TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 1000 Wilson Boulevard, Suite 1400 Arlington, VA 22209
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

Product: Exempt	Category:	IRS Center: Ogden
Name: GALLAUDET UNIVERSITY		e-Postmark: 8/6/2021 3:41 PM
FEIN: ***** 9507		Notification:

Fiscal Year Begin Date: 10/1/2019

Fiscal Year End Date: 9/30/2020

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
06/23/2021	19X:0173668- 00001:V1	Upload Started			Heggestad,Sarah	
06/23/2021	19X:0173668- 00001:V1	Released for Transmission - Validation in Progress			Heggestad,Sarah	
06/23/2021	19X:0173668- 00001:V1	Disqualified or Not Yet Available for Electronic Filing - CA				
06/23/2021	19X:0173668- 00001:V1	Ready to transmit - Validation Complete				
06/23/2021	19X:0173668- 00001:V1	Transmitted to NY	26377520211740321f00			
06/24/2021	19X:0173668- 00001:V1	Accepted by NY - on 6/24/2021				
08/06/2021	19X:0173668- 00001:V1	Upload Started			Heggestad,Sarah	
08/06/2021	19X:0173668- 00001:V1	Released for Transmission - Validation in Progress			Heggestad,Sarah	
08/06/2021	19X:0173668- 00001:V1	Disqualified or Not Yet Available for Electronic Filing - CA				
08/06/2021	19X:0173668- 00001:V1	Ready to transmit - Validation Complete				
08/06/2021	19X:0173668- 00001:V1	Transmitted to FD	26377520212180349e00			
08/06/2021	19X:0173668- 00001:V1	Accepted by FD on 8/6/2021				

Form	8879-	EO
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IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

2019

202,751,628.

Department of the Treasury Internal Revenue Service

For calendar year 2019, or fiscal year beginning	OCT 1	, 2019, and ending	SEP	30
Do not send	d to the IRS. K	eep for vour reco	ords.	

SEP 30

Go to www.irs.gov/Form8879EO for the latest information.

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____

b Total revenue, if any (Form 990-EZ, line 9) _____ 2b _____

Employer identification number

Name of exempt organization

GALLAUDET UNIVERSITY

INTERIM CFO/TREASURER

Name and title of officer LISA CLARKE

than one line in Part I.

1a Form 990 check here

2a Form 990-EZ check here

Part

. 20 2 0

53-0199507

3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here

Type of Return and Return Information (Whole Dollars Only)

b Balance Due (Form 8868, line 3c) 5b 5a Form 8868 check here

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize GRANT THORNTON LLP		to enter my PIN	16229
ERO firm name			Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indi is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State prog enter my PIN on the return's disclosure consent screen.			
As an officer of the organization, I will enter my PIN as my signature on the organization's t indicated within this return that a copy of the return is being filed with a state agency(ies) r program, I will enter my RIN on the return's disclosure consent screen.	regulating	charities as part of th	
Officer's signature Lisa Clarge (Auge 2021 15-17 EDT)	Date ► _	Aug 6, 2021	
Part III Certification and Authentication			
ERO's EFIN/PIN. Enter your six-digit electronic filing identification			
Humber (Er my) followed by your me-digit sen-selected r m.	536605 ot enter all a	zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernia <i>e-file</i> Providers for Business Returns.		0	
ERO's signature	Date 🕨 _7	7/29/2021	
ERO Must Retain This Form - See Instruct Do Not Submit This Form to the IRS Unless Reques		Do So	
LHA For Paperwork Reduction Act Notice, see instructions.		Fo	rm 8879-EO (2019)
923051 10-03-19			

Form 990
(Rev. January 2020)
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

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 for instructions and the latest information.



AF	or th	~ 2019 calendar year, or tax year beginning OCT 1, 2019 and \sim	ending SE	P 30, 2020	
B c a	heck if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	e GALLAUDET UNIVERSITY			
	Name Chang	e Doing business as		53-0199507	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	/ · · · · · · · · · · · · ·	L08	(202) 651-52	99
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	313,349,482.
	Amen return	WASHINGTON, DC 20002-3033		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: ROBERTA CORDANO, TRESTDENT		for subordinates	? Yes 🗴 No
	pendi	^{ng} same as c above		H(b) Are all subordinates in	icluded? Yes No
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) c	or 🗌 527	If "No," attach a	list. (see instructions)
		te: > WWW.GALLAUDET.EDU		H(c) Group exemptio	
		Forganization: X Corporation Trust Association Other	L Year o	of formation: 1864	A State of legal domicile: DC
Pa	rt I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDULE O		
ũ					
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		
Ň	3				18
യ യ		Number of independent voting members of the governing body (Part VI, line 1b)			17
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			2577
iviti		Total number of volunteers (estimate if necessary)			26
Act		Total unrelated business revenue from Part VIII, column (C), line 12			2,326,109.
	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.
	-			Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		140,456,619.	155,312,212.
Revenue	9	Program service revenue (Part VIII, line 2g)		53,328,875.	38,171,993.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,101,895.	8,036,318.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		827,377. 203,714,766.	1,231,105. 202,751,628.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,057,513.	10,654,869.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	10,034,009.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		117,175,916.	123,941,582.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	123,541,302.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		•	••
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,899,3 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		70,321,484.	63,583,521.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		198,554,913.	198,179,972.
	19	Revenue less expenses. Subtract line 18 from line 12		5,159,853.	4,571,656.
or	19	וופיפוועב וכסס בקרבווסבס. סטטנומטג ווווב זט ווטווו ווווב זב		inning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		454,724,674.	475,474,360.
Assets d Balanc	21			63,623,912.	73,333,875.
Net /		Net assets or fund balances. Subtract line 21 from line 20	-	391,100,762.	402,140,485.
	<u> </u>	Net assets of futile blances, Subtract fille 21 fform fille 20		,100,702.	101,110,105.

| 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		Signature of officer			Date		
Here		LISA CLARKE, INTERIM CFO/TREASURE	R				
		Type or print name and title					
	Prin	t/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	DAN	IEL ROMANO		7/29/2	021 self-employed	P00504182	
Preparer	Firn	n's name 🕞 GRANT THORNTON LLP			Firm's EIN 🕨 3	6-6055558	
Use Only	Firn	n's address 🕨 757 THIRD AVENUE, 3RD FL	OOR				
Here LISA CLARKE, INTERIM CFO/TREASURER Here LISA CLARKE, INTERIM CFO/TREASURER Print/Type or print name and title Date Check PTIN Paid Print/Type preparer's name Preparer's signature Date Check PTIN Paid DANIEL ROMANO Preparer's signature Date 7/29/2021 Self-employed P00504182 Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558 Use Only Firm's address 757 THIRD AVENUE, 3RD FLOOR Phone no. (212) 599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes							
May the II	RS di	scuss this return with the preparer shown abo	ve? (see instructions)			X Yes	No
Here LISA CLARKE, INTERIM CFO/TREASURER Type or print name and title Paid Print/Type preparer's name DANIEL ROMANO Preparer's signature firm's name b GRANT THORNTON LLP Date 7/29/2021 Check PTIN # 00504182 Preparer Firm's name b GRANT THORNTON LLP Firm's EIN b 36-6055558 Use Only Firm's address b 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013 Phone no. (212) 599-0100 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No							

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	r identification n	umber (TIN)
print	GALLAUDET UNIVERSITY		53-0199507			
File by the due date fo filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, s 800 FLORIDA AVENUE NE, NO.	108				
Enter the	Return Code for the return that this application is for (file	e a separa	e application for each return)			0 1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
 If the If this box ▶ 1 Irret the 2 If the 	hone No. ► 202-651-5299 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the organization of the organization named above. The extension is for the organization of the organization named above. The extension is for the organization of t	Group Exe and atta AUGUS anization's , an heck reaso	mption Number (GEN), I ch a list with the names and TINs of <u>5T 16, 2021</u> , to file return for: d ending <u>SEP 30, 2020</u> on: Initial return	f this is fo all memb	r the whole grou ers the extensio npt organization 	n is for.
	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069					
	timated tax payments made. Include any prior year overp			<u>3b</u>	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	•				0
	ing EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
instructio				153-EO an		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		⊦orm 886	8 (Rev. 1-2020)

923841 12-30-19

Product: Exempt Extension	Category:	IRS Center: Ogden
Name: GALLAUDET UNIVERSITY		e-Postmark: 1/21/2021 4:29 PM
FEIN: *****9507		Notification:

Fiscal Year Begin Date: 10/1/2019

Fiscal Year End Date: 9/30/2020

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
01/21/2021	19X:0173668.001:V1	Upload Started			Pidcock,Sarah	
01/21/2021	19X:0173668.001:V1	Ready to Release by Customer				
01/21/2021	19X:0173668.001:V1	Released for Transmission - Validation in Progress			Heggestad, Sarah	
01/21/2021	19X:0173668.001:V1	Ready to transmit - Validation Complete				
01/21/2021	19X:0173668.001:V1	Transmitted to FD	2637752021021033de03			
01/21/2021	19X:0173668.001:V1	Accepted by FD on 1/21/2021				

	990 (2019) GALLAUDET UNIVERSITY t III Statement of Program Service Accomplishments	53-0199507	Page 2
			X
1	Check if Schedule O contains a response or note to any line in this Part III		
•	SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		Yes X No
	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	revenue, if any, for each program service reported. (Code:) (Expenses \$85,931,880. including grants of \$1,588,245.) (Revenue)	¢ 3	3 566 452.
та	INSTRUCTION AND ACADEMIC SUPPORT - GALLAUDET IS DIVIDED INTO TWO MAJOR	φ	<u>-,</u>
	COMPONENT PROGRAMS FOR BUDGETING AND OPERATING PURPOSES: THE UNIVERSITY		
	AND THE LAURENT CLERC NATIONAL DEAF EDUCATION CENTER ("CLERC CENTER").		
	THE CLERC CENTER CONSISTS OF THE MODEL SECONDARY SCHOOL FOR THE DEAF		
	AND KENDALL DEMONSTRATION ELEMENTARY SCHOOL. IN THE FALL SEMESTER OF		
	ACADEMIC YEAR 2019-2020, THE UNIVERSITY ENROLLED 1,523 UNDERGRADUATE		
	AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLED 272 ELEMENTARY AND		
	SECONDARY SCHOOL STUDENTS.		
4b	(Code:) (Expenses \$29,833,320. including grants of \$8,895,694.) (Revenue	\$	594,945.
	STUDENT SERVICES: GALLAUDET UNIVERSITY PROVIDES A WIDE RANGE OF STUDENT		
	SERVICES INCLUDING COUNSELING, PLACEMENT, FINANCIAL AID, HEALTH		
	SERVICES, TUTORING, CAREER CENTER AND OTHER STUDENT ACTIVITIES AT BOTH		
	THE UNIVERSITY AND CLERC CENTER.		
		\$	2,864,746.
	AUXILIARY ENTERPRISES: AUXILIARY ENTERPRISES INCLUDE DORMITORY, FOOD		
	SERVICE, BOOKSTORE OPERATIONS, THE UNIVERSITY PRESS, CONFERENCE		
	ACTIVITIES, COMMUNITY INTERPRETING, HEARING AND SPEECH OPERATIONS, AND		
	LEASE-RELATED INCOME. ONLY THOSE ACTIVITIES WHICH ARE REVENUE PRODUCING		
	ARE INCLUDED UNDER THIS DESIGNATION. FOR CLERC CENTER PROGRAMS, COSTS		
	INCURRED FOR DORMITORY AND FOOD SERVICE UNDER THE MODEL SECONDARY		
	SCHOOL FOR THE DEAF AND FOOD SERVICE UNDER KENDALL DEMONSTRATION		
	ELEMENTARY SCHOOL, NEITHER OF WHICH PRODUCE REVENUE, ARE REPORTED AS		
	PART OF STUDENT SERVICES PROGRAM EXPENSE.		
44	Other program services (Describe on Schedule O.)		
	(Expenses \$ 14,166,436. including grants of \$ 170,930.) (Revenue \$	1 145 850.	
	Total program service expenses > 151,711,663.	_,,	
		F	orm 990 (2019
32000	01-20-20	F	2013
2002	2		

-orm	990	(2019)	

GALLAUDET UNIVERSITY

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	–		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	⊢ ਁ		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	F		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	F		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Form **990** (2019)

Form	990	(2019)
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GALLAUDET UNIVERSITY

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20				1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	1
04-	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		v	1
_	Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	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? If "Yes," complete Schedule L, Part III	27		x
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	х	1
9E -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
		35a	А	
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51	х	1
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	А	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
De	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
Pal	t 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
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 459	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Page 4

Part V Statements Regarding Other IRS Flings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on From W3, Transmittal of Wage and Tax Statements. 2a 2577 b If at least one is reported on line 2a, dd the organization file all required tedral employment tax returns? 2a X 3a Did the organization have unrelated builtings of 20, your by breading to a signification on Schedule O 3b X 4a At any time during the calendar year, dd the organization have an interest in or a signification on Schedule O 3b X 5b If "res," relate from 500 TOT His year? M Yeb to fine 3b, provide an explemention on Schedule O 3b X 5a Did the organization have unrelated builting the size of a algorithm on Schedule O 3b X 5a If "res," relate the name of the foreign country b 4a X 5a Sa the organization apply to a prohibited tax shellse transaction at any time during the tax year? 5a X 5b Data nyt bacabe dury noith have an exact parts a conthalton one parts to a prohibite of size of bb, dd the organization file Form 808617 5a X 6a X 11 "res," rolate advacabe dury data than a deducet the value of the goal advacabe advacabe advacabe advacabe advacabe advacabe advacabe advacabe advacab	Form	990 (2019) GALLAUDET UNIVERSITY 53-019950	7	F	Page 5
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Interpret of the calendar year ending with or within the year covered by this return $\boxed{2a}$ 2577 $\boxed{2577}$	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
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See Instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Xa 5b Was the organization a party to a prohibited tax shelter transaction? 5a Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X c If Yes" to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b If Yes, "did the organization nucles where y solicitations an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6b X b If Yes, "did the organization neiter deductible contributions under section 170(c). 7a X 7 b If Yes, "did the organization neiter deductible contributions under section 170(c). 7a X 7 b If Yes, "did the organization neiter deductible contributions under section 170(c). 7a X 7a X b If Yes, "did the organization neiter deductible contribution or services provided? 7a X 7a X b If Yes, "did the organization neiter deductible contribution or any services provided? 7a X 7a X b If the organization neeve a contribution or directly or indirectly, to pay premiums on a personal benefit contract? 7a	b				
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c If Yes' to line 5 a or 5b, did the organization file Form 8886-17. 5c 5c Ga 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? 5c 5c b If Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c). 6a X a Did the organization notify the down of the value of the goods or services provided? 7a X b If Yes," did the organization notify the down of the value of the goods or services provided? 7a X c Did the organization necelve any funct, directly or indirectly, to pay premiums on a personal benefit contract? 7a X d If Yes," indicate the number of Forms 8282 filed dumg the year 7d X 7a X f Did the organization necelved a contribution of qualified intellectual property, did the organization file Form 8989 as required? 7a X f If the organization necelved a contribution of care, boats, any theids, differ organization file Form 8989 as required? 7a X g If the organization necelves a contribution of care, boats, any theid, diring the year? 8a a a a					x
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to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r X g If the organization receive a contribution of qualified intellectual property, did the organization file Form 8399 as required? 7g X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7n X Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 10 dit be sponsoring organization make a distribution to a donor, donor advised fund 10b 9a 9a 10 dit be sponsoring organization make a distribution to a donor, donor advised fund 10b 9a 9a 10 dit be sponsoring organizations. Enter: 10a 10b 10b 10b 11 Bection 501(cl/12) organizations. Enter: 10a 10b 10b 12a 10a 12 Section 501(cl/12) organizations. Enter: 11a 10b 10b 12a 12a <th></th> <th></th> <th></th> <th></th> <th></th>					
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16 X If "Yes," complete Form 4720, Schedule O. If			15		X
If "Yes," complete Form 4720, Schedule O.					
	16		16		X
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Form **990** (2019)

932005 01-20-20

Form	990 (2019) GALLAUDET UNIVERSITY		53-0199	507	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b	below, and for	a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	-	18		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	:	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	/ other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct s	upervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was f	led?	. 4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		. 5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholde	ers, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
	The governing body?			<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u>C</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u>	<u></u>	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	ode.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			101		
44-			iling the form O		x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before i	lling the form?	11a	~	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			. 120		
U		,		12c	х	
13	<i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy?			10	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by inde	Sondone			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization				х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with	а			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AK, CO, DC, KY, MD, MA, N	H,NY,NI	, OR , SC , WA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on Sche	dule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of i	nterest policy, a	nd finand	cial	
	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 boo	ks and r	ecords 🕨 🔄			
	LISA CLARKE, INTERIM CFO/TREASURER - (202) 651-5299					
	800 FLORIDA AVE NE, WASHINGTON, DC 20002					
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Form 990 (2	2019) GALLAUDET UNIVERSITY	53-0199507	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Benort compensation for the calendar year ending with o	r within the organization's	tax vear

• 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, and 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)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s botł	n an	compensation	compensation	amount of
	week		cer an	aaa	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00030)		organization and related
	below	Individual trustee or director	Institutional trustee	-	Key employee	st col	ла Г			organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) ROBERTA J. CORDANO	40.00									
PRESIDENT	0.00			Х				437,492.	0.	156,789.
(2) CAROL ERTING	40.00									
PROVOST TO 6/20	0.00			х				321,936.	0.	96,580.
(3) LAURA-ANN PETITTO	40.00									
PROF/SCIENCE DIR/CO PI VL2	0.00					x		286,196.	Ο.	83,764.
(4) KATHERINE HEATHER HARKER	40.00									
CHIEF OF STAFF	0.00				х			275,373.	0.	74,337.
(5) PAUL JULIN	40.00									
VP, INSTITUTIONAL ADVANCEM TO 9/19	0.00					x		256,746.	Ο.	65,314.
(6) BENJAMIN BAHAN	40.00									
PROF/CO DIR PROG DEV 6TH ST PROJ	0.00					х		215,356.	0.	93,195.
(7) ELAVIE NDURA	40.00									
VP EQUITY, DIVERSITY, INCLU. TO 9/20	0.00					X		236,860.	0.	54,277.
(8) NICOLE SUTLIFFE	40.00									
CHIEF ADMIN OFFICER, CLERC CENTER	0.00				х			225,855.	0.	55,233.
(9) MARIANNE BELSKY	40.00									
CHIEF ACADEMIC OFFICER, CLERC CENTER	0.00				х			225,770.	0.	51,178.
(10) HANSEL BAUMAN	40.00									
EXEC DIR, CAMPUS DES/CONSTR TO 11/19	0.00					X		214,668.	0.	50,795.
(11) EUGENIE N. GERTZ	40.00									
DEAN, COLLEGE ARTS AND SCIENCES	0.00				х			202,099.	0.	58,611.
(12) KHADIJAT RASHID	40.00									
INTERIM DEAN OF THE FACULTY	0.00				Х			187,531.	0.	63,822.
(13) GARY ALLER	40.00									
EXEC DIR, BUS & SUPPORT SERV TO 8/20	0.00				х			184,552.	0.	66,270.
(14) THOMAS HOREJES	40.00									
ASSOC PROV, SSAQ	0.00				Х			188,557.	0.	57,173.
(15) JEFFREY LEWIS	40.00									
INTERIM PROVOST FROM 7/20	0.00			Х				172,511.	0.	60,935.
(16) FRED WEINER	40.00									
ASST VP, ADMIN TO 11/19	0.00				х			172,759.	0.	55,605.
(17) DR. GLENN ANDERSON	2.00									
TRUSTEE/CHAIR FROM 6/20	0.00	Х		X				٥.	0.	0.
932007 01-20-20				-	-					Form 990 (2019)

Form 990 (2019) GALLAUDET UNI	VERSITY								53-01	9950	7	Pa	ge 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	rson i	l than c s both r/trus	n an	(D) Reportable compensation	(E) Reportable compensatio	on		(F) stimated nount c	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MK	IS	fi org an	other pensat om the anizatio d relate anizatio	e on ed
(18) SETH BRAVIN	2.00				×		_						
TRUSTEE/CHAIR	0.00	х		x				0.		0.			0.
(19) THE HONORABLE SHERROD BROWN TRUSTEE	2.00	x						0.		0.			0.
(20) CLAIRE BUGEN	2.00												
TRUSTEE/VICE CHAIR	0.00	х		х				0.		0.			٥.
(21) THE HONORABLE LARRY BUSCHON	2.00												
TRUSTEE	0.00	X						0.		0.			0.
(22) DR. LINDA CAMPBELL TRUSTEE	2.00	x						0.		0.			0
(23) JOSE CERVANTES	2.00	~				-		0.		<u> </u>			0.
TRUSTEE	0.00	x						0.		Ο.			Ο.
(24) JAMESON CRANE, JR.	2.00									••			<u> </u>
TRUSTEE	0.00	x						0.		Ο.			0.
(25) DR. CHARLENE DWYER	2.00												
TRUSTEE	0.00	х						0.		Ο.			٥.
(26) DR. JOYCE ESTER	2.00												
TRUSTEE	0.00	х						0.		0.			٥.
1b Subtotal								3,804,261.		0.	1	,143,8	\$78.
c Total from continuation sheets to Part VI	, Section A							0.		0.			٥.
d Total (add lines 1b and 1c)								3,804,261.		0.	1	,143,8	78.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed at	oove) wh	o re	eceived more than \$100,	000 of reportable	э			205
compensation from the organization												Yes	205 No
3 Did the organization list any former officer,	director, trust	ee, k	key e	emp	loye	e, or	hig	phest compensated emp	loyee on			103	
line 1a? If "Yes," complete Schedule J for se											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150			•								4	x	
5 Did any person listed on line 1a receive or a											5		х
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fe	or si	ich ,	pers	on .				<u></u>	5	I	21
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	hat received more than \$	100.000 of com	oensa	tion fro	om	
the organization. Report compensation for t													
(A)								(B)			(0)	
Name and business	address							Description of s	ervices	C	ompe	nsation	
KELLOGG CONFERENCE HOTEL/FLIK INTERNA													
800 FLORIDA AVENUE NE, WASHINGTON, DO	20002							CONFERENCE CENTER	MANAGEMENT		6	,445,9	03.
BON APPETIT											c	050 0	
P.O. BOX 417632, BOSTON, MA 02241-763	32						-	FOOD SERVICES			6	,058,9	/4.
HOGAN LOVELLS P.O. BOX 75890, BALTIMORE, MD 21275-5	5890							LEGAL SERVICES			2	378 (156
CORBETT CONSTRUCTION	0000						-	DEGAL DERVICED			2	,378,0	
2810 DORR AVENUE, FAIRFAX, VA 22030								CONSTRUCTION SERVI	CES		1	,114,4	100.
T.L. SMITH													
4041 HUNT ROAD, FAIRFAX, VA 22032								CONSTRUCTION SERVI	CES		1	,044,4	92.
2 Total number of independent contractors (ir	•	ot lin	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		ma			51	7					_	000	
SEE PART VII, SECTION A CONTINU	DATION SHEE	TS									Form	990 (2	U19)

932008 01-20-20

Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	vee	s, a	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)	ľ			C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	I		Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	٩				loyee		the organization	organizations (W-2/1099-MISC)	compensatior from the
	hours for	direct				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	istee			insate				and related
	organizations	trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) JENNY LAY FLURRIE	2.00									
	0.00	х	<u> </u>		<u> </u>			0.	0.	
(28) EDSON GALLAUDET	2.00								0	
TRUSTEE	0.00	X	<u> </u>					0.	0.	
(29) DR. NATWAR GANDHI	2.00							0.	0.	
TRUSTEE (30) CLAUDIA L. GORDON		X						0.	υ.	
TRUSTEE TO 6/20	2.00	x						0.	0.	
(30) GREGORY J. HLIBOK	2.00	^	<u> </u>					· · ·	0.	
TRUSTEE	0.00	x						0.	0.	
(31) DUANE HALLIBURTON	2.00								••	
TRUSTEE, SECRETARY TO 3/20	0.00	x		x				0.	0.	
(32) DR. PHILLIP KERSTETTER	2.00							· ·		
TRUSTEE	0.00	x						0.	0.	
(33) DR. CYNTHIA NEESE-BAILES	2.00									
TRUSTEE	0.00	x						0.	0.	
(34) WILMA NEWHOUDT-DRUCHEN	2.00									
TRUSTEE/SECRETARY	0.00	х		x				0.	0.	
(35) JAMES F.X. PAYNE	2.00									
TRUSTEE TO 6/20	0.00	х						٥.	0.	
(36) THE HONORABLE DONNA SHALALA	2.00									
TRUSTEE	0.00	x						٥.	0.	
(37) LISA CLARKE	40.00									
INTERIM, VP ADMIN/FIN & TREAS.	0.00			х				0.	0.	
(38) THE HONORABLE G.K. BUTTERFIELD	2.00									
TRUSTEE TO 2/20	0.00	х						٥.	0.	
(39) JEFFREY L. HUMBER	2.00									
TRUSTEE TO 10/19	0.00	Х						0.	0.	
(40) JORGE DIAZ-HERRERA	2.00									
TRUSTEE TO 10/19	0.00	х						0.	0.	
(41) NANCY KELLY-JONE	2.00									
TRUSTEE TO 10/19	0.00	х	<u> </u>		<u> </u>			0.	0.	
(42) JAMES MACFADDEN	2.00									
RUSTEE TO 10/19	0.00	Х						0.	0.	
		1								
			-			-				
		1								
		-		-	-					
		1								
	1	I					L			

ar	t VII	Statement of Rev	ven	ue						
		Check if Schedule O c	conta	ains a respo	onse	or note to any line	e in this Part VIII			[
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax unc
										sections 512 -
'n	1 a	Federated campaigns		1a						
In		Membership dues								
Ē		Fundraising events								
P		Related organizations								
		Government grants (contri				142,839,724.				
		All other contributions, gifts,		· · ·		, , -				
e	•	similar amounts not included				12,472,488.				
5		Noncash contributions included in I			±	5,696,828.				
	-	Total. Add lines 1a-1f				•,•••,•=••	155,312,212.			
σ	n	Total. Add lines Ta-TT				Business Code	100,012,212.			
	•	TUITION				611710	26,678,378.	26,678,378.		
	2 a	ROOM AND BOARD				721310				
e	b		D17D				8,413,821.	8,413,821.	2 1 2 2 6 0 7	
nevenue	С	CONFERENCE CENTER R	чvĘ			721110	2,123,697.		2,123,697.	
ev L	d	AUXILIARY SERVICES				611710	741,049.	375,504.	142,798.	222,7
1	е	GOVERNMENT APPROPRI				900099	215,048.	215,048.		
		All other program service								
	g	Total. Add lines 2a-2f				🕨	38,171,993.			
	3	Investment income (includ	ling	dividends, i	ntere	st, and				
		other similar amounts)				🕨 📘	4,083,547.		56,422.	4,027,1
	4	Income from investment o	of tax	exempt bo	nd p	roceeds 🕨 🕨				
	5	Royalties	. <u></u>			►				
				(i) Rea	I	(ii) Personal				
	6 a	Gross rents	6a	134,6	525.					
	b	Less: rental expenses	6b		٥.					
		Rental income or (loss)	6c	134,6	525.					
		Net rental income or (loss))	· · · ·			134,625.			134,6
		Gross amount from sales of	<u> </u>	(i) Securit	ies	(ii) Other				
		assets other than inventory	7a	113,741,2		364,126.				
	h	Less: cost or other basis		, ,		, í				
		and sales expenses	7h	109,835,4	147.	317,169.				
	~	Gain or (loss)	7c			46,957.				
		Net gain or (loss)		. , ,		,	3,952,771.			3,952,7
		• • • •			······		3,332,771.			5,552,7
	8 a	Gross income from fundraisir including \$	iy ev							
		contributions reported on		-						
		Part IV, line 18			<u>8a</u>					
		Less: direct expenses			8b					
		Net income or (loss) from				····· ►				
	9 a	Gross income from gamin			:					
		Part IV, line 19			<u>9a</u>					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activitie	s <u></u>	🕨				
·	10 a	Gross sales of inventory, le	ess i	returns						
		and allowances			10a	919,872.				
	b	Less: cost of goods sold			10b	445,238.				
	с	Net income or (loss) from	sales	s of invento	ry	►	474,634.		3,192.	471,4
Τ						Business Code				
	11 a	MISC. DEPARTMENTAL	INC			900099	524,674.			524,6
JUE	b	ASLPI EVALUATION FE				900099	84,665.			, 84,6
Ne	~	PARKING TICKETS			_	900099	9,248.			9,2
Revenue	ט ה	All other revenue				900099	3,259.			3,2
							621,846.			5,2
_	<u>e</u> 12	Total. Add lines 11a-11d Total revenue. See instructio					202,751,628.	35,682,751.	2,326,109.	9,430,5
		LOTAL FOUNDING SOO IDSTRUCTIO	000							

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GALLAUDET UNIVERSITY 53-0199507 Page 10 Form 990 (2019) 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) (C) (D) (A) Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 10,654,869. 10,654,869. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 3,482,774. 1,541,605. 147,173. trustees, and key employees 1,793,996. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 435,850 232,077. 203,773 persons described in section 4958(c)(3)(B) 89,787,470. 72,647,255. 16,199,528. 940,687. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,655,290 10,927,879 2,587,941 139,470. 10,726,501 8,499,146 2,108,673 118,682. Other employee benefits 9 5,853,697 1,174,329 66,233. 4,613,135 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,870,680 27,085. 1,843,595. b Legal _____ 372,576. 372,576 Accounting С 116,195 116,195 Lobbying d Professional fundraising services. See Part IV, line 17 е 894,588. 894,588 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 10,454,395 2,918,890 7,321,640 213,865. column (A) amount, list line 11g expenses on Sch O.) 10,903 7,905 2,998 Advertising and promotion 12 2,879,942. 92,690. 3,929,496. 956,864 13 Office expenses 2,420,278 1,766,911. 599,653 53,714. 14 Information technology 57,168. 57,168. 15 Royalties 5,435,315. 6,220,319 784,931, 73. 16 Occupancy 1,010,383 18,892. 866,374. 125,117, Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 64,889 1,750. 202,071 Conferences, conventions, and meetings 135,432. 19 2,047,673, 1,894,010, 153,663, 20 Interest Payments to affiliates 21 15,683,843 12,921,811 2,762,032 22 Depreciation, depletion, and amortization 1,262,575 191,664. 1,070,911 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MAINTENANCE AND SERVICE 5,066,811. 5,056,936. 9,875. а FOOD SERVICES 3,752,482

3,267,237.

4,094,989

198,179,972.

848,859.

932010 01-20-20

b

С

d

е

25 26

CONFERENCE CENTER

All other expenses

Check here

INTERPRETING EXPENSES

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

11 2019.06010 GALLAUDET UNIVERSITY

3,752,482.

3,267,237.

1,416,535

151,711,663

14,754.

81,531.

1,899,389.

834,105

2,596,923

44,568,920

932011 01-20-20		
	12	
16500809 153424 0173668-00001	2019.06010	GALLAUDET UN

GALLAUDET	UNIVERSITY

I G		Dalance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,086.	1	13,086.
	2	G			11,531,459.	2	17,987,577.
	3	Pledges and grants receivable, net			18,919,068.	3	21,458,782.
	4	Accounts receivable, net			10,414,677.	4	7,972,729.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per				
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net			903,257.	7	854,233.
Assets	8	Inventories for sale or use			581,556.	8	530,270.
As	9				2,952,595.	9	2,718,158.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	451,044,898.			
	b	Less: accumulated depreciation		236,718,146.	213,427,388.	10c	214,326,752.
	11	Investments - publicly traded securities			150,131,125.	11	160,704,219.
	12	Investments - other securities. See Part IV, line			43,339,282.	12	46,349,953.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,511,181.	15	2,558,601.
	16	Total assets. Add lines 1 through 15 (must equ			454,724,674.	16	475,474,360.
	17	Accounts payable and accrued expenses		18,843,386.	17	29,334,503.	
	18	Grants payable			18		
	19	Deferred revenue			8,870,382.	19	5,842,671.
	20	Tax-exempt bond liabilities			33,454,135.	20	32,626,254.
	21	Escrow or custodial account liability. Complete				21	
ú	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
lide		controlled entity or family member of any of the	se perso	ons		22	
Ľ	23	Secured mortgages and notes payable to unrel	ated thir			23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p		Г			
		parties, and other liabilities not included on line					
		of Schedule D			2,456,009.	25	5,530,447.
	26	Total liabilities. Add lines 17 through 25			63,623,912.	26	73,333,875.
		Organizations that follow FASB ASC 958, ch	eck here				
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			244,837,739.	27	241,159,712.
Bal	28	Net assets with donor restrictions			146,263,023.	28	160,980,773.
pu		Organizations that do not follow FASB ASC 9					
лщ.		and complete lines 29 through 33.					
° or	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	391,100,762.	32	402,140,485.
	33				454,724,674.	33	475,474,360.

Form **990** (2019)

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Form 990 (2019)
Part X Balance Sheet

Form	990 (2019) GALLAUDET UNIVERSITY	53-019950)7	Pad	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	202,	751,	628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	198,	179,	972.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,	571,	656.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	391,	100,	762.
5	Net unrealized gains (losses) on investments	5	7,	576,	714.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-1,	259,	729.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		151,	082.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	402,	140,	485.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	D.			
2a			2a		X
	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?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	(2010)

Form **990** (2019)

932012 01-20-20

SCHEDULE A	١
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(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.

OMB No. 1545-0047
2019
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nar	ne of t	the organizati		de le trittineige				lionnation	Employer	identification number
		U		DET UNIVERSITY						53-0199507
Pa	nrt I	Reason	for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instruction	3.	
The	organ	nization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of chi	urches, or associatio	on of churches described	lin sectio	on 170(b)(1	I)(A)(i).		
2	X				Attach Schedule E (Forn					
3					anization described in s			ii).		
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	ion operated fo	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	ion that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from t	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10		-		•	than 33 1/3% of its sup				-	•
					ct to certain exceptions,					
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	ively to test for public sa	•				_
12		-	-		ively for the benefit of, to	-			-	
					ed in section 509(a)(1) o					Check the box in
		7			f supporting organization					
а					upervised, or controlled	• • • •	-			
			-		gularly appoint or elect a	i majority c	of the direc	tors or truste	es of the sl	apporting
		¬ -		complete Part IV, Se		tion with it		d araanizatia	n(a) by bay	in a
b					l or controlled in connec					
			•	t complete Part IV,	anization vested in the s	ame perso	ins that co	Introl of Inalia	ge the supp	Joned
c		¬ -			g organization operated	in connect	tion with	and functiona	lly integrate	ad with
	·		-). You must complete				ily integrate	ia with,
c			-		porting organization oper				ted organi:	zation(s)
	•		-	• · ·	zation generally must sat				°,	
			•		nplete Part IV, Sections	-		-		
e		_			written determination fro				II. Type III	
			•		nally integrated supporti				,,	
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,					
ç	Prov	vide the follow	ing informatior	about the supporte						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) Is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	ו		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
.	- 1									
Tota	41							1		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 14

Schedule A (Form 990 or 990-EZ) 2019 GALLAUDET UNIVERSITY

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Page **2**

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 fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	144,703,736.	131,562,962.	136,319,796.	140,456,619.	155,312,212.	708,355,325.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	144,703,736.	131,562,962.	136,319,796.	140,456,619.	155,312,212.	708,355,325.
5	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)						
6	Public support. Subtract line 5 from line 4.						708,355,325.
	ction B. Total Support						, , , .
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	144,703,736.	131,562,962.	136,319,796.	140,456,619.	155,312,212.	708,355,325.
	Gross income from interest,						, , , .
0							
	dividends, payments received on						
	securities loans, rents, royalties,	4,533,858.	3,938,514.	3,788,525.	4,297,937.	4,161,750.	20,720,584.
•	and income from similar sources	4,555,650.	3,550,514.	5,700,525.	-,257,557.	4,101,700.	20,720,304.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2 570 020	2 102 040		1 054 000	1 756 001	10 662 041
	assets (Explain in Part VI.)	3,578,932.	3,103,940.	2,369,006.	1,854,882.	1,750,201.	12,663,041.
	Total support. Add lines 7 through 10		-				741,738,950.
	Gross receipts from related activities,		,			12	229,839,545.
13	First five years. If the Form 990 is for		first, second, thire	d, fourth, or fifth ta	ix year as a sectior	n 501(c)(3)	. —
6	organization, check this box and stop	o here					
	ction C. Computation of Publi		-				
	Public support percentage for 2019 (I		-			14	95.50 %
	Public support percentage from 2018					15	95.09 %
16a	33 1/3% support test - 2019. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o				
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization			-	• • • •		
	**					dula A (Farma 000	

Schedule A (Form 990 or 990-EZ) 2019

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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) 2	019	(f) Total
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.")							
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that are not an unrelated trade or business under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
c Add lines 7a and 7b							
8 Public support. (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) 2	019	(f) Total
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13 Total support. (Add lines 9, 10c, 11, and 12.)							
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	organiza	ation,
check this box and stop here							
Section C. Computation of Publi	c Support Per	centage					
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15		%
16 Public support percentage from 2018					16		%
Section D. Computation of Inves	stment Income	e Percentage					
17 Investment income percentage for 20		'			17 18		%
18 Investment income percentage from19a 33 1/3% support tests - 2019. If the				e 15 is more than 3	· · · ·	nd line 13	% Z is not
more than 33 1/3%, check this box a							
b 33 1/3% support tests - 2018. If the						3 1/30/ ~	🚩 📖
line 18 is not more than 33 1/3%, che							
20 Private foundation. If the organization						nzation	
932023 09-25-19	and not oneon a	507 OF ING 14, 19					
JULULU UJ-LJ-1J		16		301	caule A (f	5111 990	, 51 550-L2j 20 19

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **c** 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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** 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))? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- **10a** 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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

53-0199507

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NU
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	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? 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.	1		
2	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		<u>v</u>	
			Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's	0		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)	_	
2	Activities Test. Answer (a) and (b) below.	/	Yes	No
а	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? 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.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b		Ju		
~	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form 99		0-EZ)	2019
	18		,	

Schedule A (Fo	orm 990 or 990	-F7) 2019 (GALLAUDET	UNIVERSITY
Schedule A (FC	200000000000000000000000000000000000000	-EZ) 2019 Y	CIIDDIIODDI	

Sche	edule A (Form 990 or 990-EZ) 2019 GALLAUDET UNIVERSITY			53-0199507 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in l	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2019

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	Fage I
Sect	ion D - Distributions		(0011111000)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INVENTORY SALES		
2015 AMOUNT: \$ 2,205,689.		
2016 AMOUNT: \$ 1,683,060.		
2017 AMOUNT: \$ 1,317,116.		
2018 AMOUNT: \$ 1,382,576.		
2019 AMOUNT: \$ 919,872.		
MISCELLANEOUS REVENUE		
2015 AMOUNT: \$ 1,375,553.		
2016 AMOUNT: \$ 1,425,704.		
2017 AMOUNT: \$ 1,058,904.		
2018 AMOUNT: \$ 476,553.		
2019 AMOUNT: \$ 844,593.		
GROSS UBTI FROM INVENTORY SALE		
2015 AMOUNT: \$ -2,310.		
2016 AMOUNT: \$ -4,824.		
2017 AMOUNT: \$ -7,014.		
2018 AMOUNT: \$ -4,247.		
2019 AMOUNT: \$ -8,184.		
932028 09-25-19		Schedule A (Form 990 or 990-EZ) 2019
	21	

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY	* *
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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

53	-01	.99	50	17

Section:
X 501(c)(³) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

GALLAUDET UNIVERSITY

53-0199507

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$138,600,592.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.06010 GALLAUDET UNIVERSITY

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Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2019)
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GALLAUDET UNIVERSITY

Name of organization

Employer identification number

53-0199507

(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncush property given	(See instructions.)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\ \$	

2019.06010 GALLAUDET UNIVERSITY 01736681

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Page 4

	ganization		Employer identification number				
LLAUDET	UNIVERSITY		53-0199507				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$				
a) No. from	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
	Hansieree 3 hame, address, a						
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(2)	(0) 000 0. g					
_		e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No.			1				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			[
_		(e) Transfer of gift					
-	Transferee's name address a		Belationship of transferor to transferee				
-	Transferee's name, address, a		Relationship of transferor to transferee				
-	Transferee's name, address, a		Relationship of transferor to transferee				
_	Transferee's name, address, a		Relationship of transferor to transferee				
a) No.		nd ZIP + 4					
) No. rom Part I	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held				
a) No. from Part I		nd ZIP + 4					
I) No. from Part I		nd ZIP + 4					
a) No. from Part I		nd ZIP + 4					
) No. rom Part I		nd ZIP + 4					
-) No. rom rart I	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held				
) No. irom <u>Part I</u>	(b) Purpose of gift	nd ZIP + 4	(d) Description of how gift is held				

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SCHEDULE C

(Form 990 or 990-EZ)

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 for instructions and the latest information.

2019 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Nan	ne of organization				L L L L L L L L L L L L L L L L L L L	Emplo	over identification number	ər
		GALLAUDET					53-0199507	
Pa	art I-A Com	plete if the org	janization is exempt unde	r section 501(c) c	or is a section 527	7 org	anization.	
1 2 3	Political campaiç	ption of the organiz gn activity expendit for political campai						
Pa	art I-B Com	plete if the org	anization is exempt unde	r section 501(c)(3	8).			
1	Enter the amoun	t of any excise tax	incurred by the organization unde	er section 4955		►\$		
2	Enter the amoun	t of any excise tax	incurred by organization manager	rs under section 4955		▶\$		
3	If the organization	on incurred a sectio	n 4955 tax, did it file Form 4720 fo	or this year?			Yes 🗌 N	lo
4a	Was a correction	n made?					. Yes N	lo
	o If "Yes," describ	e in Part IV.						
			anization is exempt unde					
1	Enter the amoun	t directly expended	d by the filing organization for sect	tion 527 exempt functi	on activities	▶\$_		
2	Enter the amoun	t of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527			
						▶\$_		
3			. Add lines 1 and 2. Enter here an	,				
						▶\$		
4			1120-POL for this year?					lo
5			nployer identification number (EIN		-			
		•	tion listed, enter the amount paid					
			omptly and directly delivered to a additional space is needed, provid			carate	segregated fund or a	
filing organization's contribution funds. If none, enter -0 promptly delivered political						(e) Amount of political contributions received ar promptly and directly delivered to a separate political organization. If none, enter -0	nd	

932041 11-26-19

LHA

Schedule C.(Form 990	or 990-F7	2019	GALLAUDET	UNIVERSITY
Schedule C (F0IIII 990	01 990-62	12013	GAUDAODEI	ONTARVETTI

Part II-A Complete if the organized section 501(h)).	anization is exer	npt under sectio	on 501(c)(3) and file	d Form 5768 (el	ection under
A Check if the filing organization	tion belongs to an affi	liated group (and list	in Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check 🕨 🛄 if the filing organization	tion checked box A a	nd "limited control" p	rovisions apply.		
	s on Lobbying Expe litures" means amou		l.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	s (add lines 1c and 1c)			
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in bo	oth columns.		
If the amount on line 1e, column (a) of	r (b) is: The lob	bying nontaxable ar	nount is:		
Not over \$500,000		the amount on line 1			
Over \$500,000 but not over \$1,000	· · · · · · · · · · · · · · · · · · ·	00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
	tor OEO/ of line 1f				
g Grassroots nontaxable amount (en					
 h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero 			•••••••••••••••••••••••••••••••••••••••		
j If there is an amount other than zer			zation file Form 4720		
reporting section 4911 tax for this					Yes No
		eraging Period Unde			
(Some organizations th	at made a section 5	01(h) election do not	t have to complete all o lines 2a through 2f.)	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

01736681

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Page 3

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	Amo	ount
1	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:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
с	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?	X			25.
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			62,385.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
-	Other activities?	Х			116,195.
	Total. Add lines 1c through 1i				178,605.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			••	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			1:00	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				2 io
	answered "Yes."		(D) Farti	II-A, IIIe	5, 15
_			4		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	a			
-	expenses for which the section 527(f) tax was paid).		00		
	Current year				
	Carryover from last year				
-	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	nitical			
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		<u>4</u> 5		
	t IV Supplemental Information		j Э		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict): Dort II	A lines 1 a	ad 2 (soo	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi), rait ii	-A, 11165 T a	10 2 (566	
	III-B, LINE 1, LOBBYING ACTIVITIES:				
DIRE	CT CONTACT WITH LEGISLATORS				
THE	UNIVERSITY'S BOARD OF TRUSTEES HAS THREE VOTING MEMBERS OF				
CONC	RESS. IN ADDITION, THE UNIVERSITY PRESIDENT AND THE SPECIAL				
ASS	STANT, GOVERNMENTAL RELATIONS AND OTHER PROJECTS MAINTAIN DIRECT				
CONT	ACT WITH MEMBERS OF THE CONGRESS IN REQUESTING APPROPRIATIONS AND				

932043 11-26-19

Part IV Supplemental Information (continued)

EDUCATING CONGRESS ON GENERAL ISSUES THAT IMPACT GALLAUDET AND DEAF

EDUCATION. IN ADDITION, THE SPECIAL ASSISTANT, GOVERNMENTAL RELATIONS

AND OTHER PROJECTS ALSO COMMUNICATE WITH GOVERNMENT OFFICIALS OF THE

DISTRICT OF COLUMBIA.

AMOUNTS REPORTED AS LOBBYING EXPENSES ON SCHEDULE C REPRESENT ESTIMATED

COSTS OF THE PRESIDENT AND SPECIAL ASSISTANT, GOVERNMENTAL RELATIONS'

DIRECT CONTACT WITH GOVERNMENT OFFICIALS. AMOUNTS REPORTED AS LOBBYING

EXPENDITURES IN SCHEDULE C ARE CATEGORIZED AS SALARIES AND WAGES ON

PART IX, FUNCTIONAL EXPENSE, AND NOT AS LOBBYING EXPENDITURES.

ROBERTA J. CORDANO, PRESIDENT

\$27,407

KATI MITCHELL, SPECIAL ASST, GOV RELATIONS & SPECIAL PROJECTS

\$34,978

PART II-B, LINE 1I:

OTHER LOBBYING ACTIVITIES

IN ADDITION, THE UNIVERSITY ENGAGES A CONSULTING FIRM TO PERFORM WORK

ON PUBLIC RELATIONS AND PUBLIC STRATEGIC WORK. THE UNIVERSITY DOES NOT

DEEM THIS WORK TO BE LOBBYING. HOWEVER, IN ORDER TO BE CONSERVATIVE

AND BECAUSE SIMILAR WORK HAS BEEN PERFORMED BY LOBBYISTS IN THE PAST,

THE UNIVERSITY HAS CHOSEN TO INCLUDE THE CONSULTING SERVICES IN

SCHEDULE C.

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE D

Department of the Treasury

(Form	990)	
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Supplemental Financial Statements ► 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 for instructions and the latest information.



Internal Revenue Service				
Name of the organization				

Employer	identification	number
Linployer	lacitation	number

53-	n	1	g	g	5	0'	7

	GALLAUDET UNIVERSITY			53-0199507
Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	eld in donor advised fu	nds
	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 a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat		-	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrib	ution in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year ►	, 3 ,	, 3	5
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the per		tion, handling of	
	violations, and enforcement of the conservation easements it		, 3	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
	►	5	5	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and er	forcing conservation e	easements during the year
	► \$	5	5	5 ,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Par		Art, Historical Tre	asures, 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 FASB ASC 95	8. not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,		
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	··· · · · · · · · · · · · · · · · · ·			N A
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under FASB A			/
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2019
	10-02-19			(, , , , , , , , , , , , , , ,
		30		

Sche	hedule D (Form 990) 2019 GALLAUDET UNIVERSITY				53-0199507			Page 2	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its	•	,	
	collection items (check all that apply):								
а									
b									
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further th	ne organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								
-	to be sold to raise funds rather than to be ma						Yes		lo
Par	t IV Escrow and Custodial Arran								<u> </u>
	reported an amount on Form 990, Pai		ste in the english			.,. <u>.</u> ,.			
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets no	nt included				
ia	on Form 990, Part X?						Yes		ю
h	If "Yes," explain the arrangement in Part XIII					······ L			10
D		and complete the for	iowing table.				Amount		
-	Designing belonce				10		Amount		
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fe				• • • • • • •	L	Yes		lo
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i	Check here if the ex	planation has been	provided on Part X	<u> </u> • 10	<u></u>			
I ai							() [
		(a) Current year	(b) Prior year	(c) Two years back		years back		years bac	
	Beginning of year balance	185,974,727.	183,167,062.	179,111,738		39,440.		688,35	
	Net investment earnings, gains, and losses							085,18	
d	Grants or scholarships	1,651,492.	3,197,436.	1,741,480	. 1,6	71,690.	1,	737,17	1.
е	Other expenditures for facilities								
	and programs	6,258,057.	4,786,449.	5,980,651	. 6,2	22,482.	6,	329,94	5.
f	Administrative expenses								
g	End of year balance		185,974,727.		. 179,1	11,738.	170,	539,44	Ο.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	24.57	_%						
b	Permanent endowment 9.12	%							
С	Term endowment 66.31	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for	the organiza	ation	_		
	by:							Yes N	0
	(i) Unrelated organizations						3a(i)	х	
	(ii) Related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o			Accumulate	ed	(d) Book	value	
		basis (investn	• • •		depreciation		()		
1 a	Land		1	,410,480.			1.	410,48	0.
	Buildings			,030,592.	165,063,	389.		967,20	
	Leasehold improvements			,878,073.	30,341,			, 536,87	
	Equipment			,815,551.	32,867,			948,38	
	Other			,910,202.	8,446,			463,81	
	Add lines 1a through 1e. (Column (d) must e							326,75	
TOLA	. Aud intes ra through re. (Column (d) must e	<u>qual Form 990, Part</u>	<u>∧, column (B), line 1</u>	UC.J		Schedule			
						Schedule	rorm) ע	ອອບ) 20	19

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Part VII Investments - Other Securitie
--

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) HEDGE FUNDS	29,504,791.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	13,626,365.	END-OF-YEAR MARKET VALUE
(C) PRIVATE REAL ASSET FUNDS	1,764,434.	END-OF-YEAR MARKET VALUE
(D) BENEFICIAL INT IN TRUSTS	1,454,363.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	46,349,953.	

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)		
Total. (Col. (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)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	
Total. (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	
(2) OBLIGATION UNDER CAPITAL LEASE	4,351,415.
(3) CONDITIONAL ASSET RETIREMENT	668,223.
(4) REFUNDABLE ADVANCES	510,809.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,530,447.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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Schedule D (Form 990) 2019

Schedule [) (Form 990) 2019 GALLAUDET UNIVERSITY		53-0199507 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Tota	revenue, gains, and other support per audited financial statements		1
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:		
a Netu	nrealized gains (losses) on investments	2a	
b Dona	ted services and use of facilities	2b	
	veries of prior year grants		
	r (Describe in Part XIII.)		
e Add	ines 2a through 2d		2e
3 Subt	ract line 2e from line 1		3
	unts included on Form 990, Part VIII, line 12, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	_
b Othe	r (Describe in Part XIII.)	4b	
c Add	ines 4a and 4b		4c
5 Tota	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Tota	expenses and losses per audited financial statements		1
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25:		
a Dona	ted services and use of facilities	2a	4
b Prior	year adjustments	2b	4
c Othe	r losses	2c	4
d Othe	r (Describe in Part XIII.)	2d	
e Add	ines 2a through 2d		2e
3 Subt	ract line 2e from line 1		3
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1:		
a Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	4
b Othe	r (Describe in Part XIII.)	4b	-
	ines 4a and 4b		4c
5 Tota	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	Supplemental Information.		
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		4; Part X, line 2; Part XI,
lines 2d an	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addii	tional information.	
יז חתגם			
PART V,	AUTINE 4:		
ENDOWMEN			

THE UNIVERSITY'S ENDOWMENT FUNDS CONSISTS OF APPROXIMATELY 400 INDIVIDUAL

FUNDS WHICH HAVE BEEN ESTABLISHED PRIMARILY TO SUPPORT THE OPERATIONS OF

THE UNIVERSITY AND TO PROVIDE FOR SCHOLARSHIPS OR TO FUND EVERYDAY

OPERATIONS. OVER THE LONG-TERM, THE UNIVERSITY INTENDS TO KEEP THE

PRINCIPAL INTACT, USING ONLY THE EARNINGS ON ITS INVESTMENTS TO FUND

ACTIVITIES.

PART X, LINE 2:

FIN 48 FOOTNOTE

GALLAUDET UNIVERSITY HAS BEEN RECOGNIZED AS A PUBLIC CHARITY GENERALLY

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 GALLAUDET UNIVERSITY Part XIII Supplemental Information (continued)	53-0199507	Page &
EXEMPT FROM FEDERAL INCOME TAXATION UNDER PROVISIONS OF SECTION 501(A) AS		
DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE")		
OF 1986, AS AMENDED. THE UNIVERSITY IS SUBJECT TO TAX ON INCOME UNRELATED		
TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE		
CODE. GALLAUDET HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE		
MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED		
INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR		
WHICH IT HAS NEXUS; AND, TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY		
BE CONSIDERED TAX POSITIONS.		
GALLAUDET FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY		
IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING		
ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS		
GUIDANCE PROVIDES THAT THE INCOME TAX EFFECTS FROM AN UNCERTAIN TAX		
POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE		
POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO		
BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION		
IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO		
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.		
THE TAX YEARS ENDING SEPTEMBER 30, 2020, 2019, 2018 AND 2017 ARE STILL		
OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. GALLAUDET HAS		
DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE		
RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS FOR THE YEARS ENDING		

SEPTEMBER 30, 2020 AND 2019.

Schedule D (Form 990) 2019

Page 5

932055 10-02-19

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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/Form990 for the latest information.

Name of the organization

Employer identification number

	GALLAUDET UNIVERSITY 53-0)1995()'/	
Pa				
			YES	NC
1	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?	1	Х	
2	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?	2	Х	
3	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	3	X	
	ADVERTISEMENTS IN THE UNIVERSITY'S CATALOGUES, WEBSITE, AND			
	BROCHURES DISCLOSE PROGRAMS OFFERED INCLUDING A SUMMARY			
	STATEMENT ON THE NON-DISCRIMINATORY POLICY. EMPLOYMENT			
	ADVERTISEMENTS ALSO PUBLICIZE THE SCHOOL'S NON-DISCRIMINATORY			
	POLICY.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
_				
5	Does the organization discriminate by race in any way with respect to:	_		v
	Students' rights or privileges?	<u>5a</u>		X X
	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	<u>5c</u>		X
	Scholarships or other financial assistance?	<u>5d</u>		-
е	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
ôа	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	1

If you answered "Yes" on either line 6a or line 6b, explain on Part II. 7 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

b Has the organization's right to such aid ever been revoked or suspended?

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

Schedule E (Form 990 or 990-EZ) 2019

6b

Х

932061 10-09-19

Х

Schedule E (Form 990 or 990-EZ) 2019 GALLAUDET UNIVERSITY	53-0199507	Pa
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, ar	nd 7, as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
EXPLANATION OF GOVERNMENT FINANCIAL AID		
GALLAUDET UNIVERSITY RECEIVES STUDENT FINANCIAL ASSISTANCE FROM THE U.S.		
DEPARTMENT OF EDUCATION, OFFICE OF POST-SECONDARY EDUCATION. ASSISTANCE		
PROGRAMS ARE AS FOLLOWS:		
FEDERAL PELL GRANT PROGRAM		
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM		
FEDERAL WORK STUDY PROGRAM		
PERKINS LOAN PROGRAM		
FEDERAL DIRECT LOANS		
932062 10-09-19 Sci	hedule E (Form 990 or 99)0-F7\
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Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

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						
 For grantmakers. Desc United States. 	2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the					
	he fellowing Dort	L line 2 table of	n be duplicated if additional space is n	and ad)		
(a) Region	(b) Number of offices 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	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		8,228,017.	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		33,707,776.	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL EXPENDITURES	573.	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL EXPENDITURES	10,500.	
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPENDITURES	3,510.	
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPENDITURES	714.	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPENDITURES	430.	
3 a Subtotal	0	0			41,951,520.	
b Total from continuation sheets to Part I	0	0			0.	
c Totals (add lines 3a and 3b)	0	0			41,951,520.	

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019



Employer identification number

53-0199507

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Nomo	of the	organization
Name	or the	organization

GALLAUDET UNIVERSITY

Form 990, Part IV, line 14b.

3 Enter total number of other organizations or entities

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

Schedule F (Form 990) 2019

(a) Name of organization

1

GALLAUDET UNIVERSITY

(c) Region

(b) IRS code section

and EIN (if applicable)

53-0199507

(f) Manner of

of cash grant cash disbursement

(e) Amount

(g) Amount of

noncash

assistance

(h) Description

of noncash

assistance

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.

(d) Purpose of

grant

Schedule F (Form 990) 2019

(i) Method of

valuation (book, FMV,

appraisal, other)

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.

(c) Number of

, recipients (d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(b) Region

(a) Type of grant or assistance

53-0199507

(f) Amount of

noncash assistance (g) Description of

noncash assistance

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019

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)	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	X 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? <i>If</i> "Yes," <i>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)</i>	X 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)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

	(Form 990) 2019 GALLAUDET UNIVERSITY	53-0199507	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accountil investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional informa-		
PART I, I	INE 3:		
METHOD OF	ACCOUNTING:		
THE EXPEN	DITURES PER REGION ARE PRESENTED ON THE ACCRUAL BASIS OF		
ACCOUNTIN	G.		
PART IV,	LINE 1:		
FOREIGN F	ORMS		
THE UNIVE	RSITY INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS		
THAT MAY	OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN		
INVESTMEN	T COMPANY, OR FOREIGN PARTNERSHIP. TO THE EXTENT THAT THOSE		
INVESTMEN	TS RESULTED IN TRANSFERS OF PROPERTY THAT EXCEEDED THE		
APPLICABL	E FILING THRESHOLDS, THE FORMS 926, 5471, AND 8865 ACCOMPANIED		
THE FILIN	G OF THE UNIVERSITY'S FORM 990-T.		

SCHEDULE I (Form 990)		Go	arants and Oth vernments, an	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
		Compl	ete if the organizatio			rt IV, line 21 or 22.		
Department of the Treasury				Attach to For				Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organizatio	ON GALLAUDET UNI	VERSITY						Employer identification number 53-0199507
Part I General In	formation on Grants a	nd Assistance						
1 Does the organiza	ation maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select	on
	ward the grants or assis							
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and	Other Assistance to	Domestic Organiz	zations and Domestic	c Governments.	Complete if the org	anization answered "Y	/es" on Form 990, Par	IV, line 21, for any
recipient th	at received more than \$	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
.,	dress of organization ernment	(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
	er of section 501(c)(3) and er of other organizations	s listed in the line ⁻	1 table					Schedule L (Earm 000) (2010)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

GALLAUDET UNIVERSITY

53-0199507

Page 2

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 non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS AND AWARDS	1371	9,919,914.	0.		
OVID-19 EMERGENCY STUDENT GRANTS	775	734,955.	0.		
Part IV Supplemental Information. Provide the informati	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	·

PART I, LINE 2:

PROCEDURE FOR MONITORING USE OF GRANT FUNDS INSIDE THE U.S.

THE UNIVERSITY OFFERS A WIDE VARIETY OF MERIT AND NEED-BASED SCHOLARSHIPS.

MERIT AWARDS ARE GIVEN IN RECOGNITION OF VARIOUS ACHIEVEMENTS AS SPECIFIED

IN DONORS' CORRESPONDENCE AND DOCUMENTS. NEED-BASED AWARDS ARE PROVIDED

BASED ON THE INCOME LEVEL AVAILABILITY OF AWARDS OFFERED ELSEWHERE AND

OTHER SIMILAR STANDARDS. THE UNIVERSITY ONLY MAKES SCHOLARSHIP GRANTS THAT

HELP OFFSET THE TUITION OF THE STUDENTS. THE GRANTS ARE DIRECTLY CREDITED

AGAINST THE APPLICABLE STUDENT ACCOUNT WHICH ASSURES PROPER USE OF THE

Part IV Supplemental Information

GRANT. THE AMOUNT OF THE GRANT IS ADJUSTED, AS NECESSARY, BASED ON ANY

SUBSEQUENT CHANGES AFFECTING THE STUDENT'S ORIGINAL ELIGIBILITY.

DURING THE CURRENT YEAR, THE UNIVERSITY ALSO PROVIDED EMERGENCY STUDENT

GRANTS TO US STUDENTS CURRENTLY ENROLLED AT THE UNIVERSITY WHO WERE

ELIGIBLE FOR TITLE IV AID, AS REQUIRED BY THE CARES ACT.

Schedule I (Form 990)

932291 04-01-19

16500809 153424 0173668-00001

SCI	HEDULE J	Comper	sation Information	1	OMB No.	1545-004	47
	rm 990)	-	tors, Trustees, Key Employees, and Highest		20	10	<u> </u>
			npensated Employees a answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Depar	tment of the Treasury		Attach to Form 990.		Open to		ic
Interna	al Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer ic		on nui	nber
De		GALLAUDET UNIVERSITY		53-01	199507		
Pa		s Regarding Compensation					
4-			a data dalla da su da su data a su data da su la su	000		Yes	No
1 a		() 0 1	y of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any re					
	First-class or c		X Housing allowance or residence for perso				
	Travel for com	panions ation and gross-up payments	Payments for business use of personal realized Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffel				
		spending account		ir, chei)			
h	If any of the boxes	on line 1a are checked, did the organizatio	on follow a written policy regarding payment or				
b	•		above? If "No," complete Part III to explain		1b		x
2			g or allowing expenses incurred by all directors,		10		
2	•		regarding the items checked on line 1a?		2	х	
	trustees, and onice						
3	Indicate which if a	ay, of the following the organization used t	o establish the compensation of the organization's				
-			ny boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but ex		51110			
	X Compensation		Written employment contract				
		ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittee			
		aller organizatione		ommittee			
4	During the year. did	any person listed on Form 990. Part VII. S	Section A, line 1a, with respect to the filing				
	organization or a re	••	, , , , , , , , , , , , , , , , , , , ,				
а	•	e payment or change-of-control payment?			4a	Х	
			ualified retirement plan?				x
			pensation arrangement?				x
			applicable amounts for each item in Part III.				
	-						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio	ons must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, d	id the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
	Any related organiz						x
	If "Yes" on line 5a o	or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, d	id the organization pay or accrue any compensatio	'n			
	contingent on the r	0					
а	The organization?				. 6a		X
	Any related organiz						X
		or 6b, describe in Part III.					
7			id the organization provide any nonfixed payments				
					7		X
8	-		crued pursuant to a contract that was subject to th	ie			
		ption described in Regulations section 53			8		X
9		id the organization also follow the rebuttat					
					9		
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.	Sched	ule J (Forn	n 990)	2019

932111 10-21-19

53-0199507

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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) ROBERTA J. CORDANO	(i)	389,426.	48,066.	0.	69,482.	87,307.	594,281.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAROL ERTING	(i)	321,936.	0.	0.	65,191.	31,389.	418,516.	0.
PROVOST TO 6/20	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA-ANN PETITTO	(i)	286,196.	0.	0.	57,288.	26,476.	369,960.	0.
PROF/SCIENCE DIR/CO PI VL2	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) KATHERINE HEATHER HARKER	(i)	275,373.	0.	0.	48,402.	25,935.	349,710.	٥.
CHIEF OF STAFF	(ii)	Ο.	0.	0.	0.	0.	0.	٥.
(5) PAUL JULIN	(i)	172,053.	0.	84,693.	30,510.	34,804.	322,060.	٥.
VP, INSTITUTIONAL ADVANCEM TO 9/19	(ii)	Ο.	0.	0.	Ο.	0.	0.	0.
(6) BENJAMIN BAHAN	(i)	215,356.	0.	0.	39,881.	53,314.	308,551.	0.
PROF/CO DIR PROG DEV 6TH ST PROJ	(ii)	0.	0.	0.	0.	0.	٥.	0.
(7) ELAVIE NDURA	(i)	236,860.	0.	0.	42,191.	12,086.	291,137.	0.
VP EQUITY, DIVERSITY, INCLU. TO 9/20	(ii)	0.	0.	0.	0.	0.	٥.	0.
(8) NICOLE SUTLIFFE	(i)	225,855.	0.	0.	44,232.	11,001.	281,088.	0.
CHIEF ADMIN OFFICER, CLERC CENTER	(ii)	0.	0.	0.	0.	0.	٥.	0.
(9) MARIANNE BELSKY	(i)	225,770.	0.	0.	40,092.	11,086.	276,948.	0.
CHIEF ACADEMIC OFFICER, CLERC CENTER		0.	0.	0.	0.	0.	٥.	0.
(10) HANSEL BAUMAN	(i)	153,166.	0.	61,502.	30,583.	20,212.	265,463.	0.
EXEC DIR, CAMPUS DES/CONSTR TO 11/19	(ii)	0.	0.	0.	0.	0.	٥.	0.
(11) EUGENIE N. GERTZ	(i)	202,099.	0.	0.	36,553.	22,058.	260,710.	0.
DEAN, COLLEGE ARTS AND SCIENCES	(ii)	0.	0.	0.	0.	0.	٥.	0.
(12) KHADIJAT RASHID	(i)	187,531.	0.	0.	38,460.	25,362.	251,353.	0.
INTERIM DEAN OF THE FACULTY	(ii)	Ο.	0.	0.	Ο.	0.	0.	0.
(13) GARY ALLER	(i)	184,552.	0.	0.	38,132.	28,138.	250,822.	0.
EXEC DIR, BUS & SUPPORT SERV TO 8/20	(ii)	Ο.	0.	0.	0.	0.	0.	٥.
(14) THOMAS HOREJES	(i)	188,557.	0.	0.	37,377.	19,796.	245,730.	0.
ASSOC PROV, SSAQ	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JEFFREY LEWIS	(i)	172,511.	0.	0.	29,380.	31,555.	233,446.	0.
INTERIM PROVOST FROM 7/20	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) FRED WEINER	(i)	72,420.	0.	100,339.	34,466.	21,139.	228,364.	0.
ASST VP, ADMIN TO 11/19	(ii)	Ο.	0.	0.	0.	0.	0.	٥.

Schedule J (Form 990) 2019

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.

PART I, LINE 1B:

WRITTEN POLICY

THE BENEFITS SUMMARIZED IN PART I, LINE 1A FOR HOUSING ALLOWANCE OR

RESIDENCE FOR PERSONAL USE ARE CONSIDERED NON-TAXABLE BECAUSE THE

PRESIDENT'S CONTRACT REQUIRES HER TO LIVE ON CAMPUS. BECAUSE THESE BENEFITS

ARE LIMITED TO THE PRESIDENT, A WRITTEN POLICY IS NOT CONSIDERED NECESSARY

AS THESE BENEFITS ARE DEFINED IN THE PRESIDENT'S CONTRACT. HOWEVER,

GALLAUDET HAS WRITTEN POLICIES SPECIFIC TO GENERAL TRAVEL INCLUDING

PROCEDURE FOR PRIOR APPROVAL AND PAYMENT/REIMBURSEMENT OF TRAVEL EXPENSES.

PART I, LINE 4A:

SEVERANCE PAYMENTS

THE UNIVERSITY PAID SEVERANCE PAYMENTS DURING THE YEAR TO ONE FORMER KEY

EMPLOYEE AND TWO HIGHLY COMPENSATED INDIVIDUALS. THE PAYMENTS AND OTHER

CONSIDERATION WERE CONTINGENT UPON THE SIGNING OF A SEPARATION AGREEMENT

AND GENERAL RELEASE OF CLAIMS WITH THE UNIVERSITY.

FRED WEINER : 77,184

PAUL JULIN : 57,947

HANSEL BAUMAN : 57,792

Schedule J (Form 990) 2019

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.

PART II, COLUMN D:

NONTAXABLE BENEFITS

FOR PRESIDENT, ROBERTA J. CORDANO: THE PRESIDENT IS REQUIRED TO LIVE ON

CAMPUS AS PART OF HER EMPLOYMENT CONTRACT. THIS COLUMN INCLUDES \$60,000

REPRESENTING THE ESTIMATED RENTAL VALUE OF THE CAMPUS RESIDENCE.

Schedule J (Form 990) 2019

(Forn Depart	ment of the Treasury	Complete if the orga	explanations, and a	"Yes" on Form 9 any additional int	990, Part IV, formation in	line 24a. Part VI.	Provide descrip	tions,			c	20	1545-00 019 o Pub tion	
Name	e of the organization								-	-	identif		n num	ber
_	GALLAUDET UNIVER	SITY								53-01	99507	7		
Part	t I Bond Issues		<u>г г</u>											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	(g) De	feased	(h) On		(i) Po	
											of is		finan	
									Yes	No	Yes	No	Yes	No
• •		53-6001131	NONE	05/25/11	20 4	20 421	CAMPUS IMPRO	VENENDO		x		x		x
<u>A</u> D	DISTRICT OF COLUMBIA	55-6001131	NONE	05/25/11		20,421.	CAMPUS IMPRO	VEMENIS		^		Δ		
в														
D														
С														
D														
Part	t II Proceeds	1	L				1							
				A			В	С				D		
1	Amount of bonds retired				,345,000.									
2	Amount of bonds legally defeased													
3	Total proceeds of issue				,426,116.									
_4	Gross proceeds in reserve funds													
_5	Capitalized interest from proceeds			2	,730,012.									
6	Proceeds in refunding escrows									_				
_7	Issuance costs from proceeds									_				
8	Credit enhancement from proceeds									_				
9	Working capital expenditures from proceeds									_				
10					<u>,496,104.</u>					_				
11	Other spent proceeds				200,000.					_				
12	· ·				2016					_				
13	Year of substantial completion			Yes			N	N	N		Ma a		N.,	
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,				No	Yes	No	Yes	No	-	Yes	+	No	
14	if issued prior to 2018, a current refunding issued		()		x									
15	Were the bonds issued as part of a refunding issued											+		
15	issued prior to 2018, an advance refunding iss				x									
16	Has the final allocation of proceeds been mad	<u> </u>		v								+		
17	Does the organization maintain adequate bool											+		
	final allocation of proceeds?			x										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 GALLAUDET UNIVERSITY

E 2	Λ1	00	507	
- 22	UΤ	99	507	

Page 2

Nash the organization a patter in a pathership, or a member of an LLC, which owned property? No Yes No Yes <th>which owned property financed by tax-exempt bonds? X 2 Are there any lease arrangements that may result in private business use of bond-financed property? X 3a Are there any management or service contracts that may result in private business use of bond-financed property? X b ff "Ves" 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 c Are there any research agreements that may result in private business use of bond-financed property? X d ff "Ves" 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 d ff "Ves" 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 d Enter the percentage of financed property used in a private business use by entities other than a section 5010(c)(3) organization or a state or local government .40 % f Does the bond issue meet the private security or payment test? X X ga Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? X b If "Yes" to line 8a, was any remedial acti</th> <th></th> <th></th> <th></th>	which owned property financed by tax-exempt bonds? X 2 Are there any lease arrangements that may result in private business use of bond-financed property? X 3a Are there any management or service contracts that may result in private business use of bond-financed property? X b ff "Ves" 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 c Are there any research agreements that may result in private business use of bond-financed property? X d ff "Ves" 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 d ff "Ves" 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 d Enter the percentage of financed property used in a private business use by entities other than a section 5010(c)(3) organization or a state or local government .40 % f Does the bond issue meet the private security or payment test? X X ga Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? X b If "Yes" to line 8a, was any remedial acti			
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bend-financed property? X Image: Contrasts that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property? X Image: Contrast that may result in private business use of bond-financed property (X) Image: Contrast that may result in private business use of bond-financed property (X) Image: Contrast that may result in private business use of bond-financed property (X) Image: Contrast that may result in private business use of bond-financed property (X) Image: Contrast that may result in private business use of bond-financed property (X) Image: Contrast that may result in private business use as a result of unrelated trade or busines subtimes of bond-financed property (X) Image: Contrast that may result in private business use as a result of the contrast that may result in private business use as a result of the contrast that may result in private business use as a result of the contrast that mass contrast that may result in private business use as a result of the contrast that mass contrast that may result in private business use as a result of the form formation or any of the bond-financed property to a n	bond-financed property? X 3a Are there any management or service contracts that may result in private business use of bond-financed property? X b If "Yes" to line 3d, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? X c Are there any research agreements that may result in private business use of bond-financed property? X X d If "Yes" to line 3d, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X X 4 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 .40 % 5 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 .20 % 6 Total of lines 4 and 5 .60 % .60 % .60 % 7 Does the bond issue meet the private security or payment test? X X			
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Part IV Arbitrage (continued)	Å	<u> </u>	Е	,)
An Use the experimentation of the covernmental issues entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	tes	X	res	NO	res	NO	res	NO
b Name of provider c Term of hedge								
c Firm of hedge d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider			I					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	Х							
 7 Has the organization established written procedures to monitor the requirements of 								
section 148?	х							
Part V Procedures To Undertake Corrective Action								
	ŀ	۹	E	6		>)
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	Х							
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	K. See instru	uctions					
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:								
(A) ISSUER NAME: DISTRICT OF COLUMBIA								
DATE THE REBATE COMPUTATION WAS PERFORMED: 05/24/2016								
SCHEDULE K, PART I:								
ESCRIPTION OF PURPOSE								
THE DISTRICT OF COLUMBIA ISSUED \$40,000,000 SERIES 2011 TAX-EXEMPT								
EVENUE BONDS ON BEHALF OF GALLAUDET UNIVERSITY. THE BONDS WERE SOLD TO								
INANCE THE BUILDING A NEW RESIDENCE HALL; TO RENOVATE AND IMPROVE								
EATING AND LIGHTENING SYSTEMS AND CONTROLS ON CAMPUS BUILDINGS; TO								
PGRADE TECHNOLOGY INFRASTRUCTURE; AND TO RENOVATE RESIDENT HALLS,								
CLASSROOM BUILDINGS AND OTHER CAMPUS FACILITIES. THESE PROJECTS WERE								
CLASSROOM BUILDINGS AND OTHER CAMPUS FACILITIES. THESE PROJECTS WERE ALL COMPLETED BEFORE SEPTEMBER 30, 2016.								
ALL COMPLETED BEFORE SEPTEMBER 30, 2016.								
LL COMPLETED BEFORE SEPTEMBER 30, 2016. CCHEDULE K, PART II, LINE 13:								

REBATE DATE

Schedule K (Form 990) 2019 GALLAUDET UNIVERSITY	53-0199507	Page
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule K. See instructions (continued)	
THE UNIVERSITY PERFORMED ITS MOST RECENT REBATE COMPUTATION ON MAY 24,		
2016.		
SCHEDULE K, PART IV, LINE 3:		
VARIABLE RATE ISSUE		
THE UNIVERSITY IS DISCLOSING THAT \$5,695 OF INTEREST EARNED IS INCLUDED		
WITH THE TOTAL PROCEEDS OF THE BOND ISSUE.		

SCHEDULE L		Tra	insactior	ns V	Vith	Int	erested	Ρ	ersons			ON	IB No.	1545-00)47
(Form 990 or 990-EZ)			rganization ans 28b, or 28c, o	swere or For	d "Yes m 990	s" on F -EZ, P		t IV, a or	line 25a, 25b, 2	6, 27,	28a,	O	20 Den T	19 o Puk	
Internal Revenue Service		io to v	www.irs.gov/Fo	orm99	0 for iı	nstruc	tions and the	late	est information.			In	spect	ion	
Name of the organization	ו									Em	ploye	r identi	ficati	on nu	mber
	GALLAUDET											9507			
Part I Excess E	Benefit Trans	actio	ons (section 50	01(c)(3), sect	ion 50	1(c)(4), and se	ctio	n 501(c)(29) orga	nizatio	ons on	ıly).			
Complete if	the organizatior	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, I	line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40)b.			
1 (a) Name of disquali	fied person	(b) F	(b) Relationship between disqualifie		lified		c) D	escription of tran	sactic	n	(d) Corre			ected?	
			person and or	rganiza	ation			-, -					<u> </u>	es	No
													_	\rightarrow	
													_		
													-	\rightarrow	
													-	\rightarrow	
														\rightarrow	
2 Enter the amount of	f tax incurred bv	the o	rganization man	agers	or disc	ualifie	ed persons dur	ina [.]	the vear under						
			•	•		•	•	•			▶ \$				
3 Enter the amount of											▶ \$				
						-									
Part II Loans to	and/or Fron	n Inte	erested Pers	sons.											
	-					, Part	V, line 38a or F	orn	n 990, Part IV, lin	e 26; (or if th	ie orgai	nizatio	ึ่งท	
	amount on Forr												rovod		
• • •	(a) Name of (b) Relationship (c) Purpose (d) Loan to or from the with organization of loan (e) Origina			(1	f) Balance due			by boa	(h) Approved by board or committee? (i) Writ		Vritten				
interested person	with organi	Zaliun	of loan	<u> </u>	zation?	1	cipal amount					comm			-
				To	From			-		Yes	No	Yes	No	Yes	No
								-							
															+
				-											+
															+
															+
															+
															+
Total							> \$								
Part III Grants o	r Assistance	Ben	efiting Inter	esteo	d Per	sons	5.								
Complete if	the organizatior	n ansv	vered "Yes" on I	Form 9	990, Pa	art IV, I	line 27.		1						
(a) Name of interes	sted person		(b) Relationship interested pers the organiza	son an			(c) Amount of assistance		(d) Type assistan) Purp assista	ose o ance	ıf
			0												
		-				<u> </u>					-+				
		-													
											-+				
LHA For Paperwork Re	eduction Act No	otice,	see the Instruc	tions f	for For	·m 990	0 or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99)0-ЕZ	Z) 2019

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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	
DEBORAH SKJEVELAND	SEE PART V	113,599.	SEE PART V		x	
JOHN SKJEVELAND	SEE PART V	115,523.	SEE PART V		х	
JACKIE WOODSIDE	SEE PART V	88,250.	SEE PART V		x	
PATRICK BOUDREAULT	SEE PART V	118,478.	SEE PART V		x	

Part V Supplemental Information.

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

SCHEDULE L, PART IV:

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

(A) NAME OF PERSON: DEBORAH SKJEVELAND

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF SETH BRAVIN

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE AT GU -- 2019 W2

(A) NAME OF PERSON: JOHN SKJEVELAND

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF SETH BRAVIN

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE AT GU -- 2019 W2

(A) NAME OF PERSON: JACKIE WOODSIDE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF KATHERINE HEATHER HARKER

(D) DESCRIPTION OF TRANSACTION: CONSULTANT -- CY 2019 EARNINGS

(A) NAME OF PERSON: PATRICK BOUDREAULT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF EUGENIE GERTZ

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Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE AT GU $\ensuremath{\text{--}}$ 2019 W2

Schedule L (Form 990 or 990-EZ)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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 for instructions and the latest information.

2019 Open to Public Inspection

Employer identification number

53-0199507

Name of the organization

GALLAUDET UNIVERSITY

Pa	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c .
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ation a	nount	5
1	Art - Works of art							
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	8	5,696,828.	FMV			
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 $_{\dots}$							
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 ()							
26	Other ()							
27	Other ()							
28	Other ()				<u> </u>			
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 82	83, Part IV, I	Jonee Acknowledg	gement 29			Vee	No
20-	During the year did the exception receive h			arted in Dart L lines 1 through	h 00 that it		Yes	No
SUd	During the year, did the organization receive by							
	must hold for at least three years from the date	_				200		x
h	exempt purposes for the entire holding period' If "Yes," describe the arrangement in Part II.	۰				<u>30a</u>		
ы 31	Does the organization have a gift acceptance	oolicy that re	auires the review (of any nonstandard contribut	tions?	31	х	
	Does the organization have a girt acceptance point accept							
02d	contributions?		-			32a	x	ł
								j

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2019

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b If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2019 GALLAUDET UNIVERSITY	53-0199507	Pag
Part II Supplemental Information. Provide the information required by is reporting in Part I, column (b), the number of contributions, the number this part for any additional information.	Part I, lines 30b, 32b, and 33, and whether the organi er of items received, or a combination of both. Also co	zation nplete
SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTIONS		
THE NUMBER REPORTED AS ITEMS RECEIVED FOR SECURITIES CONTRIBUTI	ONS	
REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED (NOT THE	TOTAL	
NUMBER OF SECURITIES SOLD).		
SCHEDULE M, LINE 32B:		
USE OF THIRD PARTIES		

TO THE EXTENT THAT THE UNIVERSITY RECEIVES DONATIONS OF SECURITIES, ITS

INVESTMENT BROKER/MANAGER IS TASKED WITH SELLING THOSE SECURITIES.

Schedule M (Form 990) 2019

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Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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 for the latest information.



Employer identification number 53-0199507

GALLAUDET UNIVERSITY

FORM 990, PART I, LINE 1:

ORGANIZATION'S MISSION

GALLAUDET UNIVERSITY WAS ESTABLISHED BY AN ACT OF CONGRESS IN 1864 & IS

THE ONLY ACCREDITED UNIVERSITY IN THE WORLD ESTABLISHED EXCLUSIVELY FOR

DEAF OR HARD OF HEARING STUDENTS.

FORM 990, PART III, LINE 1:

ORGANIZATION'S MISSION

GALLAUDET UNIVERSITY, FEDERALLY CHARTERED IN 1864, IS A BILINGUAL,

DIVERSE, MULTICULTURAL INSTITUTION OF HIGHER EDUCATION THAT ENSURES THE

INTELLECTUAL AND PROFESSIONAL ADVANCEMENT OF DEAF AND HARD OF HEARING

INDIVIDUALS THROUGH AMERICAN SIGN LANGUAGE AND ENGLISH, GALLAUDET

MAINTAINS A PROUD TRADITION OF RESEARCH AND SCHOLARLY ACTIVITY AND

PREPARES ITS GRADUATES FOR CAREER OPPORTUNITIES IN A HIGHLY

COMPETITIVE, TECHNOLOGICAL, AND RAPIDLY CHANGING WORLD.

GALLAUDET IS THE ONLY ACCREDITED UNIVERSITY IN THE WORLD ESTABLISHED

EXCLUSIVELY FOR DEAF OR HARD OF HEARING STUDENTS. IN ADDITION TO ITS

UNDERGRADUATE AND GRADUATE ACADEMIC PROGRAMS, THE UNIVERSITY OFFERS

ELEMENTARY AND SECONDARY EDUCATION PROGRAMS, CONTINUING EDUCATION

PROGRAMS, AND A WIDE RANGE OF PUBLIC SERVICE PROGRAMS. GALLAUDET IS A

PRIVATE UNIVERSITY THAT RECEIVES A SUBSTANTIAL PROPORTION OF ITS ANNUAL

REVENUE BY DIRECT APPROPRIATION FROM THE FEDERAL GOVERNMENT UNDER THE

AUTHORITY OF THE EDUCATION OF THE DEAF ACT.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

2019.06010 GALLAUDET UNIVERSITY

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Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
GALLAUDET UNIVERSITY	53-0199507
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
GALLAUDET UNIVERSITY'S RESEARCH, DEVELOPMENT AND OUTREACH AGENDA IS	
AIMED AT ADVANCING KNOWLEDGE AND PRACTICE FOR DEAF AND HARD OF HEARING	
PEOPLE AND ALL HUMANITY. RESEARCH AREAS OF MAJOR IMPORTANCE INCLUDE	
VISUAL LANGUAGE AND LEARNING, HEARING AND SPEECH SCIENCE, TECHNOLOGY	
ACCESS, GENETICS, AMERICAN SIGN LANGUAGE/ENGLISH BILINGUALISM, AND DEAF	
LIFE. A CRITICALLY IMPORTANT FOCUS AREA OF GALLAUDET UNIVERSITY IS	
INTEGRATING RESEARCH AND PRACTICE TO BENEFIT DEAF AND HARD OF HEARING	
PRE KINDERGARTEN - 12 GRADE STUDENTS, WITH SPECIAL ATTENTION TO	
DIVERSITY AND EQUITY TO THIS TRADITIONALLY UNDER-REPRESENTED GROUP.	
GALLAUDET UNIVERSITY'S PUBLIC SERVICE ACTIVITIES PROVIDE EDUCATIONAL	
OPPORTUNITIES TO ADULTS WHO ARE DEAF. SERVICES INCLUDE PROFESSIONAL	
TRAININGS, A VARIETY OF ON-CAMPUS SUMMER PROGRAMS, AND EXTENSION	
PROGRAMS AT OTHER SCHOOLS.	
EXPENSES \$ 14,166,436. INCL GRANTS OF \$ 170,930. REVENUE \$ 1,145,850.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 REVIEW PROCESS	
THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION	
WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE UNIVERSITY'S BOARD OF	
TRUSTEES CHARGES THE AUDIT COMMITTEE WITH THE RESPONSIBILITY FOR OVERSEEING	
THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES PRIOR TO FILING.	
A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL AUDIT COMMITTEE FOR	
DISCUSSION AND COMMENT. THE FINAL SIGNED FORM 990 IS DISTRIBUTED TO THE	
FULL BOARD OF TRUSTEES BEFORE THE RETURN IS ULTIMATELY FILED WITH THE IRS.	

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Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	Employer identification number
GALLAUDET UNIVERSITY	53-0199507
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	
GALLAUDET UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS	
OF THE BOARD OF TRUSTEES AND ALL ADMINISTRATORS, FACULTY, TEACHERS, AND	
STAFF OF THE UNIVERSITY. ALL BOARD MEMBERS MUST DISCLOSE, AT THE EARLIEST	
PRACTICABLE TIME, ANY POSSIBLE CONFLICT OF INTEREST TO THE SECRETARY OF THE	
BOARD AND THE AUDIT COMMITTEE.	
TO FACILITATE THIS POLICY, EACH MEMBER COMPLETES AND FILES ANNUALLY, WITH	
THE SECRETARY OF THE BOARD AND THE CHAIRMAN OF THE AUDIT COMMITTEE,	
INFORMATION ABOUT POSSIBLE CONFLICTS OF INTEREST AFFECTING GALLAUDET	
JNIVERSITY, INCLUDING INTERESTS OF IMMEDIATE FAMILY MEMBERS AND	
DRGANIZATIONS IN WHICH THE BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT	
FUNCTION OR A SIGNIFICANT OWNERSHIP INTEREST. IF A BOARD MEMBER IS	
INCERTAIN WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS PRESENTED TO	
THE AUDIT COMMITTEE AND THEN A DETERMINATION IS REQUESTED BY THE BOARD.	
THESE MATTERS WILL BE RESOLVED BY MAJORITY VOTE. THE BOARD MEMBER WHOSE	
CONFLICT OF INTEREST IS UNDER CONSIDERATION IS EXCLUDED FROM PARTICIPATION.	
THE DISCLOSURE OF THE CONFLICT AND THE RELATED DELIBERATION AND VOTING	
RESULTS ARE DOCUMENTED IN THE MINUTES OF THE MEETING.	
ADMINISTRATORS, FACULTY, TEACHERS, AND STAFF ALSO SIGN A "CONFLICT OF	
INTEREST POLICY COMPLIANCE STATEMENT" ANNUALLY INDICATING THAT THEY	
JNDERSTAND THEIR FIDUCIARY RESPONSIBILITY TO THE UNIVERSITY AND REAFFIRMING	
THEIR COMMITMENT TO FULLY DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST WHICH	
MAY EXIST. DISCLOSURES OF ANY POTENTIAL CONFLICT OF INTEREST ARE MADE	
PROMPTLY IN WRITING TO THE PRESIDENT OF THE UNIVERSITY WITH A COPY TO THE	
JNIT ADMINISTRATOR, SENIOR ADMINISTRATOR, AND HUMAN RESOURCES SERVICES. THE	
	chedule O (Form 990 or 990-EZ) (20

16500809 153424 0173668-00001

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A DISCLOSURE BY THE PRESIDENT IS MADE TO THE SECRETARY OF THE BOARD AND IS
REVIEWED BY THE SECRETARY AND THE CHAIRMAN OF THE BOARD. IF IT IS
DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THE PRESIDENT (OR IN THE
CASE OF A FINDING AGAINST THE PRESIDENT, THE CHAIRMAN OF THE BOARD) WILL
TAKE APPROPRIATE ACTION TO ELIMINATE THE CONFLICT AND SAFEGUARD THE
INTERESTS OF GALLAUDET UNIVERSITY.
FORM 990, PART VI, SECTION B, LINE 15:
PROCESS FOR DETERMINING COMPENSATION
THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE HAS THE ULTIMATE
RESPONSIBILITY FOR DETERMINING THE TOTAL COMPENSATION PACKAGE OF THE
UNIVERSITY'S PRESIDENT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT
CONSULTANT TO PERIODICALLY PERFORM A COMPENSATION STUDY TO INFORM ITS
DECISION ON THE PRESIDENT'S COMPENSATION AND MAKES RECOMMENDATIONS TO THE
FULL BOARD FOR ITS CONSIDERATION AND VOTE. THE MOST RECENT COMPENSATION
STUDY OCCURRED DURING 2020. COMPENSATION DECISIONS AND REPORTS ARE
CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING OF THE COMMITTEE
WHEN THE DECISIONS ARE MADE.
THE PRESIDENT'S SALARY IS DETERMINED IN ACCORDANCE WITH GALLAUDET'S GENERAL
COMPENSATION PRACTICES. MERIT PAY INCREASES AND BONUSES ARE DETERMINED AT
THE DISCRETION OF THE COMPENSATION COMMITTEE. THE PRESIDENT OF THE
UNIVERSITY IS RESPONSIBLE FOR THE COMPENSATION OF THE UNIVERSITY'S OFFICERS
AND SENIOR MANAGEMENT WITHIN THE GUIDELINES ESTABLISHED BY THE COMPENSATION
COMMITTEE.
932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 61
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Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

GALLAUDET UNIVERSITY

DISCLOSURE STATEMENT IS REVIEWED BY A COMMITTEE APPOINTED BY THE PRESIDENT

TO DETERMINE IF A CONFLICT OF INTEREST EXISTS.

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Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
ON AN ANNUAL BASIS, AN ANALYSIS IS PERFORMED BY AN INDEPENDENT CONSULTANT	
TO ASSESS LOCAL TRENDS IN COMPENSATION AND ADJUSTMENTS ARE MADE TO THE	
STAFF SALARY RANGES AS NECESSARY. EVERY THREE YEARS, THE UNIVERSITY HIRES	
AN INDEPENDENT CONSULTANT TO PERFORM AN INTENSIVE MARKET STUDY TO EVALUATE	
GALLAUDET'S STAFF COMPENSATION PROGRAM AGAINST THOSE OF OTHER UNIVERSITIES	
AND NOT-FOR-PROFIT ORGANIZATIONS. THE MOST RECENT INTENSIVE MARKET STUDY	
WAS PERFORMED IN 2020. THE CONSULTANT PROVIDES ANALYSES OF SALARY DATA	
SURVEYS AND MAKES RECOMMENDATIONS TO UNIVERSITY MANAGEMENT. SENIOR MANAGERS	
ARE RESPONSIBLE FOR THE MANAGEMENT OF COMPENSATION WITHIN THEIR UNITS,	
USING THE ESTABLISHED COMPENSATION PARAMETERS APPROVED BY THE PRESIDENT AND	
COMPENSATION COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENT DISCLOSURE	
HE FOLLOWING DOCUMENTS ARE AVAILABLE ON GALLAUDET UNIVERSITY'S WEBSITE,	
WWW.GALLAUDET.EDU: BOARD OF TRUSTEES, AUDITED FINANCIAL STATEMENTS, IRS	
FORM 990, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DOCUMENT	
RETENTION POLICY AND CURRENT BYLAWS.	
THIS INFORMATION IS ALSO AVAILABLE UPON REQUEST TO LISA CLARKE, INTERIM CFO	
AND TREASURER.	
FORM 990, PART VII:	
COMPENSATION FROM UNRELATED MANAGEMENT COMPANY	
LISA CLARKE WAS MADE TREASURER OF GALLAUDET UNIVERSITY IN OCTOBER 2018 AND	
IS ACTING AS INTERIM CFO THROUGH A MANAGEMENT CONTRACT WITH RPK GROUP, AN	
UNRELATED ORGANIZATION. BASED ON THE INSTRUCTIONS FOR FORM 990 PART VII,	

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Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
THE FEES PAID TO THE MANAGEMENT COMPANY ARE DISCLOSED ONLY IN PART VII,	
SECTION B IF APPLICABLE AND NO AMOUNTS SHOULD BE DISCLOSED FOR LISA CLARKE	
ON PART VII, SECTION A BECAUSE SHE IS NOT A KEY EMPLOYEE OF THE RPK GROUP,	
WHICH IS NOT RELATED TO GALLAUDET UNIVERSITY. DURING CALENDAR YEAR 2019,	
GALLAUDET PAID \$546,350 TO RPK GROUP RELATED TO LISA CLARKE'S FUNCTION AS	
TREASURER AND INTERIM CFO.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
WRITEOFFS OF PRIOR YEAR GRANTS -878.	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS 151,960.	
TOTAL TO FORM 990, PART XI, LINE 9 151,082.	
FORM 990, PART V, SECTION A, LINE 7A:	
CHARITABLE CONTRIBUTIONS	
THE UNIVERSITY DOESN'T TRADITIONALLY HOLD SPECIAL EVENTS WHERE A DONOR	
RECEIVES GOODS OR SERVICES IN EXCHANGE FOR HIS OR HER DONATION;	
HOWEVER, THE UNIVERSITY DOES OPERATE SMALL CLUBS OPEN TO THE PUBLIC	
THROUGH CONTRIBUTIONS AND MEMBERSHIP FEES WHERE A DONOR MAY RECEIVE DE	
MINIMIS BENEFITS. ACCORDINGLY, THE UNIVERSITY IS RESPONDING YES TO	
QUESTIONS 7A & 7B IN PART V OF THE FORM 990.	

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

GALLAUDET UNIVERSITY

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

	1				
(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
	-				

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 Part II 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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GALLAUDET UNIVERSITY FOUNDATION - 46-1643010							
800 FLORIDA AVENUE NE							
WASHINGTON, DC 20002	SUPPORT ORG	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	GALLAUDET	х	
	-						
	-						
	-						

Employer identification number 53-0199507

Schedule R (Form 990) 2019

Open to Public Inspection

(Form 990)

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.

	1 3	,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	Genera manag partne	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
											_

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	(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	Sec 512(I contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)		x	_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			-
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GALLAUDET UNIVERSITY FOUNDATION	D	436,519.	COST
<u>(2)</u>			
<u>(3)</u>			
<u>(</u> 4)			
<u>(5)</u>			
_(6)			

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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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		
											\square		

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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