

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A F.		2000 1			40 04 2000						
			endar yea	C Name of organization	ng 10-01-2009	and ending 09-30-2010	U		D Employer i	denti	fication number
	•		Please use IRS	Gallaudet University					50.0100		
_	dress cha	I	label or	Doing Business As					53-0199! E Telephone		oer
Naı	me char		print or type. See						-		
Inıt	ıal retur	rn s	Specific	Number and street (or	P O box if mail is	not delivered to street addre	ss) Room	/suite	(202) 651		
Ter	minated		Instruc- tions.	800 FLORIDA AVENUE I	NE				G Gross receip	ts \$ 2	11,241,671
— Am	ended r	return		City or town, state or o	ountry, and ZIP +	4					
_				Washington, DC 2000							
Арр	dication	pending									
				ne and address of prir			H(a)		s a group ret	urn fo	
				(ELLY VP ADMIN FII ORIDA AVE NE CO				affilia	tes?		⊤Yes 🔽 No
				NGTON,DC 20002			нсы	Δre al	l affiliates incl	uded?	Yes Γ No
](5)				ee instructions)
I Ta	x-exem	pt status	501(c)	(3) ◄ (insert no)	4947(a)(1) or \(\bigcup_{\text{\tint{\text{\tint{\text{\tin}\text{\tex{\tex	527	H(c)		ip exemption		
1 W	ehsite	• • \\\\\\\	V GALLALI	DET EDU			(-)				
							<u> </u>				
	_			ion Trust Associatio	n │ Other ►		L Yea	ar of fo	rmation 1864	M St	ate of legal domicile DC
Pa	rt I	Summ	ary								
	1			e organization's miss							
	1	_		y was established by dents who are deaf or	_	ess in 1864 and is the	only acc	redite	ed university	in the	world established
<u>ತ</u>		exclusive	siy ior sta	dents who are dear or	nara or nearing						
፸											
Governance											
9	2	Check th	ıs box 🛏	fthe organization d	iscontinued its	operations or disposed	of more	than	25% of its ne	t ass	ets
	3	Number	of voting n	nembers of the gover	ning body (Part	VI, line 1a)				з _	19
8	4	Number	ofindepen	dent voting members	of the governir	ng body (Part VI, line 1b	o)			4 _	19
Activities &	5	Total nun	nberofen	nployees (Part V, line				5 _	1,765		
ਙ	6	Total nun	nber of vo	lunteers (estimate if	6	(
4				ted business revenue		_ 7а	4,624,312				
		_		ness taxable income			-			7ь 7ь	-752,179
			atta basi	ness taxable mesme		.,		Drie	r Year		Current Year
	8	Contribu	utions and	l grants (Part VIII, lı	no 1 h)			-110	3,233,192	\vdash	2,961,811
<u>a</u>											
Rayenue	9							161,434,642		170,205,308	
à	10					, and 7d)			-16,739,002		4,910,926
_	11		•	art VIII, column (A),	, ,			1,256,275		1,253,492	
	12			dd lines 8 through 11		е		149,185,107		179,331,537	
	13			r amounts paid (Part		, lines 1–3)			6,874,402		7,686,406
	14			r for members (Part I			0,071,102		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			-	-		•	. —				
83	15	10)	s, other co	impensation, employe	e belletits (Par	t IX, column (A), lines 5	, –	:	113,305,128		113,481,014
Ě	16a	,	ional fund	raising fees (Part IX,	column (A). lın	e 11e)			8,000		0
Expenses	ь										
Ð				enses (Part IX, column (D					E2 6 E 1 202		E2 204 702
	17					11f-24f)			53,651,292		52,394,793
	18					(, column (A), line 25)			173,838,822		173,562,213
00	19	Revenue	e less exp	enses Subtract line	18 from line 12				-24,653,715		5,769,324
Not Assets or Fund Balances							Beg		g of Current 'ear		End of Year
e de la constante de la consta	20	Tat-1	coto /D=-	+ V luna 16\							245 002 244
4. ⊞	20			t X, line 16)					334,389,935		345,982,214
<u> </u>	21		-	art X, line 26)					22,433,456	_	21,933,707
	22			d balances Subtract	line 21 from lin	e 20			311,956,479		324,048,507
Pai	rt II		ture Blo								
						turn, including accompanying er (other than officer) is base					
			, , , , , , , , , , , , , , , , , , ,								
Sign		****	*					2011-	01-13		
Here	e	Signat	ure of office	r				Date	· · · · · ·		
		▶ Paul K	elly CFO								
			or print name	e and title							
		Preparer's	<u> </u>				Check If		Preparer's ide	ntıfyın	g number
Paid		signature			self-	. —	(see instruction		=		
	arer's	F	F	L ODANT THEORY		6	empolyed	<u> </u>			
Prepa Use (Fırm's nan If self-emp	ne (or yours ployed),	GRANT THORNTON L	EIN 🕨						
USE (Jilly		nd ZIP + 4	666 THIRD AVENUE							
				NEW YORK, NY 100	174011				Phone no 🕨	(212)	542-9609
Mavi	the IRS	S discuss	this retir	· · · · · · · · · · · · · · · · · · ·		ee instructions)			•	V	Yes [No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Total program service expenses -\$

GALLAUDET UNIVERSITY ("GALLAUDET" OR THE "UNIVERSITY") WAS ESTABLISHED BY AN ACT OF CONGRESS IN 1864
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
NATIONAL DEMONSTRATION 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 IN FISCAL YEAR 2010 AND 2009, APPROXIMATELY 70% OF THE UNIVERSITY'S
UNRESTRICTED REVENUES WERE DERIVED FROM FEDERAL APPROPRIATIONS GALLAUDET IS DIVIDED INTO TWO MAJOR
COMPONENT PROGRAMS FOR BUDGETING AND operating PURPOSES UNIVERSITY AND THE LAURENT CLERC NATIONAL DEAF
EDUCATION CENTER ("CLERC CENTER") THE CLERC CENTER CONSISTS OF THE MODEL S

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 81,344,882 including grants of \$ 1,633,952) (Revenue \$ 18,838,866) 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") THE CLERC CENTER CONSISTS OF THE MODEL SECONDARY SCHOOL FOR THE DEAF AND KENDALL DEMONSTRATION ELEMENTARY SCHOOL THE UNIVERSITY ENROLLS APPROXIMATELY 1,870 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 260 ELEMENTARY AND SECONDARY SCHOOL STUDENTS	:
	(Code) (Expenses \$ 28,582,551 including grants of \$ 5,804,259) (Revenue \$ 960,523)	_
40	STUDENT SERVICES GALLAUDET UNIVERSITY PROVIDES A WIDE RANGE OF STUDENT SERVICES INCLUDING COUNSELING, PLACEMENT, FINANCIAL AID, HEALTH SERVICES, TUTORING, AND OTHER STUDENT ACTIVITIES AT BOTH THE UNIVERSITY AND CLERC CENTER	
	(Code) (Expenses \$ 21,683,757 including grants of \$ 0) (Revenue \$ 21,946,578)	
	AUXILIARY ENTERPRISES AUXILIARY ENTERPRISES INCLUDE DORMITORY, FOOD SERVICE, BOOKSTORE OPERATIONS, THE UNIVERSITY PRESS, CONFERENCE ACTIVITIES, OUTREACH PROGRAMS, AND VIDEO RELAY INTERPRETING SERVICES ONLY THOSE ACTIVITIES WHICH ARE REVENUE PRODUCING ARE INCLUDED UNDER THIS DESIGNATION FOR CLERC CENTER PROGRAMS, COSTS INCURRED FOR DORMITORY AND FOOD SERVICE UNDER THE MODEL SECONDARY SCHOOL FOR THE DEAF AND FOOD SERVICE UNDER KENDALL DEMONSTRATION ELEMENTARY SCHOOL, NEITHER OF WHICH PRODUCE REVENUE, ARE REPORTED AS PART OF STUDENT SERVICES PROGRAM EXPENSE	
	Other was a server of Constitution Constitution (Constitution Constitution Constitu	_
4d	Other program services(Describe in Schedule O) (Expenses \$ 17,172,987 including grants of \$ 248,195)(Revenue \$ 1,131,275)	

148,784,177

Dart TV	Checklist	of Required	Schedules
	CHECKHAL	oi keuulieu	Juliculies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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</i> " <i>Yes," complete Schedule G, Part I</i>	17		Νο
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</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form	Form 990 (2009)										
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e									
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable										
		1a	245								
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0								
C	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?										
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax					,					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b

	below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances,											
	processes, or changes in Schedule O. See instructions.											
Section	Section A. Governing Body and Management											
		_										

Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body 1a 19									
b	Enter the number of voting members that are independent 19									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo						
6	Does the organization have members or stockholders?	6		Νο						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο						
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)									
			Yes	No						
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b								

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	461		
	skies C. Diselectus	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AK, AZ, CO, CT, KY, MD, MA, MS, NH, NY, ND, OR, SC, WA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 PAUL KELLY VP ADMIN FINANCE 800 FLORIDA AVE NE CO 102 WASHINGTON, DC 200023695 (202) 651-5299

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

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. Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Key employee Officei		Former Highest compensited employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

												_
1b Total			 -	-					>	3,658,720	0	770,813

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 187

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Bon Apptit PO Box 91337 CHICAGO, IL 606931337	food services	3,674,852
NEC UNITED SOLUTIONS INC 6555 N State Highway 161 8C 16 WASHINGTON, DC 20002	network maintenance	1,202,341
Kellogg Conference HotelFlik Int'l 3 international drive 2nd floor RYE BROOK, NY 10573	Conference Ctr Admın	979,579
Booz Allen Hamilton Inc 8283 Florida Ave NE MCLEAN, VA 22102	Consulting services	455,326
ATT Sports Inc 115 Cross Keys Road BERLIN, NJ 08009	renovations	448,800
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►54) who received more than	

Page 8

Form 99		<u> </u>						Page 9
Part		Statement o	r Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated cam	paigns 1a					
e Ta	ь	Membership du	es 1b					
ું≝	С	Fundraising eve	ents 1c					
<u>#</u> _₩	d	Related organiz	ations 1d					
έŒ	e	Government grants	s (contributions) 1e					ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no Noncash contri	ons, gifts, grants, and 1f it included above butions included in 882	2,961,811				
970	h	· -	s 1a-1f	▶	2,961,811			
				Business Code				
Ĭ	2a	GOVERNMENT GRA	NTS	900,099	130,318,556	130,318,556		
95 26	ь	TUITION		611,710	18,991,010	18,991,010		
9. H	c	ROOM AND BOARD		721,310	8,999,641	8,999,641		
¥	d	CONFERENCE CEN	TER REVENUE	721,110	4,674,698		4,674,698	
ð =	e	OTHER AUXILIARY	SERVICES	611,710	5,525,644	5,179,831		345,813
Tall	f	All other progra	ım service revenue	·	1,695,759	1,695,759		,
Program Service Revenue		-	2 26	<u> </u>	470 205 200			
	g 3		ome (including dividen	-	170,205,308			
			ar amounts)	. F	2,423,967		-50,386	2,474,353
	4		tment of tax-exempt bond	F	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	120,874					
	Ь	Less rental expenses						
	c	Rental income or (loss)	120,874					
	d		me or (loss)		120,874			120,874
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	32,712,340	148,704				
	ь	Less cost or other basis and sales expenses Gain or (loss)	29,926,642 2,785,698	-298,739				
	c d		s)		2,486,959			2,486,959
	8a	Gross income f			2,100,203			2,100,505
Other Revenue	_	events (not inc \$	luding reported on line 1c) e 18 a					
₽	b c		penses b loss) from fundraising	events 🛌	0			
-	9a		rom gaming activities					
	b c		penses b	vities	0	18,991,010 8,999,641 4,674,698 5,179,831 1,695,759 -50,386 2,47		
	10a	Gross sales of returns and allo		2,668,667				
	b c	Net income or (loss) from sales of inve	1,536,049	1,132,618			1,132,618
	<u> </u>	Miscellaneous	Revenue	Business Code				
	11a	-						
	Ь							
	С							
	d		ue					
	e	Total. Add lines	sita-IIO		0			
	12	Total revenue.	See Instructions	▶	170 001 50-	465 404 70-	4 604 04-	6 566 51-
					179,331,537	165,184,797		6,560,617

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations ma			· D.	
	ll other organizations must complete column (A) but are not required to		(B), (C), and (D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,686,406	7,686,406		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	, ,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,688,696	1,133,532	1,555,164	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	85,833,586	74,014,220	10,861,710	957,656
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,224,098	9,306,954	809,570	107,574
9	Other employee benefits	9,424,054	8,503,724	823,001	97,329
10	Payroll taxes	5,310,580	4,774,217	481,935	54,428
11	Fees for services (non-employees)	, ,	, ,	,	, <u>, </u>
а	Management	0			
b	Legal	187,428	13,535	173,893	
_	Accounting	243,911	13,333	243,911	
d	Lobbying	0		243,311	
e	Professional fundraising See Part IV, line 17	0			
_		955,974		055 074	
f	Investment management fees		4 440 363	955,974	C 404
g	Other	5,600,757	4,449,362	1,144,991	6,404
12	Advertising and promotion	21,017	18,917	2,100	01.000
13	Office expenses	4,745,795	4,467,426	186,480	91,889
14	Information technology	2,868,858	1,566,762	1,280,425	21,671
15	Royalties	130,390	130,390		
16	Occupancy	7,951,734	7,077,878	872,696	1,160
17 18	Travel	1,555,304	1,555,377	-16,633	16,560
19	state, or local public officials	251,498	169,230	82,100	168
			·	· +	100
20	Interest	103,306	95,155	8,151	
21	Payments to affiliates	0 494 465	0.670.001	005 005	
22	Depreciation, depletion, and amortization	9,484,465	8,678,084	806,381	
23 24	Insurance	800,927	69,368	731,559	
а	CONFERENCE CENTER	4,092,100	4,092,100		
a b	FOOD SERVICES		, ,	2 050	
	MAINTENANCE & SVC CONTRACTS	4,305,571	4,301,621	3,950	22.641
C C	-	3,533,221	3,179,478	330,102	23,641
d	FURNITURE & EQUIPMENT	1,055,411	998,203	52,974	4,234
e	BAD DEBT EXPENSE	855,003	3 503 303	855,003	FC 050
f	All other expenses	3,652,123	2,502,238	1,093,035	56,850
25	Total functional expenses. Add lines 1 through 24f	173,562,213	148,784,177	23,338,472	1,439,564
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			13,095	1	13,095			
	2	Savings and temporary cash investments			5,329,223	2	13,440,188			
	3	Pledges and grants receivable, net	4,221,140	3	5,104,508					
	4	Accounts receivable, net		5,629,043	4	6,173,975				
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of								
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II (n 4958(f)(1)) and						
		Schedule L				6				
i	7	Notes and loans receivable, net			1,136,636	7	1,054,276			
ssets	8	Inventories for sale or use		1,334,003	8	1,237,270				
⋖	9	Prepaid expenses and deferred charges	repaid expenses and deferred charges							
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	284,922,026						
	ь	Less accumulated depreciation	10b	125,201,071	159,998,082	10c	159,720,955			
	11	Investments—publicly traded securities			92,100,067	11	91,847,272			
	12	Investments—other securities See Part IV, line 11			63,519,949	12	65,525,710			
	13	Investments—program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11			634,834	15	701,995			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			334,389,935	16	345,982,214			
	17	Accounts payable and accrued expenses .			17,608,684	17	17,153,192			
	18	Grants payable				18				
	19	Deferred revenue			1,570,000	19	2,000,000			
	20	Tax-exempt bond liabilities				20				
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•							
Ξįη		persons Complete Part II of Schedule L				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 Complete Part X of Schedule D			3,254,772	25	2,780,515			
	26	Total liabilities. Add lines 17 through 25			22,433,456	26	21,933,707			
Ģ		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	olet e l	ines 27						
e)(through 29, and lines 33 and 34.								
흥	27	Unrestricted net assets			179,471,956		188,600,488			
õ	28	Temporarily restricted net assets			16,204,499		17,182,768			
Fund Balance	29	Permanently restricted net assets			116,280,024	29	118,265,251			
FL		Organizations that do not follow SFAS 117, check here ► a	ıd con	nplete						
. or	30	lines 30 through 34. Capital stock or trust principal, or current funds				30				
Assets	30 31	Paid-in or capital surplus, or land, building or equipment fund				31				
35	31	Retained earnings, endowment, accumulated income, or other fu				32				
	33	Total net assets or fund balances	anus		311,956,479		324,048,507			
Net										
l	34	Total liabilities and net assets/fund balances			334,389,935	34	345,982,214			

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Gallaudet University

Name of the organization

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. See separate instructions.

Inspection

Employer identification number

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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Other Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization,

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e Ion In ted In rnIng	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
 Total									

section 509(a)(2)

following persons?

check this box

h

Yes

11g(i)

11g(ii)

11g(iii)

No

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	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						
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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 53-0199507

Name: Gallaudet University

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

Compensated Employees, and		Jeni C			.013	(5)	 >			
(A) Name and Title	(B) Average hours		(C) sition (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
The Honorable Sherrod Brown Trustee	2 0	X						0	0	0
Jorge Diaz-Herrera Trustee	2 0	Х						0	0	0
Harvey Goodstein Trustee, vice chair	2 0	X		x				0	0	0
Cheryl Heppner Trustee	2 0	X						0	0	0
Jeffrey L Humber Jr Trustee	2 0	X						0	0	0
Thomas Humphries Trustee, Secretary	2 0	X		Х				0	0	0
Nancy Kelly-Jones Trustee	2 0	X						0	0	0
Richard L Kinney Trustee	2 0	X						0	0	0
Richard Ladner Trustee	2 0	X						0	0	0
Pamela Lloyd-O goke Trustee	2 0	X						0	0	0
James Macfadden Trustee	2 0	X						0	0	0
Benjamin J Soukup Jr Trustee, Chair	2 0	X		Х				0	0	0
Tıffany Wıllıams-Granfors Trustee	2 0	X						0	0	0
The Honorable Lynn Woolsey Trustee	2 0	X						0	0	0
Frank Wu Trustee, Vice Chair	2 0	X		X				0	0	0
Claire Bugen Trustee	2 0	X						0	0	0
Jameson Crane Jr Trustee	2 0	X						0	0	0
Heather Harker Trustee	2 0	X						0	0	0
Marlee Matlın Trustee	2 0	X						0	0	0
Robert Davila President	40 0			X				438,111	0	172,798
Paul Kelly VP Administration & Finance	40 0			X				357,761	0	45,056
Stephen Weiner Provost	40 0			X				229,786	0	58,834
T Alan Hurwitz President	40 0			X				0	0	0
Catherine Andersen Associate Provost	40 0				X			224,390	0	17,673
Isaac Agboola Dean, CLAST	40 0				Х			197,888	0	34,640

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

(A) Name and Title	(B) Average hours	Average Position (check all hours that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
Carol Erting Dean, GSPP	40 0				Х		•	200,225	0	53,897	
Meloyde Batten-Mickens Exec Director, Facilities	40 0				Χ			174,491	0	33,299	
Gary Aller Exec Director, Business Svcs	40 0				Χ			156,588	0	40,648	
Edward Bosso VP Clerc Center	40 0				Χ			173,475	0	52,063	
Cynthia King Dean, ATLAS	40 0					Х		211,208	0	41,624	
Margery Miller Dean, Enrollment Management	40 0					х		204,923	0	34,846	
Richard Lytle President's Special Assistant	40 0					х		196,795	0	54,470	
Paul Drehoff VP Institutional Advancement	40 0					Х		217,664	0	36,182	
Eileen Matthews Executive Director ODES	40 0					X		201,580	0	24,731	
Irving K Jordan Former President	40 0						х	114,160	0	2,205	
Thomas Allen Former Dean, GSPP	40 0						х	192,686	0	35,320	
Mıchael Moore Former Interim Provost	40 0						Х	166,989	0	32,527	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

<u>-</u>					
	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
GOVERNMENT GRANTS	900,099	130,318,556	130,318,556		
TUITION	611,710	18,991,010	18,991,010		
ROOM AND BOARD	721,310	8,999,641	8,999,641		
CONFERENCE CENTER REVENUE	721,110	4,674,698		4,674,698	
OTHER AUXILIARY SERVICES	611,710	5,525,644	5,179,831		345,813

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONFERENCE CENTER	4,092,100	4,092,100		
FOOD SERVICES	4,305,571	4,301,621	3,950	
MAINTENANCE & SVC CONTRACTS	3,533,221	3,179,478	330,102	23,641
FURNITURE & EQUIPMENT	1,055,411	998,203	52,974	4,234
BAD DEBT EXPENSE	855,003		855,003	

DLN: 93493045011051

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ 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

Se Se Se Se Se	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ction 501(c)(4), (5), or (6) organizations Complete Part III	A Do Part II-I e 35a (not co B Do regai	ompleto not co rding	e Part mplete proxy	⊪B Part tax),	∥-A ther	1
	me of the organization laudet University	mploy	eride	ntıfıca	tion ni	umbe	r	
Gui	,	3-019	9507					
Par	t I-A Complete if the organization is exempt under section 501(c) or is a so	ectio	า 52	7 org	aniz	atio	n	
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV						
2	Political expenditures		>	\$				
3	V olunteer hours			· —				
Par	t 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?				Γ,	Yes	Γ N	40
4a	Was a correction made?				Γ,	Yes		чo
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the organization is exempt under section 501(c) except s	ectio	n 50	1(c)	(3).			
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities	•	\$				
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27						
	exempt funtion activities		•	\$				
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	-	\$_				
4	Did the filing organization file Form 1120-POL for this year?				Γ,	Yes	_ r	40
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds	-				-		

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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

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)).

		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		89,302
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			89,302
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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		l	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
22.5	\star TII. A Complete if the examplement is example under section $E01(c)(A)$ section	E01/a	VEV	r coction

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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	·	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	

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Ident if ier	Return Reference	Explanation
Lobbying Expenses	Schedule C, Part II-B	The University's Board of Trustees has three voting members of Congress In addition, the University President, the Chief of Staff and the Executive Director of Program Development maintain direct contact with members of the Congress in requesting appropriations and educating Congress on general issues that impact Gallaudet and deaf education. In addition, the Executive Director also communicates with government officials of the District of Columbia. A mounts reported as lobbying expenses on Schedule C represent estimated costs of the President, the Chief of Staff and Executive Director's direct contact with government officials. This amount is estimated to be 10% of these individuals' compensation. Amount reported as lobbying expenditures in Schedule C are categorized as salaries and wages on Part IX, Functional Expenses, and not as lobbying expenditures. Total Lobbying as Name and Position allocated to specific dept

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045011051

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Gallaudet University 53-0199507 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered res to rorm 33	l ·	
	Total number of code 6 cons	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pai	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of a	certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or termina	ted by the organization during
	the taxable year 🛌		
4	Number of states where property subject to conserva	ation easement is located be	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments during the year 🛌
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts during the year 🕨 \$
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of se	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easer	he footnote to the organization's financi	
Par	Complete of the organization answered		, or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resea	rch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		for financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		▶ \$

Assets included in Form 990, Part X

Par	TITLE Organizations Maintaining Co	ollections of Art	, His	torical Ti	<u>eas</u>	ures, or (<u> </u>	<u>r Similai</u>	ASSE	ets (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following	that a	re a sıgnıfıc	ant ι	use of its co	llectio	n	
а	Public exhibition		d	┌ Loan	orex	change prog	rams	3			
b	Scholarly research		e	┌ Other	-						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	they furthe	er the	organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Г	Yes	┌ No
Pai	Part IV, line 9, or reported an ar					n answere	ed "Y	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	ediary	for contribu	itions	or other as:	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		[A mou	ınt	
c	Beginning balance						1c				
d	Additions during the year					ļ	1d				
e	Distributions during the year						1e				
f	Ending balance					ľ	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?			ı			Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	•							·		
Pa	rt V Endowment Funds. Complete		n ans	wered "Ye							
		(a)Current Year	(b)Prior Year	_	Two Years Ba	ck (d	I)Three Years	Back (e	Four Ye	ears Back
1a	Beginning of year balance	149,166,604		161,176,90	_						
b	Contributions	531,958		1,576,76	_		_				
c	Investment earnings or losses	10,191,997		-5,447,66	_		_				
d	Grants or scholarships	3,322,817		3,794,71	_						
е	Other expenditures for facilities and programs	4,208,894		4,344,69	טי						
f	Administrative expenses										
g	End of year balance	152,358,848		149,166,60	14						
2	Provide the estimated percentage of the yea	ar end balance held a	as								
а	Board designated or guasi-endowment	12880% %									
ь	Permanent endowment ► 77 210 % %	3									
С	Term endowment ► 9910 % %										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	:hat are held	dand	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•		3a(i)	Yes	
	(ii) related organizations						•		3a(ii)	<u> </u>	N o
Д 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the				•		•		3b		
	t VI Investments—Land, Building				90 F	Part X line	10				
	Description of investment	o, and Equipme	<u> </u>	(a) Cost or basis (investi	other	(b)Cost or o	ther	(c) Accumu depreciat		(d) Boo	k value
1a	Land					1,46	8,119				L,468,119
	Buildings					224,55	-		.3,019		,241,037
	Leasehold improvements					23,36		<u> </u>	5,091		3,835,566
d	Equipment					19,71	9,534	10,78	5,590	8	3,933,944
	Other					15,81	9,659	6,57	7,370	ç	,242,289

159,720,955

(a) Description of security or category	Form 990, Part X, line 12 I	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other HEDGE FUNDS	31,442,610	F
PRIVATE REAL ASSET FUNDS	2,568,895	F
PRIVATE EQUITY FUNDS	3,784,022	F.
COMMINGLED FUNDS-FIXED INCOME	18,715,340	F.
COMMINGLED FUNDS-EQUITY SEC	9,014,843	F.
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	65,525,710	
Part VIII Investments—Program Related. See		<u>. </u>
(a) Description of investment type	(b) Book value	(c) Method of valuation
(4, 5 3 3 3)	(2,200	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	a 15	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT	5.) , line 25. (b) A mount 0 575,751	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes CONDITIONAL ASSET RETIREMENT REFUNDABLE ADVANCES	5.)	

Schedule D (Form 990) 2009

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	179,331,537
Total expenses (Form 990, Part IX, column (A), line 25)	2	173,562,213
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	5,769,324
4 Net unrealized gains (losses) on investments	4	6,250,205
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	72,499
9 Total adjustments (net) Add lines 4 - 8	9	6,322,704
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	12,092,028
Part XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per l	Return
1 Total revenue, gains, and other support per audited financial statements	1	179,948,616
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	205	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	262	
e Add lines 2a through 2d	. 2e	7,879,467
3 Subtract line 2e from line 1	. 3	172,069,149
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 955	974	
b Other (Describe in Part XIV)	414	
c Add lines 4a and 4b	. 4c	7,262,388
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		179,331,537
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses pe	
1 Total expenses and losses per audited financial statements	1	167,856,588
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses	,049	
d Other (Describe in Part XIV) 2d 20	,714	
e Add lines 2a through 2d	. 2e	1,556,763
3 Subtract line 2e from line 1	. 3	166,299,825
4 A mounts 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 955	,974	
b Other (Describe in Part XIV)	,414	
c Add lines 4a and 4b	. 4c	7,262,388
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	173,562,213

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident if ier	Ret urn Reference	Explanation			
Endowments	Schedule D, Part V	The University's endowment funds are intended to support its educational mission either through the funding of everyday operations or of student scholarships. Over the long-term, the University intends to keep the principal intact, using only the earnings on its investments to fund activities.			
Reconciliation of Net Assets	Schedule D, Part XI, Line 8	Cost of asset retirement obligation \$(20,714) Change in the value of split interest agreements 93,213 \$72,499			
Reconciliation of Revenue	Schedule D, Part XII	Line 2D Costs of goods sold \$1,536,049 Line 2d Change in the value of split interest agreements 93,213\$1,629,262 Line 4b Scholarships and fellowships \$6,306,414			
Reconciliation of Expenses	Schedule D, Part XIII	Line 2D Cost of Asset Retirement Obligation \$(20,714) Line 4b Scholarships and Fellowships \$6,306,414			
FIN 48	SCHEDULE D, PART X	The income taxes topic number 740, "income Taxes" of the FASB Accounting Standards Codification ("Codification") establishes criterion that an individual tax position has to meet for some or all the benefits of that position to be recognized in an entity's financial statements. On initial application, this criterion will be applied to all tax positions for which the statute of limitations remains open. Only tax positions that meet the "more-likely-than-not" recognition threshold at the adoption date will be recognized or continue to be recognized. This criterion was adopted by the University on October 1, 2009, and had no material impact on the University's financial statements. The tax years ended 2007, 2008, and 2009 are still open to audit for both federal and District of Columbia purposes. The University has processes presently in place to ensure the maintenance of its tax-exempt status, to identify and report unrelated income, determine its filing and tax obligations in jurisdictions for which it has nexus, and to review other matters that may be considered tax positions.			

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Gallaudet University

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

	53-0199507			
			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?	1_	Yes	
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,	_	l	
_	programs, and scholarships?	2	Yes	
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	3	Yes	
	ADVERTISEMENTS IN THE UNIVERSITY'S CATALOGUES, WEBSITE, AND BROCHURES DISCLOSE PROGRAMS OFFERED INCLUDING A SUMMARY OF STATEMENT ON THE NON-DISCRIMINATORY POLICY EMPLOYMENT ADVERTISEMENTS ALSO PUBLICIZE The SCHOOL'S NON-DISCRIMINATORY POLICY			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	5a_		Νo
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		No
_		<u> </u>		NO
d	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
		-		
_		_		
	ndoes the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045011051

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Internal Revenue Service **Inspection** Name of the organization Employer identification number Gallaudet University 53-0199507 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) Central America and the Investments Carıbbean

Totals

Part IV	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►			
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045011051

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

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

Open to Public

Internal Revenue Service								Inspect 10	n	
Name of the organization						Employe	r identifica	tion number	r	
Gallaudet University						53-019	9507			
Part I General Infor	mation on Grant	s and Assistance				•	-			
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants	or assistance?			, ,	•		দ	Yes	Γĸ
Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if no	one recipient receiv	ed more th	an \$5,000	0. Use	. ▶⊺	_
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	/		(h) Purpo or assista	-	ant

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
scholarships and awards	1359	7,686,406			
See Addıtıonal Data Table					

Part IV Supple:	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation								
SCHEDULE I	PART I, IINE 2	THE UNIVERSITY OFFERS A WIDE VARIETY OF MERIT AND NEED-BASED SCHOLARSHIPS MERIT AWARDS ARE GIVEN IN RECOGNITION OF VARIOUS ACHIEVEMENTS AS SPECIFIED IN DONOR 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 GRANT THE AMOUNT OF THE GRANT IS ADJUSTED, AS NECESSARY, BASED ON ANY SUBSEQUENT CHANGES AFFECTING THE STUDENT'S ORIGINAL ELIGIBILITY								

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493045011051

OMB No 1545-0047

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Gallaudet University

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

53-0199507

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	<u> -</u>	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		Νο
2	Did the organization require substantiation prior to i				V	
	officers, unectors, trustees, and the CLO/LXecutive	Directi	or, regarding the items checked in line 1a.	2	Yes	
3	Indicate which, if any, of the following the organizatiorganization's CEO/Executive Director Check all the					
	Compensation committee	<u> </u>	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part V I :	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ntal non	nqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com _l	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7	Yes	
8	Were any amounts reported in Form 990, Part VII,		·			
	subject to the initial contract exception described in Part III	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			NI -
_			-11	8		Νo
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation compensation reportable	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table			(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation			benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Form 990, Schedule J		Part I, Line 1B. The benefits summarized in part I, Line 1A, including health or social club dues, travel for companions, tax indemnification, and personal services are only available for the President. A mounts that are considered taxable are included as reportable compensation on his W-2 since these benefits are limited to the President, a written policy for these benefits is not considered necessary. However, Gallaudet has written policies specific to general travel including procedures for prior approval and payment/reimbursement of travel expenses. Column B(III) for Robert Davila. This column includes other reportable compensation such as life insurance premiums in excess of \$50,000 coverage, an auto allowance, and other taxable personal services. Column B(III) for I K. Jordan. This column includes compensation relating to vacation accrued through 12/31/08. Column D for Robert Davila. As a condition of his employment, the President, Robert Davila, is required to live on campus. This column includes \$60,000 representing the estimated rental value of the residence. Since the President. This column also includes certain business membership dues and employer paid benefits. Column D for Edward Bosso. As a condition of his employment, Edward Bosso, VP. Clerc Center, is required to live on campus. This column includes \$24,000 representing the estimated rental value of the residence.
Form 990, Schedule J, Part I, Line 7		The President was awarded a bonus in calendar year 2009 based on his performance and pursuant to his contract The bonus was determined by the Board of Trustees in consultation with legal counsel and an independent expert on executive compensation
Form 990, Schedule J - President Hurwitz		President Hurwitz began serving as the President of Gallaudet University on January 1, 2010 Since the Form 990 provides compensation based on the calendar year 2009, there is no compensation included on Schedule J for President Hurwitz

(F) Compensation

(D) Nontaxable

(E) Total of columns

Software ID: **Software Version:**

EIN: 53-0199507

Name: Gallaudet University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred

, ,			(ii) Bonus &	•	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
		(i) Base ompensation	incentive compensation	(iii) O ther compensation	,		. , , , , , = ,	990 or Form 990-EZ	
Robert Davila	(I) (II)	355,670 0	50,000 0	32,441 0	56,977 0	115,821 0	610,909 0	0	
Paul Kelly	(I) (II)	356,151 0	0	1,610 0	25,496 0	19,560 0	402,817	0	
Stephen Weiner	(1) (11)	229,786 0	0	0	38,703 0	20,131 0	288,620 0	0	
Catherine Andersen	(1) (11)	223,516 0	0	874 0	15,668 0	2,005	242,063	0	
Isaac Agboola	(1) (11)	197,829 0	0	59 0	32,192 0	2,448	232,528	0	
Carol Erting	(1) (11)	199,024 0	0	1,201 0	33,730 0	20,167 0	254,122 0	0	
Meloyde Batten- Mickens	(1) (11)	174,339 0	0	152 0	26,472 0	6,827 0	207,790 0	0	
Gary Aller	(1) (11)	156,588 0	0	0	25,605 0	15,043 0	197,236 0	0	
Irving K Jordan	(I) (II)	22,724 0	0	91,436 0	1,601 0	604 0	116,365 0	0	
Thomas Allen	(1) (11)	192,686 0	0	0	13,822 0	21,498 0	228,006	0	
Michael Moore	(1) (11)	166,309 0	0	680 0	26,967 0	5,560 0	199,516 0	0	
Cynthia King	(1) (11)	211,208 0	0	0	34,458 0	7,166 0	252,832 0	0	
Margery Miller	(1) (11)	204,127 0	0	796 0	33,094 0	1,752 0	239,769 0	0	
Richard Lytle	(1) (11)	196,795 0	0	0	33,525 0	20,945 0	251,265 0	0	
Edward Bosso	(1) (11)	173,475 0	0	0	20,595 0	31,468 0	225,538 0	0	
Paul Drehoff	(I) (II)	207,473 0	0	10,191 0	29,009 0	7,173 0	253,846 0	0	
Eileen Matthews	(1) (11)	200,405 0	0	1,175 0	14,028 0	10,703	226,311 0	0	

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization Gallaudet University

Employer identification number

53-0199507

		53-0199507
ldentifier	Return Reference	Explanation
Policies	Part VI, Section B	Line 11. The Form 990 was prepared by a nationally renow ned 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. Line 12. 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 farmly 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 interests under consideration is excluded from participation. The disclosure of the conflict and the related deliberation and voting results are documented in the mnutes of the meeting. Administrators, faculty, teachers, and staff also sign a "Conflict of interest Policy Compliance Statement" annually indicating that they understand their fluduciary responsibility to the University and reaffirming their committee to fully disclose any potential conflict of interest which may exist. Disclosures of any potential conflict of interest are
Disclosure	Part VI, Section C	Line 19 The following documents are available on Gallaudet University's wiebsite, 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 Paul Kelly, VP-Administration & Finance.
Other Program Services	Part III, Line 4D	Gallaudet University research activities are focused on improving communication between individuals who are deaf or hard of hearing and the hearing population. Research in different methods of communication include designing and evaluating devices in the area of hearing and speech communication, as well as research on American Sign Language (ASL) and the unique ways in which knowledge is acquired by deaf individuals and visual learners. Gallaudet also conducts demographic studies and assessment tests. Gallaudet University's public service activities provide educational opportunities to adults who are deaf. Services include professional trainings, a variety of oncampus summer programs, and extension programs at other schools.
Form 990, Part V, Line 7A & 7B		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.
or Paperwork R	eduction Act Notic	e, see the Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 2009