

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**
 Name: **GALLAUDET UNIVERSITY**
 FEIN: *******9507**

Category:

IRS Center: **Ogden**
 e-Postmark: **8/6/2021 3:41 PM**
 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**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

GALLAUDET UNIVERSITY

53-0199507

Name and title of officer

LISA CLARKE

INTERIM CFO/TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

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 than one line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>202,751,628.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer


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

I authorize 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 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to 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 tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶  Date ▶ Aug 6, 2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26377536605

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶  Date ▶ 7/29/2021

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

13180729 153424 0173668-00001

2019.06010 GALLAUDET UNIVERSITY

01736681

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019

Open to Public Inspection

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.

A For the **2019** calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GALLAUDET UNIVERSITY		D Employer identification number 53-0199507
	Doing business as		E Telephone number (202) 651-5299
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	800 FLORIDA AVENUE, NE		108
City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20002-3695		G Gross receipts \$ 313,349,482.	
F Name and address of principal officer: ROBERTA CORDANO, PRESIDENT SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.GALLAUDET.EDU		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1864	M State of legal domicile: DC
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2577
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,326,109.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	140,456,619.	155,312,212.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,328,875.	38,171,993.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,101,895.	8,036,318.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	827,377.	1,231,105.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	203,714,766.	202,751,628.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	11,057,513.	10,654,869.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	117,175,916.	123,941,582.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,899,389.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,321,484.	63,583,521.
19 Revenue less expenses. Subtract line 18 from line 12	198,554,913.	198,179,972.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,159,853.	4,571,656.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	454,724,674.	475,474,360.
		63,623,912.	73,333,875.
		391,100,762.	402,140,485.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	LISA CLARKE, INTERIM CFO/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 7/29/2021	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Phone no. (212) 599-0100		
	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

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

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 print	Name of exempt organization or other filer, see instructions. GALLAUDET UNIVERSITY	Taxpayer identification number (TIN) 53-0199507
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 800 FLORIDA AVENUE NE, NO. 108	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002-3695	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LISA CLARKE, - INTERIM CFO/TREAS 800 FLORIDA AVE, NE -

- The books are in the care of ▶ **WASHINGTON, DC 20002**
Telephone No. ▶ **202-651-5299** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Product: **Exempt Extension**
 Name: **GALLAUDET UNIVERSITY**
 FEIN: *******9507**

Category:

IRS Center: **Ogden**
 e-Postmark: **1/21/2021 4:29 PM**
 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				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 85,931,880. including grants of \$ 1,588,245.) (Revenue \$ 33,566,452.) INSTRUCTION AND ACADEMIC SUPPORT - GALLAUDET IS DIVIDED INTO TWO MAJOR COMPONENT PROGRAMS FOR BUDGETING AND OPERATING PURPOSES: THE UNIVERSITY AND THE LAURENT CLERC NATIONAL DEAF EDUCATION CENTER ("CLERC CENTER").

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.

4c (Code:) (Expenses \$ 21,780,027. including grants of \$ 0.) (Revenue \$ 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,166,436. including grants of \$ 170,930.) (Revenue \$ 1,145,850.)

4e Total program service expenses 151,711,663.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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 arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section 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, NH, NY, ND, OR, SC, WA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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 Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LISA CLARKE, INTERIM CFO/TREASURER - (202) 651-5299 800 FLORIDA AVE NE, WASHINGTON, DC 20002

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERTA J. CORDANO PRESIDENT	40.00 0.00			X			437,492.	0.	156,789.	
(2) CAROL ERTING PROVOST TO 6/20	40.00 0.00			X			321,936.	0.	96,580.	
(3) LAURA-ANN PETITTO PROF/SCIENCE DIR/CO PI VL2	40.00 0.00					X	286,196.	0.	83,764.	
(4) KATHERINE HEATHER HARKER CHIEF OF STAFF	40.00 0.00				X		275,373.	0.	74,337.	
(5) PAUL JULIN VP, INSTITUTIONAL ADVANCEM TO 9/19	40.00 0.00					X	256,746.	0.	65,314.	
(6) BENJAMIN BAHAN PROF/CO DIR PROG DEV 6TH ST PROJ	40.00 0.00					X	215,356.	0.	93,195.	
(7) ELAVIE NDURA VP EQUITY, DIVERSITY, INCLU. TO 9/20	40.00 0.00					X	236,860.	0.	54,277.	
(8) NICOLE SUTLIFFE CHIEF ADMIN OFFICER, CLERC CENTER	40.00 0.00				X		225,855.	0.	55,233.	
(9) MARIANNE BELSKY CHIEF ACADEMIC OFFICER, CLERC CENTER	40.00 0.00				X		225,770.	0.	51,178.	
(10) HANSEL BAUMAN EXEC DIR, CAMPUS DES/CONSTR TO 11/19	40.00 0.00					X	214,668.	0.	50,795.	
(11) EUGENIE N. GERTZ DEAN, COLLEGE ARTS AND SCIENCES	40.00 0.00				X		202,099.	0.	58,611.	
(12) KHADIJAT RASHID INTERIM DEAN OF THE FACULTY	40.00 0.00				X		187,531.	0.	63,822.	
(13) GARY ALLER EXEC DIR, BUS & SUPPORT SERV TO 8/20	40.00 0.00				X		184,552.	0.	66,270.	
(14) THOMAS HOREJES ASSOC PROV, SSAQ	40.00 0.00				X		188,557.	0.	57,173.	
(15) JEFFREY LEWIS INTERIM PROVOST FROM 7/20	40.00 0.00			X			172,511.	0.	60,935.	
(16) FRED WEINER ASST VP, ADMIN TO 11/19	40.00 0.00				X		172,759.	0.	55,605.	
(17) DR. GLENN ANDERSON TRUSTEE/CHAIR FROM 6/20	2.00 0.00	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SETH BRAVIN TRUSTEE/CHAIR	2.00 0.00	X		X				0.	0.	0.
(19) THE HONORABLE SHERROD BROWN TRUSTEE	2.00 0.00	X						0.	0.	0.
(20) CLAIRE BUGEN TRUSTEE/VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(21) THE HONORABLE LARRY BUSCHON TRUSTEE	2.00 0.00	X						0.	0.	0.
(22) DR. LINDA CAMPBELL TRUSTEE	2.00 0.00	X						0.	0.	0.
(23) JOSE CERVANTES TRUSTEE	2.00 0.00	X						0.	0.	0.
(24) JAMESON CRANE, JR. TRUSTEE	2.00 0.00	X						0.	0.	0.
(25) DR. CHARLENE DWYER TRUSTEE	2.00 0.00	X						0.	0.	0.
(26) DR. JOYCE ESTER TRUSTEE	2.00 0.00	X						0.	0.	0.
1b Subtotal								3,804,261.	0.	1,143,878.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,804,261.	0.	1,143,878.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 205

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KELLOGG CONFERENCE HOTEL/FLIK INTERNATIONAL 800 FLORIDA AVENUE NE, WASHINGTON, DC 20002	CONFERENCE CENTER MANAGEMENT	6,445,903.
BON APPETIT P.O. BOX 417632, BOSTON, MA 02241-7632	FOOD SERVICES	6,058,974.
HOGAN LOVELLS P.O. BOX 75890, BALTIMORE, MD 21275-5890	LEGAL SERVICES	2,378,056.
CORBETT CONSTRUCTION 2810 DORR AVENUE, FAIRFAX, VA 22030	CONSTRUCTION SERVICES	1,114,400.
T.L. SMITH 4041 HUNT ROAD, FAIRFAX, VA 22032	CONSTRUCTION SERVICES	1,044,492.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 57

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JENNY LAY FLURRIE TRUSTEE	2.00 0.00	X						0.	0.	0.
(28) EDSON GALLAUDET TRUSTEE	2.00 0.00	X						0.	0.	0.
(29) DR. NATWAR GANDHI TRUSTEE	2.00 0.00	X						0.	0.	0.
(30) CLAUDIA L. GORDON TRUSTEE TO 6/20	2.00 0.00	X						0.	0.	0.
(30) GREGORY J. HLIBOK TRUSTEE	2.00 0.00	X						0.	0.	0.
(31) DUANE HALLIBURTON TRUSTEE, SECRETARY TO 3/20	2.00 0.00	X		X				0.	0.	0.
(32) DR. PHILLIP KERSTETTER TRUSTEE	2.00 0.00	X						0.	0.	0.
(33) DR. CYNTHIA NEESE-BAILES TRUSTEE	2.00 0.00	X						0.	0.	0.
(34) WILMA NEWHOUDT-DRUCHEN TRUSTEE/SECRETARY	2.00 0.00	X		X				0.	0.	0.
(35) JAMES F.X. PAYNE TRUSTEE TO 6/20	2.00 0.00	X						0.	0.	0.
(36) THE HONORABLE DONNA SHALALA TRUSTEE	2.00 0.00	X						0.	0.	0.
(37) LISA CLARKE INTERIM, VP ADMIN/FIN & TREAS.	40.00 0.00			X				0.	0.	0.
(38) THE HONORABLE G.K. BUTTERFIELD TRUSTEE TO 2/20	2.00 0.00	X						0.	0.	0.
(39) JEFFREY L. HUMBER TRUSTEE TO 10/19	2.00 0.00	X						0.	0.	0.
(40) JORGE DIAZ-HERRERA TRUSTEE TO 10/19	2.00 0.00	X						0.	0.	0.
(41) NANCY KELLY-JONE TRUSTEE TO 10/19	2.00 0.00	X						0.	0.	0.
(42) JAMES MACFADDEN TRUSTEE TO 10/19	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	142,839,724.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,472,488.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 5,696,828.					
	h Total. Add lines 1a-1f			155,312,212.				
Program Service Revenue	2 a TUITION	Business Code	611710	26,678,378.	26,678,378.			
	b ROOM AND BOARD		721310	8,413,821.	8,413,821.			
	c CONFERENCE CENTER REVE		721110	2,123,697.		2,123,697.		
	d AUXILIARY SERVICES		611710	741,049.	375,504.	142,798.	222,747.	
	e GOVERNMENT APPROPRIATI		900099	215,048.	215,048.			
	f All other program service revenue							
	g Total. Add lines 2a-2f			38,171,993.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,083,547.		56,422.	4,027,125.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	134,625.				
			(ii) Personal					
	b Less: rental expenses	6b		0.				
	c Rental income or (loss)	6c		134,625.				
	d Net rental income or (loss)			134,625.			134,625.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	13,741,261.				
			(ii) Other	364,126.				
b Less: cost or other basis and sales expenses	7b		109,835,447.	317,169.				
c Gain or (loss)	7c		3,905,814.	46,957.				
d Net gain or (loss)			3,952,771.			3,952,771.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a		919,872.					
b Less: cost of goods sold	10b		445,238.					
c Net income or (loss) from sales of inventory			474,634.		3,192.	471,442.		
Miscellaneous Revenue	11 a MISC. DEPARTMENTAL INC	Business Code	900099	524,674.		524,674.		
	b ASLPI EVALUATION FEES		900099	84,665.		84,665.		
	c PARKING TICKETS		900099	9,248.		9,248.		
	d All other revenue		900099	3,259.		3,259.		
	e Total. Add lines 11a-11d			621,846.				
12 Total revenue. See instructions			202,751,628.	35,682,751.	2,326,109.	9,430,556.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,654,869.	10,654,869.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,482,774.	1,541,605.	1,793,996.	147,173.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	435,850.	232,077.	203,773.	
7 Other salaries and wages	89,787,470.	72,647,255.	16,199,528.	940,687.
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.
9 Other employee benefits	10,726,501.	8,499,146.	2,108,673.	118,682.
10 Payroll taxes	5,853,697.	4,613,135.	1,174,329.	66,233.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,870,680.	27,085.	1,843,595.	
c Accounting	372,576.		372,576.	
d Lobbying	116,195.		116,195.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	894,588.		894,588.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	10,454,395.	2,918,890.	7,321,640.	213,865.
12 Advertising and promotion	10,903.	7,905.	2,998.	
13 Office expenses	3,929,496.	2,879,942.	956,864.	92,690.
14 Information technology	2,420,278.	1,766,911.	599,653.	53,714.
15 Royalties	57,168.	57,168.		
16 Occupancy	6,220,319.	5,435,315.	784,931.	73.
17 Travel	1,010,383.	866,374.	125,117.	18,892.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	202,071.	135,432.	64,889.	1,750.
20 Interest	2,047,673.	1,894,010.	153,663.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,683,843.	12,921,811.	2,762,032.	
23 Insurance	1,262,575.	191,664.	1,070,911.	
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 O.)				
a MAINTENANCE AND SERVICE	5,066,811.	5,056,936.		9,875.
b FOOD SERVICES	3,752,482.	3,752,482.		
c CONFERENCE CENTER	3,267,237.	3,267,237.		
d INTERPRETING EXPENSES	848,859.		834,105.	14,754.
e All other expenses	4,094,989.	1,416,535.	2,596,923.	81,531.
25 Total functional expenses. Add lines 1 through 24e	198,179,972.	151,711,663.	44,568,920.	1,899,389.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	13,086.	1	13,086.
	2 Savings and temporary cash investments	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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	903,257.	7	854,233.
	8 Inventories for sale or use	581,556.	8	530,270.
	9 Prepaid expenses and deferred charges	2,952,595.	9	2,718,158.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 451,044,898.		
	b Less: accumulated depreciation	10b 236,718,146.		
	11 Investments - publicly traded securities	213,427,388.	10c	214,326,752.
	12 Investments - other securities. See Part IV, line 11	150,131,125.	11	160,704,219.
	13 Investments - program-related. See Part IV, line 11	43,339,282.	12	46,349,953.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,511,181.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	454,724,674.	15	2,558,601.	
		16	475,474,360.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,456,009.	25	5,530,447.
	26 Total liabilities. Add lines 17 through 25	63,623,912.	26	73,333,875.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	244,837,739.	27	241,159,712.
	28 Net assets with donor restrictions	146,263,023.	28	160,980,773.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	391,100,762.	32	402,140,485.
33 Total liabilities and net assets/fund balances	454,724,674.	33	475,474,360.	

Part XI Reconciliation of Net Assets

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

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.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization <p style="text-align:center">GALLAUDET UNIVERSITY</p>	Employer identification number <p style="text-align:center">53-0199507</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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.)

Section A. Public Support

Calendar 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 organization'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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	144,703,736.	131,562,962.	136,319,796.	140,456,619.	155,312,212.	708,355,325.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,533,858.	3,938,514.	3,788,525.	4,297,937.	4,161,750.	20,720,584.
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 assets (Explain in Part VI.)	3,578,932.	3,103,940.	2,369,006.	1,854,882.	1,756,281.	12,663,041.
11 Total support. Add lines 7 through 10						741,738,950.
12 Gross receipts from related activities, etc. (see instructions)					12	229,839,545.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.50 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.09 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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) 2019	(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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable 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			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

Note: Only a section 501(c)(7), (8), or (10) organization can check 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 ▶ \$ _____

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).

Name of organization GALLAUDET UNIVERSITY	Employer identification number 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	<hr/> <hr/> <hr/>	\$ 138,600,592.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. 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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. 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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. 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, and ZIP + 4		Relationship of transferor to transferee	
(a) No. 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, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">GALLAUDET UNIVERSITY</p>	Employer identification number <p style="text-align: center;">53-0199507</p>
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
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					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		25.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		62,385.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		116,195.
j Total. Add lines 1c through 1i			178,605.
2a 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			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DIRECT CONTACT WITH LEGISLATORS

THE UNIVERSITY'S BOARD OF TRUSTEES HAS THREE VOTING MEMBERS OF

CONGRESS. IN ADDITION, THE UNIVERSITY PRESIDENT AND THE SPECIAL

ASSISTANT, GOVERNMENTAL RELATIONS AND OTHER PROJECTS MAINTAIN DIRECT

CONTACT WITH MEMBERS OF THE CONGRESS IN REQUESTING APPROPRIATIONS AND

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 D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: GALLAUDET UNIVERSITY; Employer identification number: 53-0199507

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including fields for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	185,974,727.	183,167,062.	179,111,738.	170,539,440.	172,688,350.
b Contributions	1,928,981.	6,541,123.	1,070,934.	4,093,737.	4,833,017.
c Net investment earnings, gains, and losses	14,501,047.	4,250,427.	10,706,521.	12,372,733.	1,085,189.
d Grants or scholarships	1,651,492.	3,197,436.	1,741,480.	1,671,690.	1,737,171.
e Other expenditures for facilities and programs	6,258,057.	4,786,449.	5,980,651.	6,222,482.	6,329,945.
f Administrative expenses					
g End of year balance	194,495,206.	185,974,727.	183,167,062.	179,111,738.	170,539,440.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 24.57 %
 - b Permanent endowment 9.12 %
 - c Term endowment 66.31 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,410,480.		1,410,480.
b Buildings		337,030,592.	165,063,389.	171,967,203.
c Leasehold improvements		44,878,073.	30,341,199.	14,536,874.
d Equipment		40,815,551.	32,867,171.	7,948,380.
e Other		26,910,202.	8,446,387.	18,463,815.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				214,326,752.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) 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.) ▶	

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS

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

Part XIII Supplemental Information (continued)

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 E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

- ▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I

	YES	NO
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?	X	
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?	X	
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	X	
<u>ADVERTISEMENTS IN THE UNIVERSITY'S CATALOGUES, WEBSITE, AND</u> <u>BROCHURES DISCLOSE PROGRAMS OFFERED INCLUDING A SUMMARY</u> <u>STATEMENT ON THE NON-DISCRIMINATORY POLICY. EMPLOYMENT</u> <u>ADVERTISEMENTS ALSO PUBLICIZE THE SCHOOL'S NON-DISCRIMINATORY</u> <u>POLICY.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
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:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
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	X	

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

Schedule E (Form 990 or 990-EZ) 2019

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
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.

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

Schedule F (Form 990) 2019

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

METHOD OF ACCOUNTING:

THE EXPENDITURES PER REGION ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

PART IV, LINE 1:

FOREIGN FORMS

THE UNIVERSITY INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS

THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN

INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. TO THE EXTENT THAT THOSE

INVESTMENTS RESULTED IN TRANSFERS OF PROPERTY THAT EXCEEDED THE

APPLICABLE FILING THRESHOLDS, THE FORMS 926, 5471, AND 8865 ACCOMPANIED

THE FILING OF THE UNIVERSITY'S FORM 990-T.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **GALLAUDET UNIVERSITY** Employer identification number **53-0199507**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2019)

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
SCHOLARSHIPS AND AWARDS	1371	9,919,914.	0.		
COVID-19 EMERGENCY STUDENT GRANTS	775	734,955.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional 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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **GALLAUDET UNIVERSITY**
 Employer identification number: **53-0199507**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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.

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

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

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.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **GALLAUDET UNIVERSITY** Employer identification number **53-0199507**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	NONE	05/25/11	39,420,421.	CAMPUS IMPROVEMENTS		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	6,345,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue	39,426,116.									
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 Capital expenditures from proceeds	36,496,104.									
11 Other spent proceeds	200,000.									
12 Other unspent proceeds										
13 Year of substantial completion	2016									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

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

Schedule K (Form 990) 2019

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
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 If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?	X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
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 government40 %		%		%		%
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 government20 %		%		%		%
6 Total of lines 4 and 560 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a 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, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	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?		X						
b Name of provider								
c Term 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								
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?	X							
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

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:

DESCRIPTION OF PURPOSE

THE DISTRICT OF COLUMBIA ISSUED \$40,000,000 SERIES 2011 TAX-EXEMPT REVENUE BONDS ON BEHALF OF GALLAUDET UNIVERSITY. THE BONDS WERE SOLD TO FINANCE THE BUILDING A NEW RESIDENCE HALL; TO RENOVATE AND IMPROVE HEATING AND LIGHTENING SYSTEMS AND CONTROLS ON CAMPUS BUILDINGS; TO UPGRADE TECHNOLOGY INFRASTRUCTURE; AND TO RENOVATE RESIDENT HALLS, CLASSROOM BUILDINGS AND OTHER CAMPUS FACILITIES. THESE PROJECTS WERE ALL COMPLETED BEFORE SEPTEMBER 30, 2016.

SCHEDULE K, PART II, LINE 13:

YEAR OF SUBSTANTIAL COMPLETION

ALL PROJECTS WERE COMPLETED BEFORE SEPTEMBER 30, 2016.

SCHEDULE K, PART IV, LINE 2C:

REBATE DATE

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.

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		X
JACKIE WOODSIDE	SEE PART V	88,250.	SEE PART V		X
PATRICK BOUDREULT	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 BOUDREULT

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF EUGENIE GERTZ

Part V Supplemental Information

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

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Name of the organization: **GALLAUDET UNIVERSITY** Employer identification number: **53-0199507**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
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				
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 ()				

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

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

Part II

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

THE NUMBER REPORTED AS ITEMS RECEIVED FOR SECURITIES CONTRIBUTIONS

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

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.

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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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.

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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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

UNIVERSITY, INCLUDING INTERESTS OF IMMEDIATE FAMILY MEMBERS AND

ORGANIZATIONS IN WHICH THE BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT

FUNCTION OR A SIGNIFICANT OWNERSHIP INTEREST. IF A BOARD MEMBER IS

UNCERTAIN 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

UNDERSTAND 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

UNIT ADMINISTRATOR, SENIOR ADMINISTRATOR, AND HUMAN RESOURCES SERVICES. THE

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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DISCLOSURE STATEMENT IS REVIEWED BY A COMMITTEE APPOINTED BY THE PRESIDENT

TO DETERMINE IF A CONFLICT OF INTEREST EXISTS.

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.

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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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

THE 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,

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **GALLAUDET UNIVERSITY** Employer identification number **53-0199507**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GALLAUDET UNIVERSITY FOUNDATION - 46-1643010 800 FLORIDA AVENUE NE WASHINGTON, DC 20002	SUPPORT ORG	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	GALLAUDET	X	

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l 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)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(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
(2)			
(3)			
(4)			
(5)			
(6)			

