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Department of the

## **Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public
- ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

nterna	al Reven	ue Service				Inspection
\ F	or the 2	2015 ca <u>lendar year, or tax year beginnin</u>	g 10-01-2015 , and ending 09-30-2010	6		
Che	eck if ap	plicable C Name of organization Gallaudet University			D Employe	er identification number
	ldress ch				53-019	9507
_	ame cha	Doing business as				
_	ıtıal retu nal	rn			E Telephon	o number
	termina	ted Number and street (or P O box if ma 800 FLORIDA AVENUE NE SUITE 102	all is not delivered to street address) Room/suit	:e	E Telephon	e number
Am	nended r	eturn			(202)6	51-5299
Apı	plication	pending City or town, state or province, coun Washington, DC 200023695	try, and ZIP or foreign postal code		•	
		<u> </u>			G Gross red	ceipts \$ 373,696,526
		<b>F</b> Name and address of princip Roberta Cordano President	al officer	<b>H(a)</b> Is thi		
		800 FLORIDA AVE NE CO 103	2	subor No	dinates?	Yes 🗸
		WASHINGTON, DC 20002		<b>н(b)</b> Are a	ll subordina	ates Yes No
la	x-exem	ot status	nsert no ) 4947(a)(1) or 527	includ		
W	ebsit e:	:▶ WWW GALLAUDET EDU			•	alist (see instructions) on number ►
' Eorn	n of ora	anization 🗸 Corporation Trust Associat	on Other ▶		mation 1864	
1 011	ii or orga	anization   Corporation   Trust   Associat	John   Other P			
Pa	rt I	Summary				
		efly describe the organization's mission			<b>.</b>	
	I	llaudet University was established by ar clusively for deaf or hard of hearing stud	<del>-</del>	accredited u	niversity ir	i the world established
נ						
t						
Ę				·	F.0/ . 5 :	
GOVERNATION	2 (	heck this box ▶ ☐ if the organization dis	scontinued its operations or disposed o	r more than 2	5% OF ITS I	iet assets
	3 N	umber of voting members of the governing	ng body (Part VI, line 1a)		.	3 21
ACHYINES &		umber of independent voting members o	- ' '			4 21
	5 T	otal number of individuals employed in c	alendar year 2015 (Part V, line 2a)		🗀	5 2,449
Ş	6 T	otal number of volunteers (estimate if ne	cessary)			<b>6</b> 0
		otal unrelated business revenue from Pa			.   7	7a 7,765,314
	<b>b</b> Ne	t unrelated business taxable income froi	m Form 990-T, line 34			<b>7b</b> -1,080,91
				Prio	r Year	Current Year
	8	Contributions and grants (Part VIII, lir	ne 1 h)		7,782,89	3,151,100
Ę	9	Program service revenue (Part VIII, lii	ne 2g)	1	75,524,33	192,552,006
ën uë Aë	10	Investment income (Part VIII, column	(A), lines 3, 4, and 7d)		-140,3	-2,338,267
Œ	11	Other revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		1,058,40	950,452
	12	Total revenue—add lines 8 through 11	(must equal Part VIII, column (A), line	1	.84,225,32	194,315,29:
	13	Cranto and complete amounts paid (Part	IV column (A) lines 1 2)	+	9,004,95	52 9,884,654
	14	Grants and similar amounts paid (Part Benefits paid to or for members (Part II			3,004,3.	0 9,884,03
	15	Salaries, other compensation, employe				
8	15	5-10)	e benefits (Fure 1x, column (x ), mes	1	.09,688,58	85 113,106,78
Expenses	16a	Professional fundraising fees (Part IX,	column (A), line 11e)			0
_	_					<u> </u>
꿃	Ь	Total fundraising expenses (Part IX, column (D)	, line 25) ▶ <u>1,137,539</u>			
Ţ	ь 17	Total fundraising expenses (Part IX, column (D) Other expenses (Part IX, column (A), I	· · ·		59,586,09	
ጟ		- ' ' ' '	ines 11a-11d, 11f-24e)		59,586,09 78,279,63	95 64,416,906
	17	Other expenses (Part IX, column (A), I	ines 11a-11d, 11f-24e)			95 64,416,906 32 187,408,34
	17 18	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus	ines 11a-11d, 11f-24e)		.78,279,63 5,945,69	95 64,416,906 32 187,408,34: 93 6,906,956
	17 18	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus	ines 11a–11d, 11f–24e)	. Beginning o	.78,279,63 5,945,69	95 64,416,906 32 187,408,34 93 6,906,950 ear End of Year
	17 18 19	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus Revenue less expenses Subtract line :	ines 11a–11d, 11f–24e)	. Beginning o	.78,279,63 5,945,69 <b>f Current Ye</b>	95 64,416,906 32 187,408,34: 93 6,906,950 ear End of Year 73 432,656,71:
	17 18 19	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus Revenue less expenses Subtract line :  Total assets (Part X, line 16)	ines 11a–11d, 11f–24e)	Beginning o	78,279,63 5,945,69 <b>f Current Ye</b>	95 64,416,906 32 187,408,343 93 6,906,956 ear End of Year 73 432,656,713 58 63,622,399
Fund Balances	17 18 19 20 21 22	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus Revenue less expenses Subtract line :  Total assets (Part X, line 16) Total liabilities (Part X, line 26)  Net assets or fund balances Subtract I  Signature Block	ines 11a–11d, 11f–24e)	Beginning o	78,279,63 5,945,69 <b>f Current Ye</b> 24,652,83 66,627,79 58,025,13	95 64,416,906 32 187,408,34 93 6,906,950 ear End of Year 73 432,656,71 58 63,622,399 15 369,034,312
Inde Balances	17 18 19 20 21 22 ** III r penal	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus Revenue less expenses Subtract line :  Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract lines	ines 11a–11d, 11f–24e)	Beginning o 4 .	78,279,63 5,945,69 <b>f Current Ye</b> 24,652,83 66,627,79 58,025,13	95 64,416,906 32 187,408,342 93 6,906,956 ear End of Year 73 432,656,712 58 63,622,399 15 369,034,312 ements, and to the best of
Inde Balances	17 18 19 20 21 22 ** III r penal	Other expenses (Part IX, column (A), I Total expenses Add lines 13-17 (mus Revenue less expenses Subtract line :  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances Subtract I  Signature Block Ities of perjury, I declare that I have exa ge and belief, it is true, correct, and comes any knowledge	ines 11a–11d, 11f–24e)	Beginning o  4  /ing schedule an officer) is 1	78,279,63 5,945,69 <b>f Current Ye</b> 24,652,83 66,627,73 58,025,13 s and state based on a	95 64,416,906 32 187,408,342 93 6,906,956 ear End of Year 73 432,656,712 58 63,622,399 15 369,034,312 ements, and to the best of
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NEW YORK, NY 100172013

**Use Only** 

. ✓Yes No

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Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  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? If "Yes," complete Schedule D, Part II	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		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	<b>11</b> b		No
	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	<b>11</b> c		No
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12</b> b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24</b> c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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			

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

25b

26

27

28a

28b

**28**c

29

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

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Νo

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if Schedule o contains a response of flote to any line in this	i ai c	<u> </u>	• •	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	471			
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
_	Did th	L ne organization comply with backup withholding rules for reportable payments to	Vend	lors and reportable			
٠		ig (gambling) winnings to prize winners?	•		1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	2a	2,449			
<b>.</b>	•	s return			2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the '	year?	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a si					
		a financial account in a foreign country (such as a bank account, securities acc int)?	count	, or other financial	4a		No
b		•					110
_		s," enter the name of the foreign country   mathematical the foreign country  mathematical the foreign bank for Fince Form 114, Report of Foreign Bank for Fince	and	Einancial Accounts			
	(FBAF		ana	Timameral Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
		•			5c		
	organi	the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont	rıbutı	ons?	6a		No
	were r	s," did the organization include with every solicitation an express statement th not tax deductible?	at su	ch contributions or gifts	6b		
7	_	nizations that may receive deductible contributions under section 170(c).					
	servic	ne organization receive a payment in excess of \$75 made partly as a contribution in the payor?		· · · · ·	7a	Yes	
		s," did the organization notify the donor of the value of the goods or services pi			7b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	•	which it was required to	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		Νo
g	If the requir	organization received a contribution of qualified intellectual property, did the ored?	rganız	zation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds.  donor advised fund maintained by the sponsoring organization have excess bus  the year?	sines	s holdings at any time	8		
Q2	_	e sponsoring organization make any taxable distributions under section 4966	)		9a		
		ne sponsoring organization make any taxable distributions under section 4500. The sponsoring organization make a distribution to a donor, donor advisor, or rela		erson? .	9a 9b		
10		on 501(c)(7) organizations. Enter	u p				
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı						
		on 501(c)(12) organizations. Enter	ایدا	I			
		income from members or shareholders	11a				
D		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	ın lıe	u of Form 1041?	<b>12</b> a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year <b>Sectio</b>	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		e organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	ote. S	See the instructions for	<b>13</b> a		
b		the amount of reserves the organization is required to maintain by the states	124				
_		ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c	<u> </u>			A1 -
		ie organization receive any payments for indoor tanning services during the tax	•		14a 14b		No
U	ті ке	s," has it filed a Form 720 to report these payments? If "No," provide an explana	uon If	i scriedule U	14D		

Form 990 (2015) Page 6 Governance, Management, and Disclosure Part VI For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax **1**a 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1b 21 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Νo Did the organization have members or stockholders? . . . . . . . . . 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

AK, CO, DC, KY, MD, MA, NH, NY, ND, OR, SC, WA

**16**a

16b

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 made these available. Check all that apply

- ▼ Own website Another's website Upon request Other (explain in Schedule O)

  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year

  20 State the name, address, and telephone number of the person who possesses the organization's books and records

Νo

# Part VII 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

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

  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 neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one I both	oox, an d	heck unless officer stee)	i	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estim amount of compen from	ated of other sation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
See Additional Data Table											
			_								
_											
1b Sub-Total		<u> </u>				<u> </u>   ▶					
c Total from continuation s	sheets to Part VII, S	ection /	٠.	`.		. •					
d Total (add lines 1b and 1d	•					<b>•</b>		3,119,492	22,076		841,753
Total number of individual \$100,000 of reportable c							e) wl	no received more t	han		
										Yes	No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 3 Yes For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the  $organization\ and\ related\ organizations\ greater\ than\ \$150,000\ ?\ \emph{If\ "Yes,"\ complete\ Schedule\ J\ for\ such and\ the such and\ the such are the such and\ the such are the such and\ the such are the suc$ 4 Yes

5 Did any person listed on line 1a receive or accrue compensation from any services rendered to the organization? If "Yes," complete Schedule J for suc	,	No
Section B. Independent Contractors		
Complete this table for your five highest compensated independent contr compensation from the organization. Report compensation for the calendary.	• • • • • • • • • • • • • • • • • • • •	
(A) Name and business address	(B) Description of services	(C) Compensation
Harvey Cleary Builders, 6710A Rockledge Drive Suite 430 BETHESDA, MD 20817	Construction	10,538,548
James G Davis Construction Company, 12530 Parklawn Drive ROCKVILLE, MD 20852	Construction	6,709,578
Kellogg Conference HotelFlık Int'l, 800 Flonda Ave NE WASHINGTON, DC 20002	Conference CNTR MGMT	5,927,654
Bon Apptit, PO Box 417632 BOSTON, MA 022417632	food services	5,297,715
Setty Associates International P, 5185 MacArthur Blvd NW Suite 220 WASHINGTON, DC 20016	construction	3,776,784
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ► 78	e listed above) who received more than	

Form 99	90 (20	15)						Page <b>9</b>
Part \	/111	Statement o						
		Check If Sched	ule O contains a respon:	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रु द	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies <b>1b</b>					
G. G.	С	Fundraising ev	ents <b>1c</b>					
iffs lar z	d	Related organiz	zations 1d					
imil	е	Government grant	s (contributions) <b>1e</b>					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	3,151,100				
ntrib d Ot	g	Noncash contributi 1a-1f \$	ons included in lines	138,612				
Co	h	Total. Add line	s 1a-1f	· · ·	3,151,100			
ı,				Business Code				
Ne nu	2a	GOVERNMENT GRA APPROPRIATIONS	ANTS &	900099	141,552,636	141,552,636		
æ	b	TUITION		611710	27,369,068	27,369,068		
Program Service Revenue	С	ROOM AND BOARD	)	721310	11,586,199	11,586,199		
*	d	CONFERENCE CEN		721110	8,105,742		8,105,742	
ram	e f	AUXILIARY SERVIC	am service revenue	611710	2,733,238	939,621	418,064	1,375,553
<b>√</b> og	'				1,205,123	1,205,123		
	g 3		s 2a-2f		192,552,006			
	•		ome (including dividend ar amounts)		3,545,868		-759,254	4,305,122
	4		stment of tax-exempt bond p	<u>-</u>	0			
	5	Royalties .	(ı) Real	(II) Personal	0			
	6a	Gross rents	(1) Real 228,736	(II) Personal				
	ь	Less rental	0					
	С	expenses Rental income	228,736	0				
	d	or (loss) Net rental inco	me or (loss)		228,736			228,736
			(ı) Securities	(п) Other				
	7a	Gross amount from sales of assets other than inventory	174,694,256	286,818				
	b	Less cost or other basis and sales expenses	180,613,710	251,499				
	С	Gain or (loss)	-5,919,454	35,319				
<u>ə</u>	d 8a	Net gain or (los Gross income f events (not inc	rom fundraising	· · · ·•	-5,884,135			-5,884,135
Other Revenue		\$	s reported on line 1c)					
O E	b	Less direct ex	·					
ŭ	ga	Gross income f	(loss) from fundraising e From gaming activities ne 19	vents ▶	0			
	ь	Less directey	penses b					
			(loss) from gaming activ	ities	О			
	10a	Gross sales of	inventory less	•	+			
	100	returns and allo		2,205,689				
	ь		oods sold <b>b</b>	-1,483,974				
	С		(loss) from sales of inve	· · ·	721,716		762	720,954
	11a	Miscellaneou	s Kevenue	Business Code				
	b				+			
	c							
	d	All other reven	ue					
	е	Total. Add lines	s 11a-11d	•	0			
	12	Total revenue.	See Instructions			100 650 647	7 765 344	746 330
					194,315,291	182,652,647	7,765,314	746,230

### Part IX Statement of Functional Expenses

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

	Check it schedule o contains a response of note to any line in	tilis raitin			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	9,884,654	9,884,654		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	2,382,112	645,326	1,736,786	
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	83,639,403	74,534,296	8,451,087	654,020
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	12,008,088	10,523,656	1,401,126	83,306
9	Other employee benefits	9,542,721	8,283,861	1,193,633	65,227
10	Payroll taxes				_
		5,534,457	4,781,403	715,521	37,533
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	602,283	4,138	598,145	
С	Accounting	342,560		342,560	
d	Lobbying	180,610		180,610	
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	508,053		508,053	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,605,987	2,523,791	3,079,421	2,775
12	Advertising and promotion	14,485	14,391	94	
13	Office expenses	4,307,236	3,881,022	361,730	64,484
14	Information technology	2,865,418	1,373,969	1,488,956	2,493
15	Royalties	56,921	56,921		
16	Occupancy	6,620,843	5,726,930	893,863	50
17	Travel	1,843,313	1,518,291	295,190	29,832
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	200,439	182,128	15,731	2,580
20	Interest	2,260,436	2,216,258	44,178	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,577,562	11,706,122	1,871,440	
23	Insurance	1,170,782	134,869	1,035,913	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
ā	CONFERENCE CENTER	6,690,386	6,690,386	0	0
ŀ	FOOD SERVICES	5,459,704	5,459,704	0	0
•	MAINTENANCE & SVC CONTRACTS	5,085,469	5,006,629	57,347	21,493
•	INTERPRETING EXPENSES	1,624,779	1,146,567	447,711	30,501
•	All other expenses	5,399,640	3,139,819	2,116,576	143,245
25	Total functional expenses. Add lines 1 through 24e	187,408,341	159,435,131	26,835,671	1,137,539
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)

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Net Assets or Fund Balances

(B)

End of year

13,095

9,837,365

3,550,547

6,018,129

1,112,436

2,508,459

227,520,185

163,942,752

13,736,063

3 486 910

432,656,711

17,699,557

7,604,111

35,759,893

0

0

0

0

0

2,558,838

63,622,399

227,860,763

17,970,330

123,203,219

369,034,312

432,656,711 Form 990 (2015)

930,770

(A)

Beginning of year

14,095

6.021.658

9,682,872

3,487,948

1,231,160

1,001,602

1,386,117

206,295,080

139,483,486

49, 194, 483

6.854.372

424,652,873

20,983,257

5,415,778

37,227,499

3,001,224

66,627,758

210,868,938

24.398.505

122,757,672

358.025.115

424,652,873

410,133,439

182,613,254

10a

10b

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

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Part 2

X	Ba	ılaı	nce	Sh	eet

Cash-non-interest-bearing . . . .

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . . . . .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

**Total liabilities.**Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

Schedule L . . .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Total expenses (must equal Part IX, column (A), line 25)
Revenue less expenses Subtract line 2 from line 1
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
Net unrealized gains (losses) on investments
Donated services and use of facilities
Investment expenses

Prior period adjustments . column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Investment expenses

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

✓ Consolidated basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant?

Both consolidated and separate basis

Cash 🗸 Accrual Cother

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2a

2b

2c

3a

3b

Page 12

194,315,291

187,408,341

358,025,115

6,906,950

4,104,410

-2,163

No

Νo

369,034,312

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

### **Additional Data**

(Code

Public Services

Software ID: Software Version:

**EIN:** 53-0199507

Name: Gallaudet University

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

(Code	) (Expenses \$	7,842,142	ıncludıng grants of \$	70,013 ) (
Research				

4,770,927

) (Expenses \$

including grants of \$

(Revenue \$

8,298 ) (Revenue \$

0)

695,659)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Heather Harker	1 5	x		×				0	0	0
Trustee, Chair (Thru 4/2016)	0 5	,		'					Ĭ	
Duane Halliburton As of 416	1 5									
Trustee Actng Chair/Vice Chair	0 5	X		X				0	0	0
Claire Bugen	2 0									
Trustee, Acting Vice Chair	0 0	x		×				0	0	0
The Honorable GK Butterfield	2 0									
Trustee	0.0	x						0	0	0
	2 0									
The Honorable Sherrod Brown		l x						0	0	o
Trustee	0 0							-		-
The Honorable Kevin Yoder	2 0	х						0	0	0
Trustee	0 0	^						0	0	0
Seth Bravin	2 0							_	_	_
Trustee (As of 10/2015)	0 0	×						0	0	0

2 0

0 0 20

0 0

Χ

Jameson Crane Jr

Dr Linda Campbell

Jose Cervantes Trustee (As of 09/2016)

Trustee (As of 09/2016)

Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde						3000	٠, ١	tey Employe	es, mgnest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle:	ore t ss pe	han erso cer	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jorge Diaz-Herrera Trustee	2 0	х				-		0	0	C
Charlene Dwyer Trustee	2 0	×						0	0	0
Harvey Goodstein Trustee	2 0	×						0	0	0
Claudia L Gordon Trustee	2 0	x						0	0	0
Jeffrey L Humber Jr Trustee	2 0	×						0	0	0
Dr Thomas Humphnes Trustee	2 0	×						0	0	0
Gregory J Hilbok esq	2 0	,,						0		

0 0 15

0 0

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Trustee (As of 09/2016)

Trustee (Thru 09/28/2016)

Trustee (Thru 09/28/2016)

Nancy Kelly-Jones

L Richard Kinney

Richard Ladner

Trustee

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

47,901

84,548

93,138

58,911

Compensated Employees, and Inde	pendent co	illi ac	LUIS	•					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unles d	nore tl ss pe offic direct	than ersor icer a tor/t	not one on is and trust	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	eavoldus papsueduos tealbiH	Former			and related organizations
James Macfadden	2 0	1 1	1 '	'	1 '	'	'	1 '	1	1
Trustee	0 0	Х	<u> </u>	L'	L'	<u> </u>	<u></u>	0	0	0
Wilma Newhoudt-Druchen	2 0	Ē J	į '	[ '	[ '	[ '	[ '	<u></u>	<u> </u>	1
Trustee	0 0	Х		L'	L'		L'	0	0	0
James FX Payne	2 0	х		[	[ '	[ '		0	0	c
Trustee	0 0	$\perp$	Ш'	⊥_′	Ш'	<u> </u>	'ـــــــــــــــــــــــــــــــــــــ	!		1
Tiffany Williams	2 0	х	Ī !	[	[ '	[ '	[ !	0	0	c
Trustee	0 0	1!	L'	<u>L_'</u>	<u> </u>	<u> </u>	<u>L'</u>	<u> '</u>		<u> </u>
T Alan Hurwitz	39 5		<u> </u>				<u> </u>	,		1
President (thru 12/2015)	0 5		l'	X	'	'	!	392,938	0	158,623
Roberta J Cordano	39 5		<u> </u>					, i		1
President (as of 1/2016)	0 5			×	'	'	'	0	0	0
	+	-	<b></b> '	+—'	+-	+	<b>←</b>	+	+'	

39 0

10 40 0

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40

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Х

Χ

375,951

297,820

233,877

198,685

22,076

Paul Kelly

Carol Erting

Edward Bosso

Fred Weiner

Assistant VP A&F

Provost

VP Administration & Finance

VP Clerc Center (thru 2/2016)

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

28,695

49,551

34,774

Compensated Employees, and Inde	pendent Co	ntrac	tor	S						
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore t ss pe	than erso icer	not one on is and		.	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Eugenie N Gertz Dean,College of Arts & Science	40 0				x			195,753	0	44,552
Gary Aller  Exec Director Business Srvc	40 0				х			178,756	0	69,390
Paul Julin VP, Institutional Advancement	40 0					х		207,834	0	55,460
Isaac Agboola Dean, SEBHS	40 0					x		209,017	0	40,881
Laura-Ann Petitto Director VL2, CO-PI	40 0					х		225,600	0	75,329

0 0

Х

Χ

210,351

214,075

178,835

Albert Benedict

Dean, Stdnt Affairs & Acad Supp

Spec Asst to VP for Engagmt

Charity Reedy Warigon

Meloyde Batten-Mickens

Former Key Employee

......

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

**Employer identification number** 

53-0199507

SCHEDULE A (Form 990 or 990EZ)

**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.

Open to Public Inspection

OMB No 1545-0047

Treasury Internal Revenue Service Name of the organization

Department of the

Gallaudet University

✓

Part I

1

2

3

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

		from gross investmen	t income and	unrelated business tax	xable income (l	ess section 5	, and (2) no more than . 11 tax) from businesse	
10	_	An organization organ		See <b>section 509(a)(2).</b> Sated exclusively to tes			on 509(a)(4).	
11	<u> </u>	An organization organ one or more publicly s the box in lines 11a th	ized and opera upported orga irough 11d tha	ated exclusively for the inizations described in at describes the type o	e benefit of, to p section 509(a of supporting or	perform the fu )(1) or section ganization an	nctions of, or to carry o n 509(a)(2) See <b>sectio</b> d complete lines 11e, 1	<b>n 509(a)(3).</b> Check .1f, and 11g
а	Γ		n(s) the power	to regularly appoint o	r elect a majóri		organization(s), typical ctors or trustees of the	. , , ,
b		management of the su must complete Part IV	pporting organ	nization vested in the sand <b>C.</b>	same persons t	hat control or	oorted organization(s), t manage the supported	organization(s) <b>You</b>
c		Type III functionally i supported organization					h, and functionally integ <b>D, and E.</b>	grated with, its
d e	Г	Type III non-function not functionally integr (see instructions) You	ally integrate ated The orga u must comple	<b>d.</b> A supporting organis anization generally mus ete Part IV, Sections A	zation operated st satisfy a dist and D, and Pa	I in connection tribution required <b>V.</b>	n with its supported org irement and an attentiv is a Type I, Type II, T	eness requirement
		integrated, or Type III		, , , , , , , , , , , , , , , , , , , ,				
f -	Ente	r the number of support Provide the following i	9				· · · · · · · · · · · · · · · · · · ·	
g		Provide the following i	חוטוווומנוטוו מטי	out the supported orga	inization(s)			
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the orga Issted in your docume	nızatıon governıng	(v) A mount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Fota	I							
or F	aperw	vork Reduction Act Noti	ice, see the In	structions for Form 99	90 or 990EZ.	Cat No 11		990 or 990-EZ) 2015

	edule A (Form 990 of 990-EZ) 2015						Page Z
Pa	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	ttion runs to qu	anny anach anc	tests listed bei	ovi, picase con	ipiece i di c iii.	,
	Calendar year		412242	4.3204.2	4.0004.4	4.32045	(5) T
(or	fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do						
_	not include any unusual grants )						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge						
4	<b>Total.</b> 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)						
6	<b>Public support.</b> Subtract line 5						
S	from line 4 ection B. Total Support						
	Calendar year	4-12011	/b\2012	(-)2012	(4)2014	(-)201F	(6)T-4-1
(or	fiscal year beginning in) 🕨	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
9	and income from similar sources  Net income from unrelated						
9	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see inst	ructions)			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	section 501(c)(	3) organization,
	check this box and <b>stop here</b>				<del></del>	▶ ┌	
S	ection C. Computation of Pub						
14	Public support percentage for 2015	(line 6, column	(f) divided by line	11, column (f))		14	
L5	Public support percentage for 2014	Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and	line 14 is 33 1/3%	6 or more, check	this box
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2014.</b> If the	•			, and line 15 is 33	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organization						▶┌
17a	<b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organiza in Part VI how the organization mee	tion meets the fa	cts-and-circums	tances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain	oorted
	organization			_	•		▶
b	10%-facts-and-circumstances test-						
	15 is 10% or more, and if the organ				•	•	-1
	Explain in Part VI how the organiza	tion meets the "f	acts-and-circum	stances" test Th	ne organization qu	alities as a publi	•
18	supported organization <b>Private foundation.</b> If the organizati	ion did not check	a box on line 13	. 16a. 16h 17a -	or 17b, check this	s box and see	▶
	instructions	ala not check		, , , _ , _ , _ , _ , _ , _ ,	z. z. s, check this	200 and 300	▶┌
							• 1

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> 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						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
<b>19</b> a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11</b> a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

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

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

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

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)				
Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets						
5 Qualified set-aside amounts (prior IRS approval rec	quired)						
6 Other distributions (describe in Part VI) See instru	ictions						
· · · · · · · · · · · · · · · · · · ·	20010115						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		T	T				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
<b>3</b> Excess distributions carryover, if any, to 2015							
a							
b							
<u>c</u>							
d From 2013							
e From 2014							
f Total of lines 3a through e  g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7 \$							
Applied to underdistributions of prior years							
<b>b</b> Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c							
8 Breakdown of line 7							
a							
b							
<b>c</b> Excess from 2013							
<b>d</b> From 2014							
<b>e</b> From 2015							
			(F 000 000 F7) /2 0 1 F				

### DLN: 93493041015087

Employer identification number

53-0199507

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Gallaudet University

2

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

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

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

3	Volunteer hours				-
Par	t I-B Complete if the or	ganization is exempt under s	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955	•	\$
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectior	1 4955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
<b>4</b> a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under s	section 501(	c), except section 50	1(c)(3).
1		ended by the filing organization for sec	·		\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to oth	ner organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments l amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid fro rectly delivered	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	<b>(c)</b> 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-
2					
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	- <b>EZ.</b>	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

g

ch	nedule C	(Fo	rm 990 or 990-E2) 2015			Page <b>2</b>
P	art II-/	4	Complete if the organization is exempt under section 501(c)(3) and	file	ed Form 5768	(election
			under section 501(h)).			
١.	Check	•	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	gro	up member's nam	e, address, EIN
3	Check	$\blacktriangleright$	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lo	obb	ring expenditures to influence public opinion (grass roots			
La	lobbyır	ıg)				
	Total lo	obb	ying expenditures to influence a legislative body (direct lobbying)			

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

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

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014 (d)2015 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures

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

or o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
ctiv			No	,	A moun	ıt
		Yes	<u> </u>	` <u> </u>		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		7		
c	Media advertisements?		Νo	7		
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				52,675
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities?	Yes				181,170
j	Total Add lines 1c through 1i				7	233,845
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	<b>501</b> (c	)(5),	or s	ectio	n
					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		i _

3 Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

line 3, is answered "Yes."

Dues, assessments and similar amounts from members

1

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

a Current year

**b** Carryover from last year

**c** Tota

1

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

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

### Part IV Supplemental Information

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

Return Reference	Explanation
	Schedule C, Part II-b, line 1(g) Three voting members of Congress participate on the university's board of trustees. In addition, the University President and the Assistant Vice President of Administration & Finance 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 Assistant VP of Administration and Finance also communicates with government officials of the District of Columbia. Amounts reported as lobbying expenses on schedule c represent estimated costs of the president and the assistant vice president's direct contact with government officials. Amounts reported as lobbying expenditures in schedule c are categorized as salaries and wages on part IX, functional expense, and not as lobbying expenditures. Total Lobbying as Name and Position allocated to specific dept

**2**a

2b

2c

**4** 5

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

**SCHEDULE D** (Form 990)

Department of the

Treasury

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493041015087

Open to Public

Na	nal Revenue Service  ime of the organization  llaudet University		Empl	oyer identificat	ion number	7
	<u>'</u>			199507		
Pā		r Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	Funds	or Accounts.		
	Complete if the organization answer	(a) Donor advised funds	(b)	Funds and othe	raccounts	
1	Total number at end of year	(a) Solioi davised lalids	(3)	Tanas ana sene	raccounts	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to	<u> </u>	nor advi:	sed	☐ Yes	□No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writing that grant fund			☐ Yes	┌ No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV	, line 7.	•
1	Purpose(s) of conservation easements held by the	ne organization (check all that apply)				
	Preservation of land for public use (e g , reci					
	education)	Preservation of		, ,		
	Protection of natural habitat	Preservation of	a certifie	d historic struc	ture	
	Preservation of open space			_		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservat	ion	
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easem		2b			
C	Number of conservation easements on a certified	, ,	2c			
d	Number of conservation easements included in ( historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termina	ted by th	e organization o	luring the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is located <b>&gt;</b>				
5	Does the organization have a written policy rega violations, and enforcement of the conservation	- · · · · · · · · · · · · · · · · · · ·	ndling of	ΓYe	es No	,
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing cons	ervation easen	nents during	g the
	<b>-</b>					
7	A mount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing	conserva	ition easements	during the	year
	<b>▶</b> \$					
В	Does each conservation easement reported on Ii (B)(I) and section $170(h)(4)(B)(II)$ ?	ne 2(d) above satisfy the requirements of se	ection 17	0(h)(4)	es No	,
9	In Part XIII, describe how the organization repoi balance sheet, and include, if applicable, the tex- the organization's accounting for conservation ea	t of the footnote to the organization's financi	•			
a:	rt III Organizations Maintaining Collec	ctions of Art, Historical Treasures	, or Oth	ner Similar A	Assets.	
		ed "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	r assets held for public exhibition, education	, or resea	arch in furtherai		С
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exhibition, education				с
	(i) Revenue included on Form 990, Part VIII, line		<b>▶</b> \$			
	ii) Assets included in Form 990, Part X	_				
`	"Assets included in Form 990, Part X	historical treasures, or other similar assets				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Parru	(continued)	g Collections of	Art, Historic	alir	easures, or t	Otner Similar A	ssets
3	Using the organization's acquisition, ac	cession, and other r	ecords, check a	ny of tl	he following that	are a significant us	e of its
а	collection items (check all that apply)  Public exhibition		d $\sqsubset$	Loan	or exchange pro	arame	
b	•		e [			grams	
_	Scholarly research		٠ ١	Othe			
C	Preservation for future generations						
4	Provide a description of the organization Part XIII	n's collections and e	explain how they	furthe	r the organizatio	n's exempt purpose	ın
5	During the year, did the organization so assets to be sold to raise funds rather t						s No
Par	t IV Escrow and Custodial Arr	angements.	•				<b>-</b>
	Complete if the organization Part X, line 21.					•	it on Form 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	ustodian or other int	ermediary for co	ntribut	tions or other as	sets not <b>Ye</b> :	s No
b	If "Yes," explain the arrangement in I	Part XIII and compl	ete the following	table		Am	ount
c	Beginning balance				10	:	
d	Additions during the year				10	I	
е	Distributions during the year				16	2	
f	Ending balance				1f		
2a	Did the organization include an amount	on Form 990, Part X	(, line 21, for es	crow o	r custodial accou	unt liability?   Yes	s No
b	TEUV.	at VIII. Charle bassa	.e			D VIII	
	If "Yes," explain the arrangement in Pairt V Endowment Funds. Compl						
		(a)Current year	(b)Pnor year		<b>c)</b> Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	172,688,350	193,140,4	37	182,248,197	159,505,519	145,404,861
b	Contributions	4,833,017	650,4	01	421,498	15,482,688	861,152
С	Net investment earnings, gains, and losses	1,085,189	-12,655,2	.77	17,708,037	14,898,395	19,361,655
d	Grants or scholarships	1,737,171	1,970,4	91	1,604,606	1,430,112	2,421,160
e	Other expenditures for facilities and programs	6,329,945	6,476,7	'20	5,632,689	6,208,293	3,700,989
f	Administrative expenses						
g	End of year balance	170,539,440	172,688,3	50	193,140,437	182,248,197	159,505,519
2	Provide the estimated percentage of the	e current year end b	alance (line 1g,	columr	n (a)) held as		
а	Board designated or quasi-endowment	21 570 %					
b	Permanent endowment ► 71 880 %						
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	6 550 % c should equal 100%	/o				
3a	Are there endowment funds not in the po	ossession of the org	anızatıon that a	e held	and administere	ed for the	
	organization by  (i) unrelated organizations					3-	Yes No
	(ii) related organizations			• •			(ii) No
b	If "Yes" on 3a(II), are the related organi					3	Bb
4	Describe in Part XIII the intended uses		s endowment fu	nds			
Par	<b>t VI</b> Land, Buildings, and Equi Complete if the organization		n Form 990 D	art IV	line 11a See	Form 990 Part V	/ line 10
-	Description of property	answered res d	(a) Cost or oth	ı ıer basıs	(b) Cost or other bas	Accumulated	(d)Book value
1a	Land		(Investr	ient)	(other) 1,468,1	19	1,468,119
	Buildings				289,702,1		
c l	Leasehold improvements				40,164,6		
	Equipment				32,930,5		
	Other						
Tate !	L Add lines to through to (Column (d) ma			1,== 4	45,868,0		
iotal	<b>I.</b> Add lines 1a through 1e <i>(Column (d) mu</i>	ısı eyual FORM 990, P	ат съ, согитп (В,	, ime 1	O(c))	<b>.</b>	227,520,185

See Form 990, Part X, line 12.			
(a) Description of security or ca (including name of security		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests (3)Other			
- 1 (2)	10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part VIII Investments—Program Relat	ted.		
Complete if the organization ans			
(a) Description of investme	ent	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Part IX Other Assets. Complete if the orga		Form 990, Part IV , line	: 11d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV , line	
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the orga	anization answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organical (a	anization answered 'Yes' on Description	Form 990, Part IV, line	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a)  Part X  Other Assets. Complete if the organic (a)  (a)	anization answered 'Yes' on Description  B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X  Other Liabilities. Complete if the organization of the complete in the organization of the complete in the com	anization answered 'Yes' on Description  B) line 15 )	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (i)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability	B) line 15 )	· · · · · · · · · · · · · · · · · · ·	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (in Part X)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (in Part X)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (iii) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (a  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE	B) line 15 )		(b) Book value

Schedule D (Form 990) 2015

1

2

а

b

c

190,425,114

### Other (Describe in Part XIII) d 2d 1,488,706 Add lines 2a through 2d . . . . . . . 2e 5,586,221 3 184,838,893 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. 4a 508,053 4b 8,968,345 b Add lines 4a and 4b . . 4c 9,476,398 Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) . . . . . . 5 194,315,291 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . 1 179,415,917 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 а 2a 2b b Prior year adjustments . . . . . 2c Other losses . . . . . . . . 2d 1,483,974 d е Add lines 2a through 2d . . 2e 1,483,974 Subtract line 2e from line 1 . . . . . . 3 3 177,931,943 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 508,053 а h 8.968.345

2a

2b

2c

4,104,410

-6.895

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Donated services and use of facilities . . . .

### Part XIII Supplemental Information

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

information

Return Reference Explanation Endowment funds Schedule D, Part V The University's endowment funds consists of 386 individual funds which have been established primarily to support the operations of the University and to provide for scholarships

intact, using only the earnings on its investments to fund activities

or to fund everyday operations Over the long-term, the University intends to keep the principal

9,476,398

187,408,341

4c

OMB No 1545-0047

Open to Public Inspection

# **Schools**

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Gallaudet University 53-0199507 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? Yes 4c  $\mathbf{d}$  Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Page 2

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions) Return Reference Explanation

Nondiscriminatory Policy

Financial Aid from Government Agencies

DISCRIMINATORY POLICY

FINANCIAL ASSISTANCE FROM THE U.S. DEPARTMENT OF EDUCATION.

OFFICE OF POST-SECONDARY EDUCATION ASSISTANCE PROGRAMS ARE

PROGRAM PERKINS LOAN PROGRAM Federal direct loans

schedule e. Line 6A GALLAUDET UNIVERSITY RECEIVES STUDENT

AS FOLLOWS FEDERAL PELL GRANT PROGRAM FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM FEDERAL WORK STUDY

SUMMARY OF STATEMENT ON THE NON-DISCRIMINATORY POLICY EMPLOYMENT ADVERTISEMENTS ALSO PUBLICIZE The SCHOOL'S NON-

Schedule e. LINE 3 ADVERTISEMENTS IN THE UNIVERSITY'S CATALOGUES.

WEBSITE, AND BROCHURES DISCLOSE PROGRAMS OFFERED INCLUDING A

Schedule E (Form 990 or 990-EZ) (2015)

efile GRAPHIC print - DO NOT PROCESS		As Filed Da	d Data - DLN: 9349304			
SCHEDULE F (Form 990)	Statement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047	
Denartment of the Treasury	▶ Complete Information about Schedu	if the organizatio Part IV, line ► Attach t le F (Form 990) a		2015 Open to Public Inspection		
Name of the organization Gallaudet University				<b>Employer ide</b> 53-0199507	ntification number	
	r <b>mation on Activiti</b> e organization answe		he United States. orm 990, Part IV, line	14b.		
and other assistance, used to award the gra	, the grantees' eligibil ants or assistance?	ity for the grai	s to substantiate the ants or assistance, and rocedures for monitori	the selection criteria	☐ Yes ☐ No	
assistance outside the	e United States		uplicated if additional spa			
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region		
(1) See Add'l Data		-				
(2)						
(3)						
(4)						
(5)						
3a Sub-total b Total from continuation to Part I					6,276,412	
c Totals (add lines 3a and For Paperwork Reduction Act No		for Form 990.	<u>l</u> Cat	No 50082W <b>Sch</b> e	6,276,412 edule F (Form 990) 2015	

Schedule F (Form 990) 2015

	and EIN (if applicable)	<b>5</b>	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
( 5)							
( 6)							

(2)				
(3)				
(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
(11)				
( 12)				
(42)				

(4)				
( 5)				
(6)				
(7)				
(8)				
(9)				
( 10)				
( 11)				
( 12)				
( 13)				
( 14)				
( 15)				
( 16)				
( 17)				
( 18)				
			Schedu	lle F (Form 990) 2015

(9)								
( 10)								
(11)								
( 12)								
( 13)								
( 14)								
( 15)								
( 16)							,	
( 17)								
( 18)								
	Schedule F (Form 990) 2015							

8621)

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships Yes

Yes

Nο

▽ (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990) Yes Νo

Page 5

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F. Supplemental Information

Schedule F (Form 990) 2015

Return Reference	Explanation
Schedule F, Part IV, Line 1	The University invests in domestic and foreign limited partnerships that may own an intere st in a foreign corporation, passive foreign investment company, or foreign partnership. To the extent that those investments resulted in transfers of property that exceeded the applicable filing thresholds, the Forms 926, 5471, and 8865 accompanied the filing of the University's Form 990-T.

#### **Additional Data**

and Greenland)

East Asia and the Pacific

Software ID: Software Version:

**EIN:** 53-0199507

Name: Gallaudet University

travel expenditures

1,830

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		5,485,630
Europe (Including Iceland			Investments		781,592

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) 2,068 3.316 and Greenland)

Program Services

travel expenditures

517

East Asia and the Pacific		Send agents to Seminar	traver expenditures	
Europe (Including Iceland		Program Services	travel expenditures	

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

Middle East and North

Africa

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. (s) in region grants to recipients located in the region) North America Program Services travel expenditures 1,459

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493041015087 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Gallaudet University 53-0199507 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

Schedule I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> 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
(1) Scholarships and Awards	1568	9,884,654			
Part IV Supplemental Inform	lation. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.

Return Reference Explanation schedule i part I, line 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 DONORS' CORRESPONDENCE AND DOCUMENTS NEED-BASED AWARDS ARE PROVIDED BASED ON THE INCOME LEVEL AVAILABILITY OF AWARDS OFFERED ELSEWHERE AND OTHER SIMILAR STANDARDS THE

UNIVERSITY ONLY MAKES SCHOLARSHIP GRANTS THAT HELP OFFSET THE TUITION OF THE STUDENTS THE GRANTS ARE DIRECTLY

ADJUSTED, AS NECESSARY, BASED ON ANY SUBSEQUENT CHANGES AFFECTING THE STUDENT'S ORIGINAL ELIGIBILITY

CREDITED AGAINST THE APPLICABLE STUDENT ACCOUNT WHICH ASSURES PROPER USE OF THE GRANT. THE AMOUNT OF THE GRANT IS Schedule I (Form 990) 2015 efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

DLN: 93493041015087 OMB No 1545-0047

Open to Public

Treasury							o Pul ectio	
	al Revenue Service   ne of the organiz	ation			Employer identification	on nur	nber	
Gall	audet University				53-0199507			
Pa	rt I Questi	ons Regarding Compensation	1		33 0133307			
	_						Yes	No
<b>1</b> a		opiate box(es) if the organization prov Section A, line 1a Complete Part III						
	First-class	s or charter travel	<b>✓</b>	Housing allowance or residence fo	r personal use			
	Travel for	companions		Payments for business use of pers	onal residence			
	☐ Tax idemr	nification and gross-up payments	<b>▽</b>	Health or social club dues or initia	tion fees			
	Discretion	nary spending account		Personal services (e g , maid, chai	uffeur, chef)			
b		xes in line 1a are checked, did the org or provision of all of the expenses de:				1b		Νo
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes				
3	organization's (	ıf any, of the following the filing organ CEO/Executive Director Check all the ed organization to establish compensa	at apply	Do not check any boxes for metho	ds			
	✓ Compensa	ation committee	Г	Written employment contract				
	✓ Independe	ent compensation consultant	<b>√</b>	Compensation survey or study	I			
	Form 990	of other organizations	<b>▽</b>	Approval by the board or compens	ation committee			
4	During the year or a related org	, did any person listed on Form 990, F anization	Part VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control p	ayment	:7		4a		No
b	Participate in, o	or receive payment from, a supplemen	tal nonc	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	sed con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item i	n Part III			
5	For persons list	, <b>501(c)(4), and 501(c)(29) organizat</b> ted on Form 990, Part VII, Section A, contingent on the revenues of		•	any			
а	The organizatio	n?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A , contingent on the net earnings of	line 1a	, did the organization pay or accrue	any			
а	The organizatio	n?				<b>6</b> a		Νo
b	Any related org	anızatıon?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A , lescribed in lines 5 and 67 If "Yes," do			n-fixed	7		No
8		nts reported on Form 990, Part VII, p nitial contract exception described in				8		No
9	If "Yes" on line section 53 495	8, did the organization also follow the $8-6(c)$ ?	rebutta	able presumption procedure describ	ed in Regulations	9		

rage Z									
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual									
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	B	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Form 990, Schedule J Part I. Line 1B The benefits summarized in part I. Line 1A, including health or social club dues are only available for the President Amounts 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 as these benefits are defined in the president's contract. However, Gallaudet has written policies specific to general travel including procedures for prior approval and payment/reimbursement of travel expenses Part II, Column (d) For President, T. Alan Hurwitz. The President is required to live on campus as part of his employment contract. This column includes \$60,000 representing the estimated rental value of the campus residence. This column also includes certain business membership dues and employer paid health benefits 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 as well as employer paid health benefits. Part II, Line 8 Fred Weiner, Assistant VP A&F, receives compensation from Gallaudet University for services rendered to the Gallaudet University Foundation. The University has allocated a portion of Mr. Weiner's salary to the Foundation (and disclosed such allocation on the Foundation 990-EZ) The compensation reported in Schedule J represents wages Mr Weiner received for services

Schedule J (Form 990) 2015

Page 3

### Software ID: **Software Version:**

**EIN:** 53-0199507

Name: Gallaudet University

Form 990, Schedule J,	Part 1	I - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compen	sated Employees	<u> </u>	
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of <b>(i)</b> Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	GC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1T Alan Hurwitz President (thru 12/2015)	(1)	392,938	0	0	72,185	86,438	551,561	0
	(11)	0	0	0	0	-	- 0	0
1Paul Kelly VP Administration & Finance	(1)	374,528	0	1,423	26,843	21,058	423,852	0
	(11)	0	0	0	0	-	- 0	0
2Carol ErtingProvost	(1)	294,897	0	2,923	56,769	27,779	382,368	0
	(11)	0	0	0	0	-	- 0	0
<b>3</b> Edward Bosso VP Clerc Center (thru	(1)	233,877	0	0	44,886	48,252	327,015	0
2/2016)	(11)	0	0	0	0		- 0	0
<b>4</b> Fred Weiner Assistant VP A&F	(1)	198,685	0	0	34,900	18,120	251,705	0
	(11)	22,076			3,878	2,013	27,967	0
<b>5</b> Eugenie N Gertz Dean,College of Arts &	(1)	195,753	0	0	32,727	11,825	240,305	0
Science	(11)	0	0	0	0	-	-	0
<b>6</b> Gary Aller Exec Director Business Srvc	(1)	178,756	0	0	34,148	35,242	248,146	0
	(11)	o	0	0	0	-	-	0
<b>7</b> Paul Julin VP, Institutional Advancement	(1)	207,113	0	721	35,118	20,342	263,294	0
	(11)	0	0	0	0	-		0
8Isaac AgboolaDean, SEBHS	(1)	208,963	0	54	38,529	2,352	249,898	0
	(11)	0	0	0	0	-	- 0	0
<b>9</b> Laura-Ann Petitto Director VL2, CO-PI	(1)	225,600	0	0	42,674	32,655	300,929	0
	(11)	0	0	0	0	-	- 0	0
10Albert Benedict Dean,Stdnt Affairs & Acad	(1)	209,649	0	702	14,856	13,839	239,046	0
Supp	(11)	0	0	0	0	- 0	- 0	0
11Chanty Reedy Wangon Spec Asst to VP for Engagmt	(1)	213,918	0	157	30,677	18,874	263,626	0
	(11)	0	0	0	0	-	- 0	0
12Meloyde Batten-Mickens Former Key Employee	(1)	178,716	0	119	25,992	8,782	213,609	0
	(11)	0	0	0	0	-	- 0	0
	-		1			-		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

OMB No 1545-0047 2015

Open to Public

DLN: 93493041015087

Inspection

(Form 990)

Department of the Treasury

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization Employer identification number Gallaudet University 53-0199507 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No district of columbia 53-6001131 25484 jbz2 05-25-2011 39,420,421 Campus Improvements Х Х Х Part II **Proceeds** С 2.955.000 A mount of bonds legally defeased . . . . . . . . . . . . . . . . . 2 Total proceeds of issue 39,426,116 . . . . . . . . . . . . . . . . . . . Gross proceeds in reserve funds . . . . . . . . . . . . . 5 2,730,012 8 9 10 36,496,104 11 200,000 12 13 2016 Yes No Yes No Yes Yes No Were the bonds issued as part of a current refunding issue? . . . . Х 14 Were the bonds issued as part of an advance refunding issue? . . . . Х 15 Х 16 Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? . . . . . . . . . . . . . . . . . Part III Private Business Use Α В С D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned Х 

Are there any lease arrangements that may result in private business use of bond-

Χ

				Α Ε		3	С		C	
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private but of bond-financed property?	ısıness use	×							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the finance		х							
prope										
С	Are there any research agreements that may result in private business use of financed property?	of bond-	Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed property		Х							
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .			0 300 %						
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section		0 300 %						
6	Total of lines 4 and 5			0 600 %						
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a $501(c)(3)$ organization since the bond issued?			x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or di	sposed of		0 %						
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so 1 141-12 and 1 145-2?	ections		×						
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements unde Regulations sections 1 141-12 and 1 145-2?		Х							
Par	IV Arbitrage									
	<del></del>	А			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed				•					
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
				•					- '	

			A B		С		D			
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds in contract (GIC)?	vested in a guaranteed investment		х						
b	Name of provider		0							
С	Term of GIC									
d	Was the regulatory safe value of the GIC satisfi	harbor for establishing the fair market								
6	Were any gross proceed period?	ds invested beyond an available temporary	×							
7	Has the organization es the requirements of sec	tablished written procedures to monitor	×							
Pa	rt V Procedures T	o Undertake Corrective Action								
			Α		В		С	С		
			Yes	No	Yes	No	Yes	No	Yes	No
	that violations of federa and corrected through t	tablished written procedures to ensure il tax requirements are timely identified the voluntary closing agreement program if available under applicable regulations?	х							
Pa	rt VI Supplemen	tal Information. Provide additional infor	mation for resp	onses to qu	iestions on S	chedule K (	see instructio	ns).		
	Return Reference		Explanation							
sche	dule K, Part I	The District of Columbia issued \$40,000,000 University. The bonds were sold to finance the and lightening systems and controls on campus renovate resident halls, classroom buildings ar before September 30, 2016.	building a new res s buildings, to upg	idence hall, t grade technol	o renovate and ogy infrastruct	l improve hea <sup>.</sup> ure, and to	tıng			

Return Reference	Explanation
Schedule K, part II, line 13	All projects were completed before September 30, 2016

Return Reference	Explanation
2c	The University performed its most recent rebate computation on 5/24/2016

Return Explanation Reference THE UNIVERSITY DISCLOSING THAT \$5,695 schedule k. OF INTEREST part iv, line PAID IS 3 INCLUDED WITH THE TOTAL PROCEEDS OF THE BOND ISSUE

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M** 

DLN: 93493041015087

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2015

OMB No 1545-0047

Department of the Treasury

(Form 990)

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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	ne of the organization udet University				Employer identification nu	mber	
dlld	udet Oniversity				53-0199507		
Pä	art I Types of Property			•			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determi noncash contribution a	-	ts
	Art—Works of art						
	Art—Historical treasures .						
	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities—Publicly traded .	X	9	138,612	P Fair Market Value		
LO	Securities—Closely held stock .			•			
L1	Securities—Partnership, LLC, or trust interests						
L2	Securities—Miscellaneous						
L3	Qualified conservation contribution—Historic structures						
L <b>4</b>	Qualified conservation contribution—Other						
L5	Real estate—Residential .						
L6	Real estate—Commercial						
L7	Real estate—O ther						
	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other ► ()						
	Other ► ()				1		
	Other ▶ ()						
	Other ► ()  Number of Forms 8283 received for which the organization comple	, ,	,		29		
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I. lines	s 1 through 28, that	Yes	No
	it must hold for at least three ye				, I I		•
	for exempt purposes for the enti	re holding p	period?		<u>30a</u>		Νo
ŀ	If "Yes," describe the arrangem	ent in Part 1	II			[	i
31	Does the organization have a gif	t acceptant	ce policy that requires the r	eview of any non-standard	contributions?   31	Yes	l

contributions? . . . .

**b** If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

32a

Yes

# Schedule M

Schedule M (Form 990) (2015)

tasked with selling those securities

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DLN: 93493041015087

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization Gallaudet University

Department of the

Treasury

**Employer identification number** 53-0199507

Return Reference	Explanation
Other Program Services	Form 990, Part III, Line 4D Gallaudet University's research, development and outreach agenda is aimed at advancing know ledge and practice for deaf and hard of hearing people and all humanity. Research areas of major importance include visual language and learning, hearing and speech science, technology access, genetics, American Sign Language/English bilingualism, and deaf life. A critically important focus area of Gallaudet University is integrating research and practice to benefit deaf and hard of hearing pre-kindergarten - 12 grade students, with special attention to diversity and equity to this traditionally under-represented group. Gallaudet University's public service activities provide educational opportunities to adults who are deaf. Services include professional trainings, a variety of on-campus summer programs, and extension programs at other schools. In addition to revenue reported in Part III as being sourced to specifically identifiable programs, the University receives significant amounts of federal funding in the form of appropriations, grants, and contracts. These revenues have been reported as program service revenue in Part VIII on the Form 990 but the appropriations and some of the grants have not been allocated in Part III since these revenues are not attributable to any specific program undertaken by the University

Return Reference	Explanation
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 minimums benefits. Accordingly, the University is responding yes to questions. 74. & 78 in Part V of the Form 990. Policies Form 990, Part VI, Section B Line 11 - Process used to review form 990. The Form 990 was prepared by an independent accounting firm in conjunction with the organization's financial department. The University's Board of Trustees charges the audit committee with the responsibility for overseeing the IRS Form 990 and its supplemental schedules prior to filing A copy of the draft Form 990 was circulated to the full Board of Trustees before the return is ultimately filed with the IRS. Line 12 - Enforcement of conflict of interest policy dallaudet 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 charman of the audit committee, information about possible conflict of interest affecting Gallaudet University, including interests of immediate family members in which the Board member has a significant management function or a significant ow nership interest. If a Board member is uncertain whether a conflict of interest swist, the matter is presented to the audit committee and then a determination is requested by the Board. These matters will be resolved by majority vote the Board member whose conflict of interest swisted by the Board the metting Administrators, report of the conflict and the related deliberation and voting results are documented in the minutes of

Return Reference	Explanation
Disclosure	Form 990, Part VI, Section C Line 19 - Availability of documents to the public The following documents are available on Gallaudet University's website, www gallaudet edu Board of Trustees, Audited Financial Statements, IRS Form 990, Conflict of Interest Policy, Whistleblow er Policy, Document Retention Policy and Current Bylaws. This information is also available upon request to Paul Kelly, VP-Administration & Finance. Former Key Employee Form 990, Part VII Ms. Batten-Mickens is currently employed with the University but no longer meets the criteria to be disclosed as a key employee. While she was still employed by the University for the year, she did not serve in the capacity as a key employee or officer and did not make the top 5 highest paid list. Mr. Stephen Weiner is currently employed with the University as a Professor, but no longer meets the criteria to be disclosed as a highly compensated employee. While he was employed by the University for the year, he did not serve in the capacity as a key employee or officer and did not make the top 5 highest paid list. Reconciliation of Net Assets Form 990, Part XI, Line 8 Recoveries of Prior year grants (\$6,895) Change in value of split interest agreements \$4,732

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

DLN: 93493041015087 OMB No 1545-0047

## **Related Organizations and Unrelated Partnerships**

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

2015

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Gallaudet University 53-0199507 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (g) Name, address, and EIN of related organization Direct controlling Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) (if section 501(c)(3)) (13) controlled or foreign country) entity entity? Yes No (1)GALLAUDET UNIVERSITY FOUNDATION SUPPORT ORG DC 501(C)(3) 11A GALLAUDET Yes 800 FLORIDA AVENUE NE WASHINGTON, DC 20002 46-1643010

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

(a) Name, address, and EIN of related organization	domicile controlling inco (state or entity u foreign exc country)	Primary activity Legal domicile control (state or foreign)	Il Direct Predominant Share of income(related, total income) unrelated, in excluded from	Predominant SI income(related, unrelated, excluded from tax under sections 512-	Predominant S income (related, unrelated, excluded from tax under sections 512-	ant Share of ated, total income of d, from er	(g) Share of end-of-year assets	(h Disprop alloca	) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	<b>(k)</b> Percentage ownership
				] 3117			Yes	No	1	Yes	No		
Part TV Identification of Polated Organizations Taxable a	<u> </u>			<u> </u>									

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

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

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

No

No

No

No

Yes

1a

1b

**1**c

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

${f c}$ Gıft, grant, or capital contribution from related organization(s) $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d \	Yes	
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1g	_	No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
				1j		No
j Lease of facilities, equipment, or other assets to related organization(s)				-,		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11 \	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n \	Yes	
$oldsymbol{o}$ Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
<b>q</b> Remindusement paid by related organization(s) for expenses				129		
${f r}$ Other transfer of cash or property to related organization(s)				1r		No
<b>s</b> Other transfer of cash or property from related organization(s)				<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction threshold	S		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	imount inv	olved	
1)gallaudet foundation	d	323,955	cost			
			1			
	1					
	i	I				

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	l end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												l I	
						_							

