Form <b>990-T</b>	I F	AMENDED Exempt Organization Bus			av Return	.	OMB No. 1545-0687
Departme: t of the Treasury		(and proxy tax und	ler se	ection 6033(e))			2006
Internal Revenue Service	Forc	alendar year 2006 or other tax year beginning JUL 1			UN 30, 20		
A Check box if address changed		Name of organization (] Check box if name of	changed	and see instructions.)		(Emp	oloyer identification number ployees' trust, see instructions Block D on page 9.)
B Exempt under section	Print	GEORGE MASON UNIVERSIT	Y F	OUNDATION,	INC.		54-1603842
X 501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo		-	CLEN		elated business activity codes
408(e) 220(e)		4400 UNIVERSITY DRIVE,	MA	SON HALL, NO	5. D201V	on	SCOPY
408A530(a)		City or town, state, and ZIP code					
529(a)	- 0	FAIRFAX, VA 22030-444				531	110 523000
C Book value of all assets at end of year		exemption number (see instructions for Block F.)			40.1(a) tourt		Otherstein
234132614.	G Check	corganization type 🕨 🛛 🛣 501(c) corporatio	n L	501(c) trust	401(a) trust	Į	Other trust
	n's prim	ary unrelated business activity. ► <b>RENTAL</b>	OF	DEBT-FINANCI	ED REAL F	STA	איזיד
		poration a subsidiary in an affiliated group or a pare				1	es X No
<b>e</b>		ifying number of the parent corporation.			······		
J The books are in care of		THE FOUNDATION		Telepho	ne number 🕨 7	03-	-993-8850
Part I Unrelate	d Trac	le or Business Income		(A) Income	(B) Expenses	3	(C) Net
1a Gross receipts or sale	es						
b Less returns and allo		<b>c</b> Balance ►	10				
		A, line 7)	2				
3 Gross profit. Subtrac			3				
		h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
c Capital loss deductio		ips and S corporations (attach statement)	4c 5	20,706.	STMT 2	25	20,706.
<ul> <li>5 Income (loss) from p</li> <li>6 Rent income (Schedu</li> </ul>			0 6	20,700.	SIMI Z	5	20,700.
	, .	ne (Schedule E)	7	5,838,481.	8 353 7	05	<2,515,224.>
		nd rents from controlled organizations (Sch. F)	8	5,050,401.	0,333,7	05.	<u>\</u> <u>4</u> , <u>5</u> <u>1</u> <u>5</u> , <u>6</u> <u>4</u> . >
		501(c)(7), (9), or (17) organization	0				
			9				
· · · · · · · · · · · · · · · · · · ·		me (Schedule I)	10				
		(J)	11				
12 Other income (See in	struction	s; attach schedule.)	12				-
13 Total. Combine lines	s 3 throu	gh 12	13	5,859,187.	8,353,7	05.	<2,494,518.>
		t Taken Elsewhere (See instructions for					
		itions, deductions must be directly connecte					1
		rectors, and trustees (Schedule K)				14	
						15	
						16 17	
						18	
						19	
20 Charitable contributi	ions (See	instructions for limitation rules.)				20	
21 Depreciation (attach	Form 45	62)		21			
22 Less depreciation cl	aimed or	Schedule A and elsewhere on return		22a		22b	
						23	
24 Contributions to def	erred cor	npensation plans				24	
25 Employee benefit pr						25	
26 Excess exempt expe	nses (Sc	hedule I)				26	
27 Excess readership o	osts (Scl	nedule J)				27	
28 Other deductions (at	tach sch	edule)				28	
29 Total deductions	. Add lin	es 14 through 28		) fue Ku 10		29	0.
		come before net operating loss deduction. Subtract				30 31	<2,494,518.>
<ul><li>31 Net operating loss d</li><li>32 Unrelated business t</li></ul>	euucuo∩ axahle in	(limited to the amount on line 30) come before specific deduction. Subtract line 31 fr	om line	30			0. <2,494,518.>
				30		32	1,000.
	-	ble income. Subtract line 33 from line 32. If line				00	<u> </u>
of zero or line 32						34	<2,494,518.>
623701 01-30-07 LHA For Priv	acy Act	and Paperwork Reduction Act Notice, see instruc	tions.				Form <b>990-T</b> (2006)
			38				. ,

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Form 990-	GEORGE MASON UNIVERSITY FOUNDATION, I	NC.	54-1	603842		Page 2
	Organizations Taxable as Corporations. See instructions for tax computation.					
30		nd:				
	Controlled group members (sections 1561 and 1563) check here ► <b>L</b> See instructions a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord					
a		er).	1			
						,
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			II'S C	<b>UPY</b>	
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34			► 35c		0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amoun					
	Tax rate schedule or Schedule D (Form 1041)			▶ 36		
37	Proxy tax. See instructions			37		
38	Alternative minimum tax			38		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies			39		0.
Part	V Tax and Payments					
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a				
b	Other credits (see instructions)					
~ c	General business credit. Check here and indicate which forms are attached:					
Ŭ		40c				
d	Form 3800       Form(s) (specify) ▶         Credit for prior year minimum tax (attach Form 8801 or 8827)					
			L	- 100		
	Total credits. Add lines 40a through 40d			1		0.
41	Subtract line 40e from line 39 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 86	000		41		0.
42						0
43	Total tax. Add lines 41 and 42		]	43		0.
44a	Payments: A 2005 overpayment credited to 2006					
b	2006 estimated tax payments					
C	Tax deposited with Form 8868					
	Foreign organizations: Tax paid or withheld at source (see instructions)					
e	Backup withholding (see instructions)	44e				
f	Credit for federal telephone excise tax paid (attach Form 8913)	44f				
g	Other credits and payments: Form 2439					
	□ Form 4136 Other Total ►	44g				
45	Total payments. Add lines 44a through 44g			45		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📃			46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			▶ 47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48		0.
49	Enter the amount of line 48 you want: Credited to 2007 estimated tax		Refunded	49		
Part	/ Statements Regarding Certain Activities and Other Information	ion (Se	e instructions on p	age 18)		
Law-	ny time during the 2006 calendar year, did the organization have an interest in or a signature or o	other aut	hority over a financial	account	Yes	No
	ik, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F				X	
fore	ion country here VARIOUS		,			
2 Duri	ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	ust?				х
	S, see page 5 of the instructions for other forms the organization may have to file. or the amount of tax-exempt interest received or accrued during the tax year ▶ \$					**
	ule A - Cost of Goods Sold. Enter method of inventory valuation N/2	<u> </u>				
		7				
	entory at beginning of year 1 6 Inventory at end of yea	r		6		
				-		
	t of labor from line 5. Enter here					
	itional section 263A costs 4a 8 Do the rules of section	,			Yes	No
	er costs (attach schedule) 4b property produced or		/ / / / /			_
5 Tota	I. Add times 1 through 4b				and the second	X
Cian	Under penaltities of perjury, declare that Unave examined this return, including accompanying schedules and correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepa	statement rer has ar	ts, and to the best of my k iy knowledge.	knowledge and be	lief, it is true,	
Sign		1	4	May the IRS disc	cuss this return w	vith
Here	A TITLE 0/13/2009 Presi	1 e	v.	the preparer sho		
	Signature of officer Date Title			instructions)?	X Yes	No
	Preparer's Date	Che	ck if	Preparer's SSN	or PTIN	
Paid Prepare	signature filled figure of BM		-employed	2179		
Use Onl			EIN 5	54-1588	999	
	employed) 7900 WESTPARK DRIVE, SUITTE 720		Phone no		847-460	00
623711 01-30-07	address, and ZIP code MCLEAN, VA 22102	1.2.1.			Form 990-T	

1 Description of property									
(1)									
(2)									····· · · · · · · · · · · · · · · · ·
(3)									
(4)									
	2 Rent received	l or accrued							
(a) From personal property (if rent for personal property i 10% but not more tha	s more than	(b)	of rent for pe	nd personal prope ersonal property ex t is based on profi	xceeds 50%	orif			onnected with the income in 2(b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total	0.	Total				0.			
Total income. Add totals of column	., .,					_	Enter here and on page	je 1,	
here and on page 1, Part I, line 6, co						0.	Part I, line 6, column (	B)	• 0
Schedule E - Unrelated	Debt-Financed	Incon	ne (See	instructions o	on page 2	20)			
				2 Gross in	come from				ected with or allocable d property
1 Description of c	debt-financed property			or allocabl financed			) Straight-line depreciati (attach schedule)		(b) Other deductions (attach schedule)
									STATEMENT 27
(1) ARLINGTON CAME	PUS			5,86	59,00	0.	1,835,6	06.	6,561,765
(2)									· · · · · · · · · · · · · · · · · · ·
(3)									
(4)				0 - 1					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	d of or a debt-fina	adjusted b Illocable to nced prope nschedule)		6 Column by colu			7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 68,308,33	33. 68	,664,	609.	9	99.48	%	5,838,4	81.	8,353,705
(2) (3)						%			
(4)						%			
<u>('')</u>							nere and on page 1.		Enter here and on page 1,
							line 7, column (A).		Part I, line 7, column (B).
Totals							5,838,4	81.	8,353,705
Total dividends-received deduction	ons included in columr	18							0
Schedule F - Interest, A	nnuities, Royal	ties, ai	nd Ren	ts From C	ontroll	ed Orga	anizations (See	e instru	uctions on page 21)
			Exemp	t Controlled C	Organizati	ions			
1 Name of Controlled Organizatic	en 2 Employer ide Numb			3 related income see instructions)		4 I of specified ments made	5 Part of column included in the co organization's gro	ontrolling	connected with income
(1)									
(1) (2)									
(3)									
(4)						<u></u>			
Nonexempt Controlled Organiza	ations		J		1		ł .		
7 Taxable Income	8 Net unrelated incom (see instructions)		<b>9</b> Tot:	al of specified pay made	rments		column 9 that is included ntrolling organization's gross income	11	Deductions directly connected with income in column 10
			L						
(1)									
(2)									
(3)									
(4)									
						Add column Enter here a line 8, colun	nd on page 1, Part i,	Enter	columns 6 and 11. r here and on page 1, Part I, 3, column (B).
Totals							0		0
623721/01-30-07	<u></u>						0	•	
20121/01-00-01				40	)				

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 GEORGE MASON UNIVERSITY FOUNDATION, TNC.
 54-1603842
 Page

 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 20)

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## Form 990-T (2006) GEORGE MASON UNIVERSITY FOUNDATION, INC.

54-1603842

Page **4** 

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 22)

3 Deductions directly connected (attach schedule) 5 Total deductions 4 Set-asides 1 Description of income 2 Amount of income and set-asides (attach schedule) (col. 3 plus col. 4) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (B). Enter here and on page Part I, line 9, column (A). 0. Totals Þ 0.

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

(366 11 30	iuctions on page 22)									
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe directly col with prod of unrel business i	nnected uction ated	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income ivity that nrelated s income	6 Expen attributabi column	le to	<ul> <li>7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).</li> </ul>	
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, i line 10, c	Part I,						Enter here and on page 1, Part II, line 26.	
Totals	0.		0.						C	).
Schedule J - Advertis										
Part I Income From	Periodicals Rep	orted on	a Conse	olidated Basis						
1 Name of periodical	2 Gross advertising income		Direct ising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation come	6 Readerst costs	η	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)			·							
(3)										
(4)										
( )										
Totals (carry to Part II, line (5)).		0.	Ο.						C	
Part II Income From	Periodicals Rep h 7 on a line-by-line ba	orted on		rate Basis (For e	each peric	dical listed	in Part II, fil	lin		_
(1)		, 								—
(2)										
(3)										
(4)				··· ··· · · · · · · · · · · · · · · ·						—
(5) Totals from Part I		0.	0.		l				0	
	Enter here and c page 1, Part I, line 11, col. (A).	n Enterh page line 1	ere and on 1, Part I 1, col. (B).						Enter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5) Schedule K - Compen		0.	0.	Tructoco (acc	inatulatia		00)		0	•
Schedule K - Compen	isation of Onicer	s, Direct	ors, and	Trustees (see	Instructio	3 Percent	-4			
1	Name			2 Title		time devoted business	d to		sation attributable ated business	
							%			
							%			
							%			
<b></b>							%			_
Total. Enter here and on page 1,	Part II, line 14								0	

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	GEORGE	MASON	UNIVERSITY	FOUNDATION,	INC.
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FORM 990-T INCOM	IE (LOSS) FROM	PARTNERS	HIPS	STATEMENT	25
DESCRIPTION				AMOUNT	
CMS STRATEGIES/BARLOW LONG-SH	IORT EQUITY FU	ND, LLC		20,7	06.
TOTAL TO FORM 990-T, PAGE 1,	LINE 5		-	20,7	06.
FORM 990-T SCHEDULE E	- DEPRECIATI	ON DEDUCT	ION	STATEMENT	26
DESCRIPTION		CTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION		1	1,835,606.	1,835,6	06.
TOTAL OF FORM 990-T, SCHEDULE	E, COLUMN 3(	A)		1,835,6	06.
FORM 990-T SCHEDUL	E E - OTHER D	EDUCTIONS		STATEMENT	27
DESCRIPTION		CTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST UTILITIES ACCOUNTING AND LEGAL INSURANCE GENERAL AND ADMINSTRATIVE	_		4,357,181. 1,236,833. 27,378. 102,383. 837,990.		~
	SUBTOTAL -	1		6,561,7	
TOTAL OF FORM 990-T, SCHEDULE	E, COLUMN 3(	В)		6,561,7	65.