INC ONE WATERFRONT PL MORGANTOWN, WV 26507	55-6017181	501(c)(3)	26,390		N/A	N/A	SUBAWARD
WEST VIRGINIA UNIVERSITY RESEARCH CORP PO BOX 6001 7TH FLOOR MORGANTOWN, WV 265066001	55-0665758	501(c)(3)	23,396		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WINIFRED MASTERSON BURKE MED RSRCH INST 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-3434924	501(c)(3)	165,788		N/A	N/A	SUBAWARD
WORLD AFFAIRS COUNCIL 2200 ALASKAN WAY 450 SEATTLE, WA 98121	91-0586924	501(c)(3)	7,099		N/A	N/A	SUBAWARD

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WORLD FAITHS DEVELOPMENT DIALOGUE 3307 M STREET NW SUITE 200 WASHINGTON, DC 20007	43-2084191	501(C)(3)	0	20,774	FMV	FACILITIES	GENERAL SUPPORT
YALE UNIVERSITY PO BOX 208241 NEW HEAVEN, CT 06520	06-0646973	501(C)(3)	13,930		N/A	N/A	SUBAWARD

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEORGETOWN UNIVERSITY

Employer identification number  
53-0196603

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>		No								
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	Yes	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	FIRST-CLASS OR CHARTER TRAVEL: THE UNIVERSITY PAID FOR FIRST-CLASS TRAVEL FOR TWO OFFICERS. IN BOTH CASES, THE FIRST-CLASS TRAVEL WAS FOR BUSINESS PURPOSES, AND, ACCORDINGLY, THE COST OF THE FIRST-CLASS TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION. THE UNIVERSITY PAID FOR CHARTER TRAVEL FOR ONE OFFICER AND ONE OF THE MOST HIGHLY COMPENSATED EMPLOYEES. IN ALL CASES, THE CHARTER TRAVEL WAS FOR BUSINESS PURPOSES, AND, ACCORDINGLY, THE COST OF THE CHARTER TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A	HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: TWO OFFICERS UTILIZED SOCIAL CLUB MEMBERSHIPS EXCLUSIVELY FOR BUSINESS PURPOSES.
SCHEDULE J, PART I, LINE 1A	HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE: THE UNIVERSITY'S POLICY REGARDING UNIVERSITY-PROVIDED HOUSING COMPLIES WITH THE RULES UNDER SECTION 119 OF THE INTERNAL REVENUE CODE AND SECTION 1.119-1 OF THE TREASURY REGULATIONS. THE UNIVERSITY PROVIDED HOUSING TO ONE OF THE MOST HIGHLY COMPENSATED EMPLOYEES, WHO IS WORKING ON AN OVERSEAS ASSIGNMENT, AND THE COST OF THIS HOUSING WAS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: TWO OFFICERS AND ONE OF THE MOST HIGHLY COMPENSATED EMPLOYEES RECEIVED TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. THE UNIVERSITY'S TAX PROTECTION POLICY APPLIES TO CERTAIN EMPLOYEES ON OVERSEAS ASSIGNMENTS. ONE OF THE MOST HIGHLY COMPENSATED EMPLOYEES RECEIVED TAX INDEMNIFICATION AND A RELATED GROSS-UP PAYMENT UNDER THIS POLICY.
SCHEDULE J, PART I, LINE 1A	TRAVEL FOR COMPANIONS: THE UNIVERSITY'S BUSINESS TRAVEL POLICY REQUIRES ANY COMPANION ACCOMPANYING A UNIVERSITY EMPLOYEE ON BUSINESS TRAVEL TO PAY FOR HIS OR HER OWN TRAVEL EXPENSES UNLESS UNIVERSITY PAYMENTS FOR COMPANION TRAVEL ARE PERMITTED IN THE EMPLOYEE'S EMPLOYMENT AGREEMENT, WHICH HAS BEEN REVIEWED AND APPROVED BY THE BOARD'S SUBCOMMITTEE ON COMPENSATION. THE UNIVERSITY PAID FOR COMPANION TRAVEL FOR THREE LISTED PERSONS (ONE OFFICER, ONE KEY EMPLOYEE AND ONE OF THE MOST HIGHLY COMPENSATED EMPLOYEES). IN ALL CASES, THE COMPANION TRAVEL WAS PERMITTED UNDER THE LISTED PERSON'S EMPLOYMENT AGREEMENT. THE TRAVEL EXPENSES FOR THE OFFICER'S AND KEY EMPLOYEE'S COMPANIONS WERE NOT TREATED AS TAXABLE COMPENSATION BECAUSE THE TRAVEL WAS FOR BUSINESS PURPOSES. THE TRAVEL EXPENSES FOR THE COMPANION OF THE MOST HIGHLY COMPENSATED EMPLOYEE WAS TREATED AS TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1B	WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES: THE UNIVERSITY DOES NOT HAVE A WRITTEN POLICY REGARDING PAYMENT, REIMBURSEMENT OR PROVISION OF THE EXPENSES REFERRED TO ABOVE. THE MANNER IN WHICH THE EXPENSES ARE HANDLED IS DESCRIBED IN LINE 1A.
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF-CONTROL PAYMENT: DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2019, DAVID RUBENSTEIN RECEIVED \$228,319 IN SEVERANCE.
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: THE CHIEF INVESTMENT OFFICER'S BONUS HISTORICALLY HAS BEEN BASED ON ENDOWMENT PERFORMANCE. HOWEVER, THE BONUS IS NOT CALCULATED AS A PERCENTAGE OF REVENUE.
SCHEDULE J, PART II, COLUMN (B)	JOHN J. DEGIOIA \$200,000, NET OF TAXES, WAS DEPOSITED INTO A RETIREMENT ANNUITY ACCOUNT.
SCHEDULE J, PART II, COLUMN (D)	JOHN J. DEGIOIA THE AMOUNT REPORTED INCLUDES UNIVERSITY-PROVIDED HOUSING.





Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2019**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEORGETOWN UNIVERSITY

Employer identification number

53-0196603

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	25484JAC4	04-11-2007	57,875,000	CONSTRUCTION AND REFUNDING		X		X		X
B DISTRICT OF COLUMBIA	53-6001131	25484JAF0	07-10-2007	57,450,000	CONSTRUCTION AND REFUNDING		X		X		X
C DISTRICT OF COLUMBIA	53-6001131	25484JBA7	08-06-2009	45,650,000	REFUNDING OF PRIOR ISSUE		X		X		X
D DISTRICT OF COLUMBIA	53-6001131	25484JBH2	12-29-2010	45,000,000	CONSTRUCTION AND REFUNDING		X		X		X

**Part II Proceeds**

	A	B	C	D			
1 Amount of bonds retired . . . . .	10,880,000	10,815,000	10,610,000	0			
2 Amount of bonds legally defeased . . . . .	0	0	0	0			
3 Total proceeds of issue . . . . .	59,871,781	58,853,597	45,650,000	45,003,881			
4 Gross proceeds in reserve funds . . . . .	0	0	0	0			
5 Capitalized interest from proceeds . . . . .	0	0	0	0			
6 Proceeds in refunding escrows . . . . .	0	0	0	0			
7 Issuance costs from proceeds . . . . .	554,170	755,041	0	0			
8 Credit enhancement from proceeds . . . . .	704,234	694,192	0	0			
9 Working capital expenditures from proceeds . . . . .	0	0	0	0			
10 Capital expenditures from proceeds . . . . .	12,615,555	12,952,789	0	45,003,881			
11 Other spent proceeds . . . . .	45,997,821	44,451,575	45,650,000	0			
12 Other unspent proceeds . . . . .	0	0	0	0			
13 Year of substantial completion . . . . .	2009		2010		2012		
	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X		X		X		X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X			X	X		X
16 Has the final allocation of proceeds been made? . . . . .	X		X		X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				X
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X					X

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X				X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X				X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X				X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.200 %		0 %		0 %		0 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.700 %		0 %		0 %			
<b>6</b> Total of lines 4 and 5 . . . . .	0.900 %		0 %		0 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				X
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X				X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X		X		X			X
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X		X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b> Name of provider . . . . .	GOLDMAN SACHS		0		0		0	
<b>c</b> Term of hedge . . . . .	3302 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
COLUMN A, PART I(F):	THE BONDS REFUND THE BORROWER'S SERIES 1998A (ISSUED 01/07/1998) AND SERIES 1988A-C (ISSUED 12/29/1988).

<b>Return Reference</b>	<b>Explanation</b>
COLUMN B, PART I(F):	THE BONDS REFUND THE BORROWER'S SERIES 1988C-E (ISSUED 12/29/1998).

<b>Return Reference</b>	<b>Explanation</b>
COLUMNS A, B, D, PART II, LINE 3:	THE DIFFERENCE BETWEEN PART I (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

<b>Return Reference</b>	<b>Explanation</b>
COLUMNS A, B, C, D, PART IV, LINE 7:	AS PROVIDED IN TREASURY REGULATION SECTIONS 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 15 OF THE CODE.

<b>Return Reference</b>	<b>Explanation</b>
COLUMNS A, B, C, D, PART IV, LINE 2(B):	THE CURRENT REFUNDING PORTION OF THE BOND ISSUE HAS MET THE 6-MONTH EXCEPTION TO REBATE.



<b>Return Reference</b>	<b>Explanation</b>
COLUMN A, PART IV, LINE 2 (C):	THE MOST RECENT REBATE COMPUTATION WAS PERFORMED AS OF APRIL 1, 2017.

<b>Return Reference</b>	<b>Explanation</b>
COLUMN B, PART IV, LINE 2 (C):	THE MOST RECENT REBATE COMPUTATION WAS PERFORMED AS OF JULY 10, 2017.

<b>Return Reference</b>	<b>Explanation</b>
COLUMN C, PART I (F):	THE BONDS REFUND THE BORROWER'S SERIES 1999A (ISSUED 04/01/1999), WHICH REFUNDS THE SERIES 1990B (ISSUES 12/27/1990), AND SERIES 1989 (ISSUED 02/16/1989).

<b>Return Reference</b>	<b>Explanation</b>
COLUMN C, PART III:	BECAUSE PROCEEDS OF THE BONDS WERE USED TO REFUND BONDS ISSUED BEFORE JANUARY 1, 2003, THE BORROWER NEED NOT COMPLETE PART II WITH RESPECT TO THE BONDS.

<b>Return Reference</b>	<b>Explanation</b>
COLUMN C, PART IV, LINE 2 (B):	THE CURRENT REFUNDING PORTION OF THE BONDS HAS MET THE 6-MONTH EXCEPTION TO REBATE.

<b>Return Reference</b>	<b>Explanation</b>
COLUMN C, PART IV, LINE 2 (C):	THE MOST RECENT REBATE COMPUTATION WAS PERFORMED AS OF AUGUST 6, 2014.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GEORGETOWN UNIVERSITY

Employer identification number

53-0196603

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: DISTRICT OF COLUMBIA, 53-6001131, 25484JDD9, 01-18-2017, 347,923,490, REFUNDING OF PRIOR ISSUE, X, No, No, X, No, X.

Part II Proceeds

Table with 13 rows and 10 columns. Columns 1-4: Description, A, B, C, D. Rows 1-13: Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion. Rows 14-17: Yes/No questions about bond issuance and record keeping.

Part III Private Business Use

Table with 2 rows and 10 columns. Columns 1-4: Description, A, B, C, D. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? (X, No, No, No, No, No, No, No). Row 2: Are there any lease arrangements that may result in private business use of bond-financed property? (X, No, No, No, No, No, No, No).

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		0 %						
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		0 %						
<b>6</b> Total of lines 4 and 5 . . . . .		0 %						
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .								
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .	X							
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
COLUMN A, PART I (F):	THE BONDS REFUNDED THE BORROWER'S SERIES 2011 (ISSUED 04/07/2011), SERIES 2007A (ISSUED 04/11/2007), AND SERIES 2001A (ISSUED 04/06/2001).

<b>Return Reference</b>	<b>Explanation</b>
COLUMN A, PART II, LINE 3:	THE DIFFERENCE BETWEEN PART I (E) AND PART II, LINE 3 IS DUE TO INTEREST EARNINGS ON BOND PROCEEDS.

<b>Return Reference</b>	<b>Explanation</b>
COLUMN A, PART III, LINE 7:	AS PROVIDED IN TREASURY REGULATION SECTIONS 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 15 OF THE CODE.

<b>Return Reference</b>	<b>Explanation</b>
COLUMN A, PART IV, LINE 2 (B):	THE CURRENT REFUNDING PORTION OF THE BONDS HAS MET THE 6-MONTH EXCEPTION TO REBATE.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization GEORGETOWN UNIVERSITY

Employer identification number 53-0196603

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TERESA MCENROE CLARE	FAMILY MEMBER OF PETER J. CLARE, MEMBER OF THE BOARD OF DIRECTORS	10,000	COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEORGETOWN UNIVERSITY

Employer identification number  
53-0196603

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	6	939,682	OPINIONS OF EXPERTS
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	704	29,242,763	OTHER
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( AUCTION ITEMS )	X	136	96,328	MARKET VALUE
26 Other ▶ ( PERSONAL PROPERTY )	X	132	99,405	MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 6

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

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	THE AMOUNTS SHOWN IN PART I, COLUMN B REPRESENT THE TOTAL NUMBER OF ITEMS CONTRIBUTED.



**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

GEORGETOWN UNIVERSITY

Employer identification number

53-0196603

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>ORGANIZATION'S MISSION: GEORGETOWN UNIVERSITY IS ONE OF THE WORLD'S LEADING ACADEMIC AND RESEARCH INSTITUTIONS. ESTABLISHED IN 1789 IN THE SPIRIT OF THE NEW REPUBLIC, THE UNIVERSITY WAS FOUNDED ON THE PRINCIPLE THAT SERIOUS AND SUSTAINED DISCOURSE AMONG PEOPLE OF DIFFERENT FAITHS, CULTURES AND BELIEFS PROMOTES INTELLECTUAL, ETHICAL AND SPIRITUAL UNDERSTANDING. WE EMBODY THIS PRINCIPLE IN THE DIVERSITY OF OUR STUDENTS, FACULTY AND STAFF, OUR COMMITMENT TO JUSTICE AND THE COMMON GOOD, OUR INTELLECTUAL OPENNESS AND OUR INTERNATIONAL CHARACTER. AN ACADEMIC COMMUNITY DEDICATED TO CREATING AND COMMUNICATING KNOWLEDGE, GEORGETOWN PROVIDES EXCELLENT UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION IN THE JESUIT TRADITION FOR THE GLORY OF GOD AND THE WELL-BEING OF HUMANKIND. GEORGETOWN EDUCATES WOMEN AND MEN TO BE REFLECTIVE LIFELONG LEARNERS, TO BE RESPONSIBLE AND ACTIVE PARTICIPANTS IN CIVIC LIFE AND TO LIVE GENEROUSLY IN SERVICE TO OTHERS. FORM 990, PART V, LINE 4B DETAIL LIST OF FOREIGN COUNTRIES: 1. FRANCE FR 2. GERMANY GM 3. CAYMAN ISLANDS CJ 4. GUATEMALA GT 5. INDIA IN 6. ITALY IT 7. KENYA KE 8. MEXICO MX 9. QATAR QA 10. SPAIN SP 11. TURKEY TU 12. UNITED KINGDOM UK 13. NIGERIA NI 14. CAMEROON CM</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1A	NUMBER OF VOTING MEMBERS: THE UNIVERSITY'S BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS AUTHORIZED TO TAKE ALL ACTIONS THAT THE FULL BOARD OF DIRECTORS IS AUTHORIZED TO TAKE, EXCEPT THAT THE EXECUTIVE COMMITTEE MAY NOT REMOVE OR ELECT THE PRESIDENT; EXERCISE THE AUTHORITY OF THE FULL BOARD TO CONCUR WITH THE PRESIDENT'S REMOVAL OF THE PROVOST, SECRETARY, OR TREASURER; OR AMEND THE BYLAWS. MEMBERS OF THE EXECUTIVE COMMITTEE ARE NOMINATED BY THE CHAIR OF THE BOARD AND ARE ELECTED BY THE BOARD FOR ONE YEAR TERMS. ONLY DIRECTORS MAY SERVE ON THE EXECUTIVE COMMITTEE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY: THE UNIVERSITY'S 990 WAS REVIEWED INTERNALLY BY SENIOR MANAGEMENT, AFTER WHICH IT WAS SUBMITTED BY THE ASSOCIATE VICE PRESIDENT FOR TAX AND CHIEF FINANCIAL OFFICER TO THE AUDIT COMMITTEE OF THE UNIVERSITY'S BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. THE FINAL FORM 990 WAS SENT TO EACH BOARD MEMBER BEFORE IT WAS FILED WITH THE INTERNAL REVENUE SERVICE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY: THE UNIVERSITY HAS WRITTEN CONFLICT OF INTEREST POLICIES THAT APPLY TO ALL EMPLOYEES, INCLUDING OFFICERS AND SENIOR ADMINISTRATORS, AND TO MEMBERS OF THE BOARD OF DIRECTORS. THESE POLICIES REQUIRE DISCLOSURE OF INTERESTS THAT COULD GIVE RISE TO CONFLICTS AND ARE INTENDED TO AVOID ACTUAL CONFLICTS AND THE APPEARANCE OF CONFLICTS, AND, WHERE APPROPRIATE, TO MANAGE CONFLICTS TO REMOVE THE POSSIBILITY OF BIAS. THE UNIVERSITY'S FINANCIAL CONFLICTS OF INTEREST POLICY, WHICH APPLIES TO ALL EMPLOYEES, REQUIRES EMPLOYEES TO MAKE INITIAL, AS WELL AS ANNUAL AND UPDATED, DISCLOSURES OF "SIGNIFICANT FINANCIAL INTERESTS" OTHER RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST AND REQUIRES "INVESTIGATORS" WHO ARE INVOLVED IN SPONSORED RESEARCH TO MAKE SPECIAL DISCLOSURES. CONFLICT OF INTEREST OFFICERS ON EACH CAMPUS (AND A CONFLICT OF INTEREST OFFICER FOR OFFICERS AND SENIOR ADMINISTRATORS) REVIEW DISCLOSURES, OBTAIN ADDITIONAL INFORMATION WHERE NECESSARY, AND MAKE DETERMINATIONS ABOUT THE APPROPRIATE MANAGEMENT OF ACTUAL OR POTENTIAL CONFLICTS WHEN THEY ARISE. CONFLICT MANAGEMENT MECHANISMS MAY INCLUDE RECUSAL FROM PARTICIPATION IN DECISION MAKING, DIVESTMENT OF FINANCIAL INTERESTS, MONITORING, OR OTHER MEASURES. A UNIVERSITY-WIDE FINANCIAL CONFLICTS OF INTEREST COMMITTEE OVERSEES THE IMPLEMENTATION OF THE POLICY AND PERIODICALLY REVIEWS CAMPUS OFFICER DETERMINATIONS. THIS POLICY REQUIRES ANNUAL CERTIFICATIONS AND DISCLOSURES OF ANY CIRCUMSTANCES THAT MIGHT GIVE RISE TO AN ACTUAL OR APPARENT CONFLICT OF INTEREST AND PROHIBITS INVOLVEMENT IN DECISION MAKING BY ANY OFFICER, SENIOR ADMINISTRATOR, OR OTHER EMPLOYEE WHO HAS AN ACTUAL OR APPARENT CONFLICT. IN ADDITION, THE UNIVERSITY MONITORS POTENTIAL CONFLICTS RELATING TO RESEARCH PROJECTS THROUGH A REQUIRED STUDY-SPECIFIC DISCLOSURE AND REVIEW PROCESS. VIOLATIONS OF THE UNIVERSITY'S CONFLICTS POLICIES MAY RESULT IN SANCTIONS UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. THE BOARD OF DIRECTORS CONFLICT OF INTEREST POLICY REQUIRES THAT EACH DIRECTOR AVOID ANY ACTUAL, POTENTIAL OR APPARENT CONFLICT OF INTEREST BETWEEN THE DIRECTOR'S PERSONAL INTERESTS AND THE INTERESTS OF THE UNIVERSITY. DIRECTORS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM AND DISCLOSE ON A CONTINUING BASIS ANY UPDATES TO THE ANNUAL FORM. THE SECRETARY OF THE UNIVERSITY, ALONG WITH THE GENERAL COUNSEL OF THE UNIVERSITY, REVIEW THE DISCLOSURE FORMS AND CONSIDER AND DETERMINE APPROPRIATE REMEDIAL ACTIONS OR PROCEDURES AS NECESSARY.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL: THE SUBCOMMITTEE ON COMPENSATION OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (THE "COMPENSATION SUBCOMMITTEE") REVIEWS THE PHILOSOPHY BEHIND, AND STRATEGIES TO IMPLEMENT, THE UNIVERSITY'S COMPENSATION STRUCTURE. THE COMPENSATION SUBCOMMITTEE IS ALSO RESPONSIBLE FOR EVALUATING THE PRESIDENT AND DETERMINING HIS COMPENSATION. COMPENSATION INFORMATION FOR PRESIDENTS AT SIMILAR HIGHER EDUCATION INSTITUTIONS IS OBTAINED FROM SEVERAL SOURCES, INCLUDING INDEPENDENT THIRD-PARTY CONSULTANTS, AND IS TAKEN INTO CONSIDERATION AS PART OF THE COMPENSATION ASSESSMENT PROCESS. THE UNIVERSITY MAINTAINS CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING RELATING TO DELIBERATIONS AND DECISIONS REGARDING THE PRESIDENT'S COMPENSATION ARRANGEMENT. ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE ARE INDEPENDENT BOARD MEMBERS. THE LAST REVIEW OF THE PRESIDENT'S COMPENSATION WAS IN 2020.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15B	PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES: THE COMPENSATION SUB COMMITTEE REVIEWS THE PHILOSOPHY BEHIND, AND STRATEGIES TO IMPLEMENT, THE UNIVERSITY'S COM PENSATION STRUCTURE, INCLUDING THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES. COMPENSATIO N INFORMATION FOR SIMILARLY QUALIFIED INDIVIDUALS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR HIGHER EDUCATION INSTITUTIONS IS OBTAINED FROM SEVERAL SOURCES, INCLUDING INDEPEND ENT THIRD-PARTY CONSULTANTS, AND IS TAKEN INTO CONSIDERATION AS PART OF THE COMPENSATION A SSESSMENT PROCESS. THE UNIVERSITY MAINTAINS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPIN G RELATING TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS OF OFFIC ERS AND KEY EMPLOYEES. ALL MEMBERS OF THE COMPENSATION SUBCOMMITTEE ARE INDEPENDENT BOARD MEMBERS. THE LAST COMPENSATION REVIEW WAS IN 2020.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC: GEORGETOWN UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AT <a href="http://WWW.GEORGETOWN.EDU">WWW.GEORGETOWN.EDU</a> . FORM 990, PART VII, SECTION A CERTAIN INDIVIDUALS WHO WERE LISTED AS "KEY EMPLOYEES" IN THE FORM 990 FOR THE FISCAL YEAR ENDED JUNE 30, 2019 ARE NOT LISTED IN THIS FORM 990. UPON FURTHER REVIEW, THE UNIVERSITY HAS DETERMINED THAT THESE INDIVIDUALS ARE NOT "KEY EMPLOYEES" AS DEFINED IN THE FORM 990 INSTRUCTIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES: SPENDING RATE ALLOCATED TO OPERATIONS: \$(95,863,217) PENSION AND POSTRETIREMENT CREDIT: (29,526,819) OTHER NON OPERATING ACTIVITY: (22,748,053) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: 500,670 ----- TOTAL: \$(147,637,419)



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER SERVICES TOTAL FEES:136067885

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:LABORATORY TOTAL FEES:2708911

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:SUBAWARD SERVICES TOTAL FEES:406619

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:TEACHING SERVICES TOTAL FEES:16662934

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 11G	DESCRIPTION:PRINTING TOTAL FEES:4712152

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GEORGETOWN UNIVERSITY

**Employer identification number**

53-0196603

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> GEORGETOWN DOGU AKDENIZ EGITIM HIZMETLER 12 KALE YOLU 7411 ALANYAANTALYA TU	EDUCATION	TU	0	857,276	GU
<b>(2)</b> GEORGETOWN EAST AFRICA LLC 2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808	RESEARCH	DE	715,715	238,351	GU
<b>(3)</b> GEORGETOWN GLOBAL HEALTH LLC 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	RESEARCH	DE	8	77,848	GU
<b>(4)</b> GEORGETOWN GLOBAL HEALTH NIGERIA LTDGTE PLOT 784 JAHI DISTRICT JAI ABUJA NI	RESEARCH	DE	206,812	130,904	GU
<b>(5)</b> HOYA LLC 37TH AND O STREETS NW 202 HEALY H WASHINGTON, DC 20057 26-1564991	EDUCATION	DC	0	0	GU
<b>(6)</b> THE UK FRIENDS OF GEORGETOWN LIMITED 20 OLD BAILEY LONDON EC4M 7AN UK 98-1028410	FUNDRAISING	UK	220,284	28,719	GU

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> GEORGETOWN UNIVERSITY ALUMNI ASSOCIATION 3604 O STREET NW  WASHINGTON, DC 20057 52-1170825	ALUMNI RLNS	DE	501(C)(3)	12 TYPE II	NA		No
<b>(2)</b> GEORGETOWN UNIVERSITY(USA)UK INIT ORG 20 OLD BAILEY LONDON EC4M 7AN UK	EDUCATION	UK			GU	Yes	
<b>(3)</b> GEORGETOWN FEDERAL CREDIT UNION 3700 RESERVOIR ROAD NW RM B7  WASHINGTON, DC 20007 52-0854334	BANKING	DC	501(C)(1)		GU	Yes	
<b>(4)</b> THE ALLBRITTON BRASENOSE SCHOLARSHIP FND 37TH AND O STREETS NW  WASHINGTON, DC 20057 52-6858729	SCHOLARSHIPS	DC	501(C)(3)	12 TYPE II	GU	Yes	
<b>(5)</b> WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE  UPPER MARLBORO, MD 20774 52-1559828	LIBRARY SVCS	DC	501(C)(3)	12 TYPE II	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> HEAVYBIT HOLDINGS SPV I LP 325 9TH ST SAN FRANCISCO, CA 94103	INVESTMENT	DE	GU	EXCLUDED	0	3,688,311		No	0	Yes		100.000 %
<b>(2)</b> HEAVYBIT HOLDINGS III LP 325 9TH ST SAN FRANCISCO, CA 94103 82-2396064	INVESTMENT	DE	GU	EXCLUDED	-218,458	4,818,588		No	0		No	51.370 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> FLOUR MILL FUND LTD 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN KY1-9007 CJ	INVESTMENT	CJ	GU	C CORPORATION	3,502,428	31,568,220	100.000 %	Yes	
<b>(2)</b> HOYA RISK INDEMNITY PO BOX 10 GRAND CAYMAN, CAYMAN ISLANDS KY1-1102 CJ	INSURANCE	CJ	GU	C CORPORATION	185,451	813,241	100.000 %	Yes	
<b>(3)</b> CHARITABLE REMAINDER TRUSTS (21)	CRT		GU	TRUST	0	0			No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**   **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0196603  
**Name:** GEORGETOWN UNIVERSITY

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
GEORGETOWN DOGU AKDENIZ EGITIM HIZMETLER 12 KALE YOLU 7411 ALANYAANTALYA TU	EDUCATION	TU	0	857,276	GU
GEORGETOWN EAST AFRICA LLC 2711 CENTERVILLE ROAD SUITE 400 WILMINGTON, DE 19808	RESEARCH	DE	715,715	238,351	GU
GEORGETOWN GLOBAL HEALTH LLC 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808	RESEARCH	DE	8	77,848	GU
GEORGETOWN GLOBAL HEALTH NIGERIA LTDGTE PLOT 784 JAHU DISTRICT JAI ABUJA NI	RESEARCH	DE	206,812	130,904	GU
HOYA LLC 37TH AND O STREETS NW 202 HEALY H WASHINGTON, DC 20057 26-1564991	EDUCATION	DC	0	0	GU
THE UK FRIENDS OF GEORGETOWN LIMITED 20 OLD BAILEY LONDON EC4M 7AN UK 98-1028410	FUNDRAISING	UK	220,284	28,719	GU

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
GEORGETOWN UNIVERSITY ALUMNI ASSOCIATION	D	897,000	FMV
GEORGETOWN UNIVERSITY ALUMNI ASSOCIATION	N	1,330,012	COST
GEORGETOWN UNIVERSITY ALUMNI ASSOCIATION	O	6,316,664	COST
GEORGETOWN UNIVERSITY (USA)UK INITIATIVES LTD	O	385,692	CASH
HEAVYBIT HOLDINGS III LP	R	3,570,000	CASH
HOYA RISK INDEMNITY	R	160,050	CASH
THE ALLBRITTON BRASENOSE SCHOLARSHIP FUND	S	52,061	CASH