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OMB No 1545-0047

Open to Public

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

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www IRS gov/form990

Department of the Treasury Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017 C Name of organization D Employer identification number B Check if applicable Gallaudet University □ Address change ☐ Name change % PAUL KELLYVP ADMIN/FINANCE Doing business as ☐ Initial return Final □eturn/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 800 FLORIDA AVENUE NE SUITE 102 (202) 651-5299 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Washington, DC 200023695 **G** Gross receipts \$ 295,850,603 Name and address of principal officer H(a) Is this a group return for Roberta Cordano President ☐Yes ☑No subordinates? 800 FLORIDA AVE NE CO 102 H(b) Are all subordinates WASHINGTON, DC 20002 ☐ Yes ☐No ıncluded? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GALLAUDET EDU L Year of formation 1864 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Gallaudet University was established by an act of Congress in 1864 & is the only accredited university in the world established exclusively for deaf or hard of hearing students Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 2,644 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 8,339,160 Net unrelated business taxable income from Form 990-T, line 34 -473,398 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . 3,151,100 7,385,417 Program service revenue (Part VIII, line 2g) . 192,552,006 177,831,637 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . -2,338,267 8,208,022 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 950,452 770,884 194,315,291 194,195,960 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,884,654 9,945,489 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 115,547,825 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 113,106,781 **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) ▶1,051,749 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 64,416,906 64,062,958 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 187,408,341 189,556,272  $\mathbf{19}$  Revenue less expenses Subtract line 18 from line 12 . 6,906,950 4,639,688 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 432,656,711 439,632,885 21 Total liabilities (Part X, line 26) . 63,622,399 60,996,485 22 Net assets or fund balances Subtract line 21 from line 20 369,034,312 378,636,400 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-02-13 Signature of officer Sign Here PAUL KELLY VP ADMIN & FINANCE Type or print name and title Print/Type preparer's name Daniel Romano Preparer's signature Date PTIN Check  $\square$  ıf Daniel Romano 2018-02-13 P00504182 Paid self-employed

Firm's name FRANT THORNTON LLP

Firm's address ► 757 THIRD AVENUE 3RD FLOOR

May the IRS discuss this return with the preparer shown above? (see instructions) .

NEW YORK, NY 100172013

**Preparer** 

Use Only

Firm's EIN ▶

Phone no (212) 599-0100

☑ Yes ☐ No

Form	990 (2016)					Page <b>2</b>				
Par	t IIII Statement	of Program Serv	vice Accomplis	hments						
	Check If Sche	dule O contains a re	sponse or note to a	any line in this Part II	I	🗹				
1	Briefly describe the o									
ACCF UNDI EDUC UNIV	REDITED UNIVERSITY ERGRADUATE AND GR CATION PROGRAMS, C	IN THE WORLD ESTA ADUATE ACADEMIC ONTINUING EDUCAT ES A SUBSTANTIAL F	ABLISHED ÉXCLUSI PROGRAMS, THE U TON PROGRAMS, A PROPORTION OF IT	IVELY FOR DEAF OR H INIVERSITY OFFERS N AND A WIDE RANGE O 'S ANNUAL REVENUE	ACT OF CONGRESS IN 1864 GA HARD OF HEARING STUDENTS I NATIONAL DEMONSTRATION ELE DF PUBLIC SERVICE PROGRAMS BY DIRECT APPROPRIATION FRO	N ADDITION TO ITS MENTARY AND SECONDARY GALLAUDET IS A PRIVATE				
2	_	, ,	cant program serv	vices during the year	which were not listed on					
	the prior Form 990 o	🗌 Yes 🗹 No								
_	If "Yes," describe the									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program  services?									
	If "Yes," describe the	. ∟Yes ⊻No								
4		d 501(c)(4) organiza	ations are required	to report the amount	e largest program services, as n t of grants and allocations to oth					
4a	(Code See Additional Data	) (Expenses \$	88,571,541	including grants of \$	1,967,109 ) (Revenue \$	27,682,594 )				
4b	(Code	) (Expenses \$	33,563,542	ıncludıng grants of \$	7,926,686 ) (Revenue \$	1,661,787 )				
	See Additional Data									
4c	(Code	) (Expenses \$	26,731,882	ıncludıng grants of \$	0 ) (Revenue \$	23,574,970 )				
	See Additional Data									
	See Additional Data	Table								
4d	Other program servi	ces (Describe in Sch	edule O )							
	(Expenses \$	13,339,048	ncluding grants of	\$ 51	.,694 ) (Revenue \$	734,741 )				
4e	Total program ser	vice expenses ▶	162,206,0	13						

Section 501(c)(3) organizations.

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3

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1 01111 330	, (2010)	
Part I	Checklist of Required Schedules	
		Υ
1 Ic	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Vec." complete	$\overline{}$

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

complete Schedule G, Part III

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 . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Yes

Yes

Nο

Page 3

No

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Nο Nο Nο Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Form 990 (2016)

Yes

Yes

Yes

Yes

Yes

Yes

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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19

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

or X as applicable

Form	990 (2016)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	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		
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?	24c		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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-FZ?	25b		No

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?	24c	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 year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b	No

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

28a

28b

28c

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33

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35a

35h

36

37

Yes

Yes

Yes

Yes

Form 990 (2016)

	to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
а	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	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b	
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II	26	
	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 member	27	

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

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)?

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

instructions for applicable filing thresholds, conditions, and exceptions)

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, Part

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

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 conservation

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

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

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

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orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 462			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

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Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 ti 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes	
		Check if Schedule O contains a response or note to any line in this Part VI					✓	
Se	ction	A. Governing Body and Management				-		
						Yes	No	
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a	21				
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O						
b	b Enter the number of voting members included in line 1a, above, who are independent  1b 21							
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did th	e organization make any significant changes to its governing documents since the i	prior F	Form 990 was filed?	4		No	
5	Did th	e organization become aware during the year of a significant diversion of the organ	nizatio	n's assets?	5		No	
6		e organization have members or stockholders?			6		No	
		e organization have members, stockholders, or other persons who had the power t	n elec	t or appoint one or more	Ť			
<i>,</i> u		pers of the governing body? $\dots$ $\dots$ $\dots$ $\dots$ $\dots$ $\dots$		· · · ·	7a		No	
b		ny governance decisions of the organization reserved to (or subject to approval by) ns other than the governing body?	mem	bers, stockholders, or	7b		No	
8		e organization contemporaneously document the meetings held or written actions $\mathfrak l$ llowing	undert	aken during the year by				
а	The g	overning body?			8a	Yes		
b	Each o	committee with authority to act on behalf of the governing body?			8b	Yes		
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who o ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No	
Se	ction	B. Policies (This Section B requests information about policies not requi	red b	y the Internal Revenu	e Code	∍.)		
						Yes	No	
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No	
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b			
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its gov	vernin	g body before filing the	11a	Yes		
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form	990					
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes		
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually intests?	erests • •	that could give rise to	12b	Yes		
С		e organization regularly and consistently monitor and enforce compliance with the fulle O how this was done	policy •	? If "Yes," describe in	12c	Yes		
13	Did th	e organization have a written whistleblower policy?	•		13	Yes		
14	Did th	e organization have a written document retention and destruction policy?			14	Yes		
15		e process for determining compensation of the following persons include a review ans, comparability data, and contemporaneous substantiation of the deliberation and						
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes		
b	Other	officers or key employees of the organization			15b	Yes		
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a		e organization invest in, contribute assets to, or participate in a joint venture or sir le entity during the year?	nılar a •	rrangement with a	16a		No	
b	ın joir	s," did the organization follow a written policy or procedure requiring the organizati it venture arrangements under applicable federal tax law, and take steps to safegua with respect to such arrangements?	ard th					
					16b			
		C. Disclosure						
17	List th	ne States with which a copy of this Form 990 is required to be filed► AK , CO , D	C , K	Y, MD, MA, NH, NY, NE	o, or,	, SC , W	A	
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available. Check all that app		990-T (501(c)(3)s only)	•			
	<b>☑</b> c	own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Sc	hedul	e O)				
19	Descr	ibe in Schedule O whether (and if so, how) the organization made its governing doc , and financial statements available to the public during the tax year		•				
20		the name, address, and telephone number of the person who possesses the organi L KELLYVP ADMINFINANCE 800 FLORIDA AVE NE WASHINGTON, DC 20002 (202						

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(C) (A) (B) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wanv hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest co Individual trustee or director Former Q#||5€| organizations related MISC) Institutional Trustee below dotted employee organizations line) compensated See Additional Data Table

BOSTON, MA 022417632 Harvey Cleary Builders,

6710A Rockledge Drive Suite 430 BETHESDA, MD 20817 Blackboard Inc,

3815 River Crossing Parkway Suite INDIANAPOLIS, IN 46240

compensation from the organization ▶ 70

Name and Title

Average

hours per

week (list

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

amount of other

compensation

Reportable

compensation

from related

Reportable

compensation

from the

Construction

Education Tech SVCS

Page 8

	week (list is both an officer and a from the from related any hours director/trustee) organization (Worganizations (Worganization) (Worganizations) (Worganization) (Worganiza						W-	from the organization and						
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptoviee	Former	2/1099-1	isc)	2/1099-MISC		relat organiz	ed
See	Additional Data Table											$\exists$		
												$\neg$		
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c T	Sub-Total		nΑ.				<b>*</b>		3,144,	457		0		736,964
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos					rece			00,000			
													Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>										employee on • •	3	Yes	
4	For any individual listed on line 1a, is organization and related organization individual										the			
5	Did any person listed on line 1a recei	ve or accrue cor	nnenca	tion f	rom	• anv	unrela	 atad	organization	or indi	udual for	4	Yes	
•	services rendered to the organization								-			5		No
Se	ection B. Independent Contract													
1	Complete this table for your five high from the organization Report compe											mper	nsation	
	•	(A) and business addre		•							(B) uption of services		Compe	
2530	s G Davis Construction Company, D Parklawn Drive VILLE, MD 20852	una pasmess adar.							Con	struction			<del> </del>	7,743,287
(ellog	gg Conference HotelFlik Int'l, lorida Avenue NE HINGTON, DC 20002								Con	ference (	ENTR MGMT		6	,596,281
Bon A	npptit, ox 417632 ON MA 022417632								Foo	d service	5		5	,582,177

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

Position (do not check more

than one box, unless person

is both an officer and a

3,729,571

931,434

Part		II Statement of	Revenue									rage <b>3</b>
		<del></del>		a respo	onse or note to any	line in t	hıs Part VII	Ι				🗆
						(	( <b>A)</b> revenue	Rela ex fur	(B) ated or empt action	(C) Unrelate business revenue	s	(D) Revenue excluded from tax under sections 512-514
	1:	a Federated campaign	ns	1a				re	venue			512-514
nts Ints		<b>b</b> Membership dues		1b	<u>                                     </u>							
ira 10u		c Fundraising events		1c	<u> </u>							
S. G An		d Related organizatio		1d	<u>                                     </u>							
iji je		_		 	<u> </u>							
E.S.		e Government grants (co		1e								
Sign		f All other contributions, and similar amounts no		1f	7,385,417							
Contributions, Gifts, Grants and Other Similar Amounts		above  g Noncash contribution in lines 1a-1f \$	ons included	44,7								
Cont and	ŀ	h <b>Total.</b> Add lines 1a-1	.f		•	7	7,385,417					
<u> </u>					Business	Code						
Program Service Revenue	2a	GOVERNMENT GRANTS	& APPROPRIATI	ONS		900099	124,1	.77,545	124,177,	545		
æ	b	b TUITION				611710	28,7	'13,593	28,713,	593		
ice 1	c	ROOM AND BOARD				721310		44,532	12,944,	532		
ξ		CONFERENCE CENTER R	REVENUE			721110		55,022			8,055,02	+
Ε.	e	AUXILIARY SERVICES				611710		75,416	814,		334,75	1,425,704
gra	f	All other program se	rvice revenue					65,529	1,365,	529		
δ	g	Total.Add lines 2a-2f	f		<b>▶</b> 177,8	331,637						
	3	Investment income (ii	ncluding divid	ends, i	interest, and other	1						
		sımılar amounts) .			•	•	3,675,12			,	-52,196	3,727,321
		Income from investme		•	•	`		0				
	5	Royalties	(ı) Rea		•	<u> </u>		0				
	62	Gross rents	(I) Rea	I	(II) Personal	$\dashv$						
			2	11,183								
	ŀ	<b>b</b> Less rental expenses		0								
		c Rental income or		11,183		0						
	•	(loss)		.11,100								
	•	d Net rental income o	r (loss)			7	211,18	3				211,183
			(ı) Securit	ies	(II) Other							
	7 <i>a</i>	Gross amount from sales of assets other than inventory	107,2	61,303	49,59	6						
	ł	b Less cost or other basis and sales expenses	102,7	33,163	44,83	9						
	•	C Gain or (loss)	4,5	28,140	4,75	7						
	•	<b>d</b> Net gain or (loss) .				_	4,532,89	7				4,532,897
Other Revenue	82	Gross income from for (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of	0							
₹ev	ŀ	b Less direct expense		ь	0	<b>⊣</b>						
i e		c Net income or (loss)		ing ev	ents	_		0				
the	9a	Gross income from g		es								
0		See Part IV, line 19		_	] 							
		Less direct expense		a b	0	_						
		c Net income or (loss)						0				
		<b>a</b> Gross sales of invent				1						
		returns and allowand		_	1 692 060							
		bloss soot of goods s	ald	a b	, ,	_						
		Less cost of goods s		_		_	559,70	1			1,580	558,121
	-	Net income or (loss)  Miscellaneous		invent	Business Code		,					
	11					1						
	ŀ											
	ľ											
	(	<b>-</b>										
		* <del>***********************************</del>				1						
		d All other revenue .				1						
		e <b>Total.</b> Add lines 11a			•			0				
	12	<b>2 Total revenue.</b> See	Instructions				194,195,96	0	168,016,157	8.3	339,160	10,455,226
								•		,		Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	2	inizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	Ine in this Part IX	<del></del>		<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	9,945,489	9,945,489		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,305,140	703,697	1,601,443	
<b>6</b> 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	84,921,362	75,612,608	8,726,667	582,087
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,236,426	10,867,921	1,296,181	72,324
9 Other employee benefits	10,449,752	9,189,391	1,199,613	60,748
<b>10</b> Payroll taxes	5,635,145	4,930,863	671,778	32,504
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	768,888	5,495	763,393	
c Accounting	265,428		265,428	
d Lobbying	366,397		366,397	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	742,747		742,747	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,525,124	2,580,769	1,943,097	1,258
12 Advertising and promotion	13,883	13,233	650	
13 Office expenses	4,057,154	3,929,648	26,230	101,276
14 Information technology	2,814,499	1,198,694	1,593,124	22,681

42,358

6,669,512

1,737,672

120,232

2,281,117

14,720,209

1,157,738

6,802,601

5,822,933

4,729,019

1,380,971

5,044,476

189,556,272

0

42,358

924,283

208,466

3,875

47,314

2,036,521

1,009,056

150

324,470

561,321

1,986,306

26,298,510

711

28,147

30,237

21,994

97,782

1,051,749

Form 990 (2016)

5,744,518

1,501,059

116,357

2,233,803

12,683,688

148,682

6,802,601

5,822,783

4,374,312

797,656

2,960,388

162,206,013

<b>7</b> Other salaries and wages	84,921,362	75,612,608	8,726,667
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,236,426	10,867,921	1,296,181
9 Other employee benefits	10,449,752	9,189,391	1,199,613
10 Payroll taxes	5,635,145	4,930,863	671,778
11 Fees for services (non-employees)			
a Management	0		
<b>b</b> Legal	768,888	5,495	763,393

**14** Information technology

18 Payments of travel or entertainment expenses for any

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

25 Total functional expenses. Add lines 1 through 24e 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)

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

c MAINTENANCE & SVC CONTRACTS

21 Payments to affiliates . . .

expenses on Schedule O ) a CONFERENCE CENTER

d INTERPRETING EXPENSES

**b** FOOD SERVICES

e All other expenses

15 Royalties .

**17** Travel .

16 Occupancy .

20 Interest . .

23 Insurance .

Page **11** 

225.125.335

139.518.227

46.805.217

3.492.785

439.632.885

17,770,026

5,894,444

35,018,909

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2.313.106

60,996,485

232,260,102

21,018,700

125.357.598

378,636,400

439.632.885

Form **990** (2016)

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or 30

Net

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Investments—publicly traded securities .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—other securities 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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

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

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

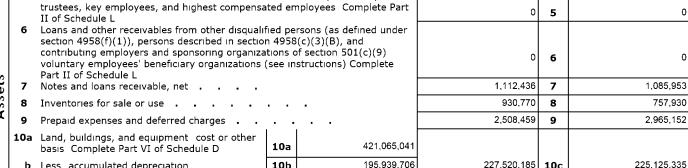
Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and

Investments-program-related See Part IV, line 11

	Beginning of year		End of year
1 Cash-non-interest-bearing	13,095	1	22,095
2 Savings and temporary cash investments	9,837,365	2	10,008,071
3 Pledges and grants receivable, net	3,550,547	3	3,851,555
4 Accounts receivable, net	6,018,129	4	6,000,565
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0

	3	Pledges and grants receivable, net	3,550,547	3	3,85
	4	Accounts receivable, net	6,018,129	4	6,00
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6	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 II of Schedule L	0	6	
ets	7	Notes and loans receivable, net	1,112,436	7	1,08
Asset	8	Inventories for sale or use	930,770	8	75
A	9	Prepaid expenses and deferred charges	2,508,459	9	2,96
	102	Land buildings and equipment cost or other			

10b



227,520,185 10c

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2.558.838

63,622,399

227.860.763

17,970,330

123.203.219

369,034,312

432.656.711

163.942.752

13.736.063

3,486,910

432,656,711

17,699,557

7,604,111

35,759,893

☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b Yes

2c

3b

Yes

Yes

Yes Form 990 (2016)

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

Consolidated basis Separate basis ☐ Both consolidated and separate basis

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a 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

## Additional Data

Software ID:

Software Version: **EIN:** 53-0199507

Name: Gallaudet University

Form 990 (2016)

Form 990, Part III, Line 4a: INSTRUCTION AND ACADEMIC SUPPORT - GALLAUDET IS DIVIDED INTO TWO MAJOR COMPONENT PROGRAMS FOR BUDGETING AND OPERATING PURPOSES, the UNIVERSITY AND THE LAURENT CLERC NATIONAL DEAF EDUCATION CENTER ("CLERC CENTER") THE CLERC CENTER CONSISTS OF THE MODEL SECONDARY SCHOOL FOR THE DEAF AND KENDALL DEMONSTRATION ELEMENTARY SCHOOL THE UNIVERSITY ENROLLS APPROXIMATELY 1,774 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 277 ELEMENTARY AND SECONDARY SCHOOL STUDENTS

Form 990, Part III, Line 4b: STUDENT SERVICES GALLAUDET UNIVERSITY PROVIDES A WIDE RANGE OF STUDENT SERVICES INCLUDING COUNSELING, PLACEMENT, FINANCIAL AID, HEALTH SERVICES, TUTORING, AND OTHER STUDENT ACTIVITIES AT BOTH THE UNIVERSITY AND CLERC CENTER

Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES AUXILIARY ENTERPRISES INCLUDE DORMITORY, FOOD SERVICE, BOOKSTORE OPERATIONS, THE UNIVERSITY PRESS, CONFERENCE ACTIVITIES, community interpreting, hearing and speech operations, and lease-related income ONLY THOSE ACTIVITIES WHICH ARE REVENUE PRODUCING ARE INCLUDED UNDER THIS DESIGNATION FOR CLERC CENTER PROGRAMS, COSTS INCURRED FOR DORMITORY AND FOOD SERVICE UNDER THE MODEL SECONDARY SCHOOL FOR THE DEAF AND

FOOD SERVICE UNDER KENDALL DEMONSTRATION ELEMENTARY SCHOOL, NEITHER OF WHICH PRODUCE REVENUE, ARE REPORTED AS PART OF STUDENT SERVICES

PROGRAM EXPENSE

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

(Code ) (Expenses \$ 8,723,836 including grants of \$ 50,194 ) (Revenue \$ 0 )

Research					
/ n	`		 	\ /=	

(Code ) (Expenses \$ 4,615,212 including grants of \$ 1,500 )

Public Services

1,500 ) (Revenue \$ 734,741 )

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organizations organization from the for related (W-2/1099-(W-2/1099organization and Highest compensati emplovee Former Individual trustee or director Key employee Institutional MISC) MISC) organizations related below dotted organizations line) Trustee

			•		ed			
Tiffany Williams	2 0	×		x		0	0	
Trustee, Chair	0 0	''						
Claire Bugen	2 0	×		x		0	0	
Trustee, Vice-Chair	0 0					J	,	
Duane Halliburton Trustee, Secretary	1 5 0 5	х		х		0	0	
The Honorable GK Butterfield	2 0	×				0	0	

Duane Halliburton	1 5	×	v		n	0	
Trustee, Secretary	0 5	''	^		9		
The Honorable GK Butterfield	2 0						
Trustee	0 0				U	0	
The Honorable Sherrod Brown	2 0	V			0	0	
Trustee	0 0	_ ^			0	0	
The Honorable Kevin Yoder	2 0						

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Trustee	0 0	''				J		
The Honorable Sherrod Brown	2 0	×				0	0	
Trustee	0 0	l '''					Ů	
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The Honorable Sherrod Brown	2 0	_			0	0	
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The Honorable Kevin Yoder	2 0	_			0	0	
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Trustee

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Jameson Crane Jr

Dr Linda Campbell

Jose Cervantes

The Honorable Sherrod Brown	2 0	×			0	0	
Trustee	0 0	^			,		
The Honorable Kevın Yoder	2 0	×			0	0	
Trustee	0 0	^			3	0	
Seth Bravin	2 0						

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Officer Highest compensat Former Individual trustee or director Institutional organizations MISC) MISC) related below dotted organizations employee line) 2 0 Jorge Diaz-Herrera ...... Χ 0.0 20 Charlene Dwyer Х

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Trustee
Charlene Dwyer
Trustee
Harvey Goodstein
Trustee

Claudia L Gordon

Jeffrey L Humber Jr

Dr Thomas Humphries

Gregory J Hilbok esq.

Nancy Kelly-Jones

James Macfadden

Wilma Newhoudt-Druchen

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Compensated Employees, and Independent Contractors (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and individ or dire Forme Institu organizations MISC) MISC) related below dotted organizations

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

	iine)	lual trustee ctor	itional Trustee	nployee	t compensated vee	ď			
James FX Payne	2 0	×					0	0	
Trustee	0 0							Ů	
	39 5								

James FX Payne	2 0	\ <sub>\( \</sub>				0		0
Trustee	0 0	^					0	
Roberta J Cordano	39 5		x			366,556	0	142,807
President	0 5					300,330	0	1+2,007
Paul Kelly	39 0							_
			l x l	1		384.337	0	49.223

	0.0						
Roberta J Cordano	39 5		x		366,556	0	142,
President	0 5				300,330	9	112,
aul Kelly	39 0		х		384,337	0	49,
/P Administration & Finance	1 0						
Carol Erting	40 0		x		304,427	0	00
Provost			^		304,427	U	88,

Paul Kelly	39 0		v			384,337	0	49,223
VP Administration & Finance	1 0		^			301,337		13,223
Carol Erting	40 0		×			304,427	0	88,633
Provost	0.0					304,427	o de la companya de	00,033
Fred Weiner	36 0			ζ		244.464		55 701
Acceptant V/D AR F				X		211,461	U	55,781

		1			ı			
Carol Erting	40 0		х			304,427	0	88,633
Provost	0 0						-	
Fred Weiner	36 0			V		211.461		FF 701
Assistant VP A&F						211,461	0	55,781
	40.0							

Fred Weiner	36 0			x		211,461	0	55,781	
Assistant VP A&F	4 0					211,101		33,701	
Eugenie N Gertz	40 0								
Dean,College of Arts & Science				×		202,670	0	44,035	

			ΙI	X	l	211,461	l o	55,781
Assistant VP A&F	4 0			,,		,	_	33,7 3.
Eugenie N Gertz	40 0			<		202,670	0	44,03
Dean,College of Arts & Science	0 0			^		202,070	0	14,035
Carri Aller	40 0		П					

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180,902

198,444

212,747

214,568

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66,265

51,383

58,054

42,553

Gary Aller

Nicole Sutliffe

Isaac Agboola

Dean, SEBHS

Paul Julin

Exec Director Business Srvc

VP, Institutional Advancement

Interim VP, Clerc Center

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer from the from related week (list compensation from the any hours and a director/trustee) organization organizations for related (W-2/1099-(W-2/1099organization and Individual or directo Officer employ Former Institution MISC) MISC) related organizations ey emplo below dotted organizations line)

		trustee	al Trustee	),ee	on pensated			
Laura-Ann Petitto	40 0					226,758	0	71,163
Director VL2, CO-PI	0 0				^	220,738		71,103
Albert Benedict	40 0				х	212,790	0	29,681
Dean,Stdnt Affairs & Acad Supp	0.0				^	212,750		25,001

Х

Х

205,805

222,992

31,822

5,564

40 D

0 0

0.0

. . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . .

Thomas Allen

T Alan Hurwitz

Former President

Professor/Director, VL2 Center

efile	GRA	APHIC prin	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493044007238
SCH	IED	ULE A	Public (	Charity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(Forr	n 990			rganization is a secti	ion 501(c)(3) c	organization o		2016
990E	Z)			4947(a)(1) nonexe ► Attach to Form 9				2010
		the Treasury	► Information abou	ıt Schedule A (Form			ıctions is at	Open to Public Inspection
Name	of th	ue Service ie organiza	tion	www.ns.ge	<u> </u>		Employer identific	<u>_</u>
allaud	let Univ	versity					53-0199507	
Par			for Public Charity State				See instructions.	
	ganız		a private foundation because	•	•	•	/A>/:>	
1		•	onvention of churches, or as				(A)(1).	
2	<b>✓</b>		scribed in section 170(b)(		,	• • • • • • • • • • • • • • • • • • • •		
3		·	or a cooperative hospital serv	-				
4		name, city,	esearch organization operate and state					
5			ation operated for the benefit ( <b>iv).</b> (Complete Part II )	t of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)( <i>t</i>	۱)(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I )		
9			ural research organization de rant college of agriculture So					ege or university or a
LO		from activit	ation that normally receives ties related to its exempt fun income and unrelated busin see section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1	П	•	ation organized and operated		r public safety S	ee section 509	(a)(4).	
.2		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled in				
c		Type III fo	unctionally integrated. A sorganization(s) (see instruction	supporting organization				ted with, its
d		Type III n functionally	on-functionally integrated integrated The organization (i) You must complete Par	<b>d.</b> A supporting organi n generally must satisf	zation operated   fy a distribution	ın connection wi	th its supported organ	
e		Check this	box if the organization received or Type III non-functionally	ved a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		of supported organizations	egracea supporting	o. gamzadon			
g	Provid	de the follow	ing information about the su	ipported organization(	s)			
(i)Na	me of	f supported o	organization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Total								

Sch	nedule A (Form 990 or 990-EZ) 2016						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	d 170(b)(1)(A	(vi)
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or i	f the organization	on failed to quali	
	III. If the organization fa	ails to qualify un	der the tests lis	ted below, plea:	se complete Par	t III.)	
	Section A. Public Support		T	ı		1	
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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 from line 4						
	Section B. Total Support	1	•		•	•	
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	(e)2016	(f)Total
_	(or fiscal year beginning in) ▶	(4)2012	(6)2013	(6)2014	(4)2013	(0)2010	(1)10tai
7							
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<del>_</del> _						
4.5	10 Gross receipts from related activities,	etc (see instruction	l ns)			12	
13	First five years. If the Form 990 is fo	=				-	anization,
	check this box and stop here				<u> </u>	<u> ▶ ∟</u>	
	Section C. Computation of Public	• •		(6)			
	Public support percentage for 2016 (III			column (f))		14	
	Public support percentage for 2015 Sc					15	
16	a <b>33 1/3% support test—2016.</b> If the	e organization did r	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, check this	
	and <b>stop here.</b> The organization qual						ightharpoons
b	<b>33 1/3% support test—2015.</b> If th	ie organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	/3% or more, chec	k this
	box and <b>stop here.</b> The organization						▶□
<b>17</b> a	a 10%-facts-and-circumstances test						
	is 10% or more, and if the organization in Part VI how the organization meets						
		the racts-and-cire	cumstances test	The organization	quaimes as a pubi	iciy supported	. □
	organization	rt_2015 If the	raanization did ===	t chack a hay as !	mo 12 165 164	or 17a and line	▶⊔
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						
	supported organization			-	•	•	▶ □
18	B 1 1 6 1 11 7611	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	and see	· <b>—</b>
	instructions		, -	. , ,	,		►□
					Schodu	le A (Form 990 o	r 990-F7) 2016

Section A. Public Support									
the organization fails to qualify under the tests listed below, please complete Part II.)									
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT								

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	e 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

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

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V ) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  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			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	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	

	III Section 309(a)(1) or (2)	2	i		
3a	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	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? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				

	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				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below				
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	$\Box$			

		30	l			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use					
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b ın Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b				
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 <b>Part VI</b> what controls the organization used to ensure that all support					

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
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 <b>Part VI</b> , 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	<del>                                     </del>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

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9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	Supporting Organizations (continued)			
			Yes	No
11	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	stion B. Tuno I Summouting Ouspuingtions			
36	ction B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or		1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>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		
	skien C. Tune II Cumpostine Opposite tions			
Se	ction C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of	163	110
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	"		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
<b>C</b> -	skion D. All Tune III Sunnauking Ouseningking			
36	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		1.03	"
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of t			
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
	, , , , , , , , , , , , , , , , , , , ,	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization			
	(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <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 ta			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions)		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below	•		
ь	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (s	ee instri	ictions)	١
_	The organization supported a governmental entity bescribe in lare variow you supported a government entity (s	oc mond	100113)	,
2	Activities Test Answer (a) and (b) below.		1	
			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b>			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	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 <b>Part VI</b> 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 each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the organization have the power to regularly appoint or elect a majority of the officers, directors, and the organization have the power to require the organization of the organization have the organization of the	of 3a		
	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 <b>Part VI.</b> the role played by the organization in this regard			
	Supported organizations: It res, describe in Fart #1. the fole played by the organization in this regard	3b	1	1

-	Add lifles 1 till odgif 5			
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493044007238

**2016**Open to Public

Inspection

• S	the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then ■ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ■ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ■ Section 527 organizations Complete Part I-A only							
f the	e organization answered "Yes" or Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 99 I have filed Form 5768 (election under se	ection 501(h)) Co	ine 47 (Lobbying Activities), then Complete Part II-A Do not complete Part II-B  h)) Complete Part II-B Do not complete Part II-A				
f the	organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Tax						
	ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz							
	ne of the organization	ations complete Fart III			Emplover i	denti	fication nun	 ıber
	audet University				53-0199507			
Par	I-A Complete if the orga	nization is exempt under section	n 501(c) or is	a sectio	n 527 orga	niza	ition.	
1 2	Provide a description of the organ Political expenditures	ization's direct and indirect political cam	ipaign activities in	Part IV	•	\$		
3	Volunteer hours							
Par	I-B Complete if the orga	nization is exempt under section	n 501(c)(3).					
1	Enter the amount of any excise ta	ex incurred by the organization under se	ction 4955		<b>&gt;</b>	\$		
2	Enter the amount of any excise to	ax incurred by organization managers ur	ider section 4955		•	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	nis year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV		- 501/->		F01(-)	723		
	<u> </u>	nization is exempt under section						
1	, ,	ed by the filing organization for section	•			\$		
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other or	ganizations for se	ction 527	exempt ▶	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and on	Form 1120-POL,	lıne 17b	<b>&gt;</b>	\$		
4	Did the filing organization file <b>Fori</b>	m 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	unt paid from the	filing orga olitical org	ınızatıon's fui anızatıon, su	nds A	Also enter the	amount egregated
	(a) Name	(b) Address	(c) EIN	`filing c	ount paid fro organization's If none, ente -0-	:	(e) Amount contributions and promp directly delives separate personal contributions and contributions and contributions are separated as a separate personal contributions are separated as a separate personal contributions are separated as a separate personal contributions are separated as a	s received otly and vered to a political If none,
2							_	
3								
4								
5								
6								

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

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

Grassroots nontaxable amount

Grassroots lobbying expenditures

(b)

(a)

activ	ity	Yes No A		A	moun	it
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		No			
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	100			
c	Media advertisements?	103	No			
d	· · · · · · · · · · · · · · · · · · ·		No			
e	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	110			52,76
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	103	No			32,70.
ï	Other activities?	Yes	110		-	366,397
j	Total Add lines 1c through 1i					119,158
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l No			115,150
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), 0	r section	on 5	01(c	
	(6).	(-), -			(-	,
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c	(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a				
	Current year Carryover from last year	2b				
C		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information	1	l			
	vide 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), tructions), and Part II-B, line 1 Also, complete this part for any additional information	Part II-	-A, lines	1 and	l 2 (se	ee
	Return Reference Explanation					
_OBB	SCHEDULE C, PART II-B, LINE 1(G) THREE VOTING MEMBERS OF CONGRESS UNIVERSITY'S BOARD OF TRUSTEES IN ADDITION, THE UNIVERSITY PRESIL VICE PRESIDENT OF ADMINISTRATION & FINANCE MAINTAIN DIRECT CONTY CONGRESS IN REQUESTING APPROPRIATIONS AND EDUCATING CONGRESS IMPACT GALLAUDET AND DEAF EDUCATION IN ADDITION, THE ASSISTANT FINANCE ALSO COMMUNICATES WITH GOVERNMENT OFFICIALS OF THE DIS AMOUNTS REPORTED AS LOBBYING EXPENSES ON SCHEDULE C REPRESENT PRESIDENT AND THE ASSISTANT VICE PRESIDENT'S DIRECT CONTACT WITH AMOUNTS REPORTED AS LOBBYING EXPENDITURES IN SCHEDULE C ARE CA WAGES ON PART IX, FUNCTIONAL EXPENSE, AND NOT AS LOBBYING EXPEND NAME AND POSITION ALLOCATED TO SPECIFIC DEPT	DENT A ACT WIT ON GET VP OF A TRICT ( ESTIMA H GOVE TEGORI DITURE TANT VI GAGES GAGES DISCLO PUBLIC DONG TEGORI DISCLO TEGORI DISCLO TEGORI TE	ND THE A ITH MEMB NERAL IS ADMINIS OF COLU ATED CO RNMENT IZED AS S TOTAL P A&F \$2 THE SER VITH COI SED ON STRATE TO BE CO	ASSIS ERS SUES TRAT MBIA STS OFFI SALA LOB 	STANT OF THATION A OF THI CIALS RIES BYING 5 OF SS TIX, L VORK RVATI	E T ND E AS

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

As Filed Data -

**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.

DLN: 93493044007238 OMB No 1545-0047

Open to Public Inspection Employer identification number

Gaii	audet Universit <b>y</b>			53-019950	)7	
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Othe ed "Yes" on Form 990, Par	r Similar Fund t IV, line 6.	s or Account	s.	
		(a) Donor advised fun	ds	(b)Funds	and other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to			advised	□ Ye	es 🗆 No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				□ Ye	es 🗆 No
Pai	t III Conservation Easements. Complet	e if the organization answ	ered "Yes" on F	orm 990, Part		
1	Purpose(s) of conservation easements held by the	e organization (check all that	apply)			
	$\square$ Preservation of land for public use (e.g., rec	reation or education)	Preservation of	an historically i	mportant land are	ea
	Protection of natural habitat		Preservation of	a certified histo	oric structure	
	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 o	contribution in the		ervation Id at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
c	Number of conservation easements on a certified	historic structure included in	(a)	2c		
d	Number of conservation easements included in (c structure listed in the National Register	) acquired after 8/17/06, and	not on a historic	2d		
3	Number of conservation easements modified, traitax year ▶	nsferred, released, extinguish	ed, or terminated	by the organiza	tion during the	
4	Number of states where property subject to conse	ervation easement is located f	<u> </u>	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring, it holds?	ınspection, handlı	ng of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of violati	ions, and enforcing	g conservation e	asements during	the year
7	Amount of expenses incurred in monitoring, inspect ▶ \$	ecting, handling of violations,	and enforcing con	servation easem	ents during the y	/ear
В	Does each conservation easement reported on lin	e 2(d) above satisfy the requ	rements of sectio	n 170(h)(4)(B)(	1)	
	and section 170(h)(4)(B)(II)?				☐ Yes	□ No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organiz				
Par	Organizations Maintaining Collect Complete if the organization answere			ther Similar	Assets.	
1a	If the organization elected, as permitted under Si art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, educa	ation, or research	ın furtherance o		rks of
b	If the organization elected, as permitted under SI historical treasures, or other similar assets held for following amounts relating to these items	FAS 116 (ASC 958), to report	ın its revenue sta	tement and bala		
(	i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	i)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under			nancial gain, pr	ovide the	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · ·		<b>▶</b> \$	·	
b	Assets included in Form 990, Part X			<b>▶</b> 9	<u>-</u>	

 ${f e}$  Other .

Sche	edule D (Form 990) 2016							Page		Page <b>2</b>
Par	rt IIII Organizations Maintaining Co	ollections of Art,	Historic	al Trea	sures, or	Other 9	Similar Ass	ets (conti	nued)	
3	Using the organization's acquisition, accessi items (check all that apply)	on, and other records	s, check a	ny of the	following t	hat are a	sıgnıfıcant us	e of its colle	ection	
а	Public exhibition		d	☐ Lo	an or excha	inge prog	rams			
b	☐ Scholarly research		е	☐ Ot	her					
С	Preservation for future generations									
4	Provide a description of the organization's content AIII	ollections and explain	how they	further	the organız	atıon's ex	empt purpose	e in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							☐ Yes	□ N	o
Pa	<b>Int IV Escrow and Custodial Arrang</b> Complete if the organization and X, line 21.		orm 990,	Part IV	, line 9, or	reporte	d an amoun	t on Form	990,	Part
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	diary for d	ontribut	ions or othe	r assets r		☐ Yes	□ N	0
b	If "Yes," explain the arrangement in Part XI	II and complete the f	following t	able	[		Am	ount		_
c		·	-		Ī	1c				_
d	Additions during the year				Ī	1d				_
е	Distributions during the year					1e				_
f	Ending balance					1f				_
<b>2</b> a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for e	scrow or	custodial a	ccount lia	bility?	☐ Yes	$\square$ N	o
b	If "Yes," explain the arrangement in Part XI	II Check here if the	explanatio	n has be	en provided	l ın Part X	III			
Pa	art V Endowment Funds. Complete									
1.	Paginning of year balance	(a)Current year 170,539,440	<b>†</b>	or year 72,688,35	(c)Two ye	ars back 3,140,437	(d)Three years 182,24		our year	rs back 505,519
	Beginning of year balance	4,093,737		4,833,01		650,401	•	21,498		482,688
	Net investment earnings, gains, and losses	12,372,733		1,085,18		2,655,277		08,037		898,395
	Grants or scholarships	1,671,690		1,737,17		1,970,491	1.60	04,606	1.4	430,112
	Other expenditures for facilities and programs	6,222,482		6,329,94		6,476,720	<u> </u>	32,689	6,208,293	
f	Administrative expenses									
g	End of year balance	179,111,738	1	70,539,44	0 17	2,688,350	193,14	10,437	182,	248,197
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column	(a)) held as	5				_
а	Board designated or quasi-endowment ▶	22 690 %								
b	Permanent endowment ► 69 560 %									
С	Temporarily restricted endowment ▶ 7	750 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3а	Are there endowment funds not in the posse organization by	ession of the organiza	ation that	are held	and admini	stered for	the	1	V	NI -
	(i) unrelated organizations							3a(i)	<b>Yes</b> Yes	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" on 3a(II), are the related organization	ons listed as required	on Sched	ule R?				3b		
4	Describe in Part XIII the intended uses of th	ne organization's endo	owment fu	nds						
Pa	rt VI Land, Buildings, and Equipme		000			c -	222 5			
	Complete if the organization and  Description of property  (a) Cost or organization (investor organization)	other basis (b)Cos	t or other b			see Forn			ok value	e
_	Land			1 460 1	10					460 110
	Land			1,468,1		4	37.050.766			3,722,039
	Buildings			325,781,8 41,818,8		1	37,059,766 25,682,577			5,136,248
	Leasehold improvements Equipment			37,075,7			27,026,242			0,049,478
		1			1					

8,749,451

225,125,335

6,171,121

14,920,572

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b)Book value	(c)Method o Cost or end-of-ye	
(1)Financial derivatives			
(3)Other(A) HEDGE FUNDS	35,794,471	F	
(B) PRIVATE REAL ASSET FUNDS	3,479,121	F	
(C) PRIVATE EQUITY FUNDS	6,622,338		
(D) BENEFICIAL INTEREST IN TRUSTS (D)	909,287	Г	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	46,805,217		
Part VIII Investments—Program Related. Complete if the	he organization answei	ed 'Yes' on Form 990,	Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method o	
(1)		Cost or end-of-ye	ar market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered	Yes' on Form 990, Part IV	, line 11d See Form 990	, Part X, line 15
(a) Description			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organization are	swered 'Yes' on Form	990, Part IV, line 11e	<u>▶ </u> or 11f.
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book		
	(5) 2008		
(1) rederal income taxes	I		
(1) rederal illicome taxes		0	
• •		841,798	
REFUNDABLE ADVANCES			
REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT		841,798	
REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT		841,798 837,699	
REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT  (4)		841,798 837,699	
REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT  (4)  (5)		841,798 837,699	
(1) Federal income taxes  REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT (4) (5) (6) (7)		841,798 837,699	
REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT (4) (5) (6)		841,798 837,699	
REFUNDABLE ADVANCES  OBLIGATION UNDER CAPITAL LEASE  CONDITIONAL ASSET RETIREMENT (4) (5) (6) (7)		841,798 837,699	

Part XI

2

b

Part XII

1

2

b

d

е 3

а

b

c

Part XIII

5

4

Schedule D (Form 990) 2016

Page 4

6,085,759

9,914,453

194,195,960

180,765,178

1,123,359

9,914,453

189,556,272

Schedule D (Form 990) 2015

179.641.819

184,281,507

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Add lines 2a through 2d . . . . е 3 Subtract line 2e from line 1 . 4 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. Other (Describe in Part XIII ) . . . . . . b

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Add lines 4a and 4b . . .

5

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 .

Other (Describe in Part XIII ) . . . . . . .

Supplemental Information

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

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

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4b

2a

2b 2c

2d

4b

Explanation

2a

2b

2c

2d

4a

742,747 9,171,706

1,123,359

742,747

9.171.706

4.993.184

-15,758

1,108,333

4c Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2e

3

4c

5

2e

3

Page <b>5</b>	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

## Additional Data

Software ID: Software Version:

**EIN:** 53-0199507

Name: Gallaudet University

# Supplemental Information

Return Reference

# Explanation

SCHEDULE D, PART V THE UNIVERSITY'S ENDOWMENT FUNDS CONSISTS OF 393 INDIVIDUAL FUNDS WHICH HAVE BEEN ESTABLISHED PRIMARILY TO SUPPORT THE OPERATIONS OF THE UNIVERSITY AND TO PROVID E FOR SCHOLARSHIPS OR TO FUND EVERYDAY OPERATIONS OVER THE LONG-TERM, THE UNIVERSITY INTE NDS TO KEEP THE PRINCIPAL INTACT, USING ONLY THE EARNINGS ON ITS INVESTMENTS TO FUND ACTIVITIES

Supplemental Information	
Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X GALLAUDET HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") A S EXEMPT FROM FEDERAL INCOME TAXES, EXCEPT ON ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE, UNDER PROVISIONS OF SECTION 501(A) AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVEN UE CODE OF 1986, AS AMENDED THE IRS HAS DETERMINED THAT GALLAUDET IS A PUBLICLY SUPPORTED EDUCATIONAL INSTITUTION AND NOT A PRIVATE FOUNDATION GALLAUDET RECOGNIZES THE TAX EFFECT S FROM AN UNCERTAIN TAX POSITION IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE -LIKELY-THAN NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHOR ITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POS ITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED MANAGEMEN T BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN ITS FINANCIAL STATEMENTS ADDI TIONALLY, GALLAUDET HAS PROCESSES IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STA TUS, TO IDENTIFY AND REPORT UNRELATED INCOME, DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND, TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS THE TAX YEARS ENDED 2014, 2015, 2016 AND 2017 ARE STILL OPEN TO AUDIT FOR B OTH FEDERAL AND DISTRICT OF COLUMBIA PURPOSES

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF FINANCIALS	SCHEDULE D, PART XI, XII GALLAUDET UNIVERSITY DOES NOT RECEIVE STANDALONE FINANCIAL STATEM ENTS, ITS OPERATIONS ARE CONSOLIDATED WITH AN AFFILIATED ORGANIZATION, GALLAUDET UNIVERSIT Y FOUNDATION PARTS XI AND XII RECONCILIATIONS ON SCHEDULE D TIE BACK TO GALLAUDET'S FINAN CIAL INFORMATION IN THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS

Cupplemental Information

ipplemental information							
Return Reference	Explanation						
	SCHEDULE D, PART XI LINE 2D COST OF GOODS SOLD (\$1,123,359) LINE 2D CHANGE IN VALUE OF S PLIT INTEREST AGREEMENTS \$15,026 TOTAL (\$1,108,333) ========== LINE 4B S CHOLARSHIPS AND FELLOWSHIPS \$9,171,706						

Cupplemental Information

upplemental Information						
Return Reference	Explanation					
RECONCILIATION OF EXPENSES	SCHEDULE D, PART XII LINE 2D COST OF GOODS SOLD (\$1,123,359) LINE 4B SCHOLARSHIPS AND FELLOWSHIPS \$9,171,706					

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493044007238 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & 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? 1 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? 2 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? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο 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? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2016)

Schedule E (Form 990 or 990EZ) (2016)					
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)					
Return Reference	Explanation				
NONDISCRIMINATORY POLICY	SCHEDULE E, LINE 3 ADVERTISEMENTS IN THE UNIVERSITY'S CATALOGUES, WEBSITE, AND BROCHURES DISCLOSE PROGRAMS OFFERED INCLUDING A SUMMARY OF STATEMENT ON THE NON- DISCRIMINATORY POLICY EMPLOYMENT ADVERTISEMENTS ALSO PUBLICIZE THE SCHOOL'S NON-DISCRIMINATORY POLICY				
FINANCIAL AID FROM GOVERNMENT AGENCIES	SCHEDULE E, LINE 6A GALLAUDET UNIVERSITY RECEIVES STUDENT FINANCIAL ASSISTANCE FROM THE U S DEPARTMENT OF EDUCATION, OFFICE OF POST-SECONDARY EDUCATION ASSISTANCE PROGRAMS ARE AS FOLLOWS FEDERAL PELL GRANT PROGRAM FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM FEDERAL WORK STUDY PROGRAM PERKINS LOAN PROGRAM FEDERAL DIRECT LOANS				

Schedule F (Form 990 or 990-F7) (2016)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493044007238 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Open to Public ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the region (by type) (e.g., program service, describe for and investments employees, agents, fundraising, program and independent specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 39,372,094 3a Sub-total **b** Total from continuation sheets to Part I 39,372,094 c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2016							Page <b>3</b>
				ed States. Complete if	the organization an	nswered "Yes" to Form 99	90, Part IV, line 16.
Part III can be ( (a) Type of grant or assistance	duplicated if addition (b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Sche	dule F (Form 990) 2016		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>☑</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	Instructions for Forms 5520 and 5520 Pry	☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	<b>✓</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	<b>☑</b> No

Schedule F (Form 9	nedule F (Form 990) 2016 Page <b>5</b>					
Provi amoi meth	Dlemental Information  de the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; unts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting lood); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide additional information (see instructions).					
Return Reference	Explanation					
Reference						

#### **Additional Data**

(a) Region

Europe (Including Iceland and

East Asia and the Pacific

Greenland)

#### Software ID: Software Version:

EIN: 53-0199507

Name: Gallaudet University

travel expenditures

(f) Total expenditures

28,812,465

591

IForm 990 Sc	:hedule F Part I	- Activities	Outside T	he United States

(a) Negron	offices in the region agents in region		in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region	
Central America and the Caribbean			Investments		10,544,522	

Investments

Program Services

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in reaion service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and travel expenditures 6.730 Program Services Greenland) Sub-Saharan Africa travel expenditures 4.511 Program Services North America Program Services travel expenditures 238

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures ın region (by type) (i e , offices in the employees or is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) Sub-Saharan Africa Send agents to seminar 1.458 travel expenditures Europe (Including Iceland and Send agents to seminar travel expenditures 1,579 Greenland)

efile GRAPHIC print - DO NOT PROCESS DLN: 93493044007238 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) 2016 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 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (g) Description of (book, FMV, appraisal, organization if applicable non-cash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)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) 2016

AVAILABILITY OF AWARDS OFFERED ELSEWHERE AND OTHER SIMILAR STANDARDS. THE UNIVERSITY ONLY MAKES SCHOLARSHIP GRANTS THAT HELP OFFSET THE TUITION OF THE STUDENTS. THE GRANTS ARE DIRECTLY CREDITED AGAINST THE APPLICABLE STUDENT ACCOUNT WHICH ASSURES PROPER USE OF THE GRANT THE AMOUNT OF THE GRANT IS ADJUSTED. AS NECESSARY, BASED ON ANY SUBSEOUENT CHANGES AFFECTING THE STUDENT'S ORIGINAL ELIGIBILITY

DLN: 93493044007238

OMB No 1545-0047

# 2015

Open to Public Inspection

#### **Compensation Information** Schedule J

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.

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

Department of the Treasury Internal Revenue Service

(Form 990)

Employer identification number Name of the organization Gallaudet University

	53-0	199507		
Pa	Part I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding the			
	First-class or charter travel Housing allowance or residence for perso	nal use		
	☐ Travel for companions ☐ Payments for business use of personal re	sidence		
	Tax idemnification and gross-up payments Health or social club dues or initiation fee	:s		
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur,	:hef)		
b	<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payme reimbursement or provision of all of the expenses described above? If "No," complete Part III to expl			No
2				
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in lin	e 1a?	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain i			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation c	ommittee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the fill or a related organization	ng organization		
а	a Receive a severance payment or change-of-control payment?	4a	Yes	
b	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part	III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	a The organization?	5a		No
b	<b>b</b> Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	a The organization?	<b>6</b> a		No
b	<b>b</b> Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	ed <b>7</b>		No
В	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes,"			
	ın Part III	8		Νo
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in F section 53 4958-6(c)?	Regulations 9		

Schedule J (Form 990) 2015							Page Z	
Part III Officers, Directors	, Trustees, Key Er	nployees, and Hig	hest Compensate	<b>ed Employees.</b> Use	duplicate copies if	additional space is	needed.	
For each individual whose compensal instructions, on row (ii) Do not list al <b>Note.</b> The sum of columns (B)(i)-(iii)	ny individuals that are	not listed on Form 990	, Part VII	• , ,	-	·		
(A) Name and Title	(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							
	Base (1) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	

Cahadula 1 (Farm 000) 201 F

See Additional Data Table

Part III Supplemental Information							
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation						
,	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 her 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 I, Line 4a T Alan Hurwitz, former President, received a severance payment in calendar year 2016 for \$150,000, which is reported on Schedule J, Part II, Column (B)(III)						

Page 3

Schedule J (Form 990) 2015

PART II, COLUMN (D) FOR PRESIDENT, ROBERTA J CORDANO THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS AS PART OF her EMPLOYMENT CONTRACT THIS COLUMN INCLUDES \$60,000 REPRESENTING THE ESTIMATED RENTAL VALUE OF THE CAMPUS RESIDENCE THIS COLUMN ALSO INCLUDES CERTAIN BUSINESS MEMBERSHIP DUES AND EMPLOYER PAID HEALTH BENEFITS

PART II, LINE 8

Schedule J (Form 990) 2015

FRED WEINER, ASSISTANT VP A&F, RECEIVES COMPENSATION FROM GALLAUDET UNIVERSITY FOR SERVICES RENDERED TO THE IGALLAUDET UNIVERSITY FOUNDATION THE UNIVERSITY HAS ALLOCATED A PORTION OF MR WEINER'S SALARY TO THE FOUNDATION

 $(\mathsf{AND}\ \mathsf{DISCLOSED}\ \mathsf{SUCH}\ \mathsf{ALLOCATION}\ \mathsf{ON}\ \mathsf{THE}\ \mathsf{FOUNDATION}\ \mathsf{990-EZ})\ \mathsf{THE}\ \mathsf{COMPENSATION}\ \mathsf{REPORTED}\ \mathsf{IN}\ \mathsf{SCHEDULE}\ \mathsf{J}\ \mathsf{REPRESENTS}\ \mathsf{WAGES}$ 

MR WEINER RECEIVED FOR SERVICES RENDERED TO THE UNIVERSITY AND THE FOUNDATION

# Software ID: Software Version:

**EIN:** 53-0199507

Name: Gallaudet University

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Pa	art 1	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	l Highest Compens	sated Employees	3	
(A) Name and Title		(B) Breakdown of (i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1Roberta J CordanoPresident	(1)	356,556	0	10,000	61,304	81,503	509,363	0
	(11)	0	0	0	0			0
1Paul Kelly	(1)	381,888	0	2,449	27,390	21,833	433,560	0
VP Administration & Finance	(11)		0	0	0			0
2Carol ErtingProvost	(1)	300,572	0	3,855	59,206	0 29,427	393,060	0
	(11)	0	0	0	0			0
<b>3</b> Fred Weiner Assistant VP A&F	(1)	211,461	0	0	33,122	22,659	267,242	0
	(11)	0	0	0	0			0
<b>4</b> Eugenie N Gertz Dean,College of Arts &	(1)	202,670	0	0	34,722	9,313	246,705	0
Science	(11)	0	0	0	0			0
<b>5</b> Gary Aller Exec Director Business Srvc	(1)	180,902	0	0	35,613	30,652	247,167	0
Exec Director Business Sive	(11)	0	0	0	0			0
<b>6</b> Paul Julin VP, Institutional Advancement	(1)	211,539	0	1,208	37,258	20,796	270,801	0
VI, Ilisticational viewanteement	(11)	0	0	0	0			0
7Isaac AgboolaDean, SEBHS	(1)	213,245	0	1,323	40,183	2,370	257,121	0
	(11)	0	0	0	0	-		0
<b>8</b> Laura-Ann Petitto Director VL2, CO-PI	(1)	226,758	0	0	44,504	26,659	297,921	0
	(11)	0	0	0	0	-		0
9Albert Benedict Dean,Stdnt Affairs & Acad	(1)	212,071	0	719	15,159	14,522	242,471	0
Supp	(11)	0	0	0	0			0
10Nicole Sutliffe Interim VP, Clerc Center	(1)	198,392	0	52	37,621	13,762	249,827	0
	(11)	0	0	0	0	- 0		0
11Thomas Allen Professor/Director, VL2	(1)	205,805	0	0	14,849	16,973	237,627	0
Center	(11)	0	0	0	0	- - 0		0
12T Alan Hurwitz Former President	(1)	20,994	0	201,998	3,990	1,574	228,556	0
	(11)	0	0	0	0	- 0		0

efi	le GRAPHIC print - DO NO	T PROCESS As	Filed Data -									DLN: 9:	3493044	007238		
	hedule K orm 990)	Su	pplemental	Information o	n Tax E	xem	pt E	Bonds					0 1545-0			
(,,	)	► Complete if the		swered "Yes" to Form s, and any additional				Provide des	scriptions,			2	2016			
Dena	rtment of the Treasury		•	► Attach to Form 99	0.							Ope	n to Publ	ic		
Inter	nal Revenue Service   e of the organization	▶Informatio	n about Schedule	K (Form 990) and its	instruction	s is at <u>w</u>	/ww.i	rs.gov/for	<u>m990</u> .	Employ	.or.idom	tification	spection.			
	audet University									•		uncation	number			
D-	art I Bond Issues									53-019	99507					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	orice T	(	f) Description	on of purpose	(a) De	feased	(h) (	)n	(i) Pool		
	(a) Issuel Hame	(5) 133467 2111	(6) 66511 "	(a) Bate issued	(0) 15500		,	i y bescription	on or purpose	(9) 50	reasea	behal	f of f	inancing		
										Yes	No	Yes	No Ye	es No		
A	DISTRICT OF COLUMBIA	53-6001131	25484JBZ2	05-25-2011	39,4	20,421	CAMP	JS IMPROVE	MENTS	res	X	163	X	X		
Pa	Proceeds															
					Ι .	A	Т	F	3	С			D			
1	Amount of bonds retired					3,755,	,000									
2	Amount of bonds legally defea	sed				39,426,	,116									
3	Total proceeds of issue						0									
4	Gross proceeds in reserve fun						0									
5	Capitalized interest from proce					2,730,	,730,012									
6	Proceeds in refunding escrows						0									
7	Issuance costs from proceeds						0									
8	Credit enhancement from prod						0									
9	Working capital expenditures						0									
10	Capital expenditures from pro					36,496,	,104									
11	Other spent proceeds					200,	,000									
12	Other unspent proceeds						0									
13	Year of substantial completion				20	016										
					Yes	No		Yes	No	Yes	No		Yes	No		
14	Were the bonds issued as part	of a current refunding	ıssue?			X										
15	Were the bonds issued as part	of an advance refund	ing issue?			X										
16	16 Has the final allocation of proceeds been made?			X												
Does the organization maintain adequate books and records to support the final allocation of proceeds?				×												
Pai	rt IIII Private Business l								·							
						A			3	Ç			D			
1	Was the organization a partne financed by tax-exempt bonds	r ın a partnership, or a	member of an LLC	, which owned property	Yes	No X	$\dashv$	Yes	No	Yes	No		Yes	No		
2	Are there any lease arrangem property?	ents that may result in	private business us		х											
For	Panerwork Reduction Act Not				Са	t No 50	193F				S	chedule	K (Form	990) 2016		

Page 2

D

Schedule K (Form 990) 2016

Nο

Yes

C D Α Yes Nο Yes No Yes No Yes Are there any management or service contracts that may result in private business use of Χ 

Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed C Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d Χ counsel to review any research agreements relating to the financed property?

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

Arbitrage

Part IV

c

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

Α

No

Х

Χ

Х

Х

Х

Yes

Χ

0 300 %

0 300 %

0 600 %

Х

Χ

Х

Yes

Χ

0 %

В

Nο

C

Nο

Yes

		A		В	
	Yes	No	Yes	No	Yes
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х			

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . . . . . .

**Procedures To Undertake Corrective Action** 

Schedule K (Form 990) 2016

Part V

requirements of section 148? . . .

Were any gross proceeds invested beyond an available temporary period?

Has the organization established written procedures to monitor the Χ

D Nο

Page 3

No

D

Yes

No

#### В Α C Yes No Yes No Yes No Yes Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the Х voluntary closing agreement program if self-remediation is not available under applicable regulations? Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). Part VI Return Reference **Explanation**

THE DISTRICT OF COLUMBIA ISSUED \$40,000,000 SERIES 2011 TAX-EXEMPT REVENUE BONDS ON BEHALF OF GALLAUDET UNIVERSITY. THE BONDS WERE SOLD TO FINANCE THE BUILDING A NEW RESIDENCE HALL, TO SCHEDULE K, PART I RENOVATE AND IMPROVE HEATING AND LIGHTENING SYSTEMS AND CONTROLS ON CAMPUS BUILDINGS, TO UPGRADE TECHNOLOGY INFRASTRUCTURE, AND TO RENOVATE RESIDENT HALLS, CLASSROOM BUILDINGS AND

OTHER CAMPUS FACILITIES THESE PROJECTS WERE ALL COMPLETED BEFORE SEPTEMBER 30, 2016

Return Reference	Explanation
CHEDULE K, PART II, LINE	ALL PROJECTS WERE COMPLETED BEFORE SEPTEMBER 30, 2016

SC

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	THE UNIVERSITY PERFORMED ITS MOST RECENT REBATE COMPUTATION ON 5/24/2016

Return Reference	Explanation
HEDULE K, PART IV, LINE 3	THE UNIVERSITY IS DISCLOSING THAT \$5,695 OF INTEREST earned IS INCLUDED WITH THE TOTAL PROCEEDS OF THE BOND ISSUE

SCH

DLN: 93493044007238 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Gallaudet University 53-0199507 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining items contributed applicable amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . 8 Intellectual property Securities—Publicly traded . Χ 44,768 Fair Market Value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution-Historic structures . . . . 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 19 20 Drugs and medical supplies . 21 Taxidermy . . . . 22 Historical artifacts . . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ ( \_\_\_\_\_\_ **26** Other ▶ ( \_\_\_ Other ► ( \_\_\_\_\_ 27 28 Other ► ( \_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Nο b If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)	Page 2					
Part II  Supplemental Information.  Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in F I, column (b), the number of contributions, the number of items received, or a combination of both. Also comple this part for any additional information.						
Return Reference	Explanation					
	THE NUMBER REPORTED AS ITEMS RECEIVED FOR SECURITIES CONTRIBUTIONS REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED (NOT THE TOTAL NUMBER OF SECURITIES SOLD)					
,	TO THE EXTENT THAT THE UNIVERSITY RECEIVES DONATIONS OF SECURITIES, ITS INVESTMENT BROKER/MANAGER IS TASKED WITH SELLING THOSE SECURITIES					
	Schedule M (Form 990) (2016)					

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 934930440072					93493044007238	
(Form 990 or EZ) Department of the T	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Name of the org Gallaudet Universit	ty	olemental Informati	on		Employer identif	fication number
Return Reference				Explanation		
OTHER PROGRAM SERVICES	DA IS AIM L HUMAN NG AND ALISM, A TING RE: STUDEN ESENTEI UNITIES AMPUS S ORTED II ECEIVES CONTRA E FORM	MÉD AT ADVANCING KN IITY RESEARCH AREA SPEECH SCIENCE, TEC ND DEAF LIFE A CRITIC SEARCH AND PRACTIC TS, WITH SPECIAL ATTI O GROUP GALLAUDET TO ADULTS WHO ARE IS SUMMER PROGRAMS, A N PART III AS BEING SO SIGNIFICANT AMOUNT CTS THESE REVENUE 990 BUT THE APPROPE THESE REVENUES ARE	OWLEDGE AND PRAISOF MAJOR IMPORTS HNOLOGY ACCESS, CALLY IMPORTANT FOR TO BENEFIT DEAF ENTION TO DIVERSITY UNIVERSITY'S PUBLIC DEAF SERVICES INCOMENTED AND EXTENSION PROFUNCED TO SPECIFIC SOF FEDERAL FUND HAVE BEEN REPORT	Y'S RESEARCH, DEVELOPMEI CTICE FOR DEAF AND HARD ( ANCE INCLUDE VISUAL LANG GENETICS, AMERICAN SIGN I OCUS AREA OF GALLAUDET I AND HARD OF HEARING PRE- Y AND EQUITY TO THIS TRAD C SERVICE ACTIVITIES PROV LUDE PROFESSIONAL TRAINI IGRAMS AT OTHER SCHOOLS CALLY IDENTIFIABLE PROGRA DING IN THE FORM OF APPRO RTED AS PROGRAM SERVICE OF THE GRANTS HAVE NOT B	DF HEARING PEO UAGE AND LEARI LANGUAGE/ENGLI JNIVERSITY IS INT KINDERGARTEN - ITIONALLY UNDE IDE EDUCATIONA NGS, A VARIETY O MS, THE UNIVERS PRIATIONS, GRAI REVENUE IN PAR IEEN ALLOCATED	PLE AND AL NING, HEARI ISH BILINGU TEGRA - 12 GRADE R-REPR IL OPPORT OF ON-C REVENUE REP BITY R NTS, AND T VIII ON TH

Return Explanation
Reference

FORM 990,	THE UNIVERSITY DOESN'T TRADITIONALLY HOLD SPECIAL EVENTS WHERE A DONOR RECEIVES GOODS OR S
PART V,	ERVICES IN EXCHANGE FOR HIS OR HER DONATION, HOWEVER, THE UNIVERSITY DOES OPERATE SMALL CL
LINE 7A &	UBS OPEN TO THE PUBLIC THROUGH CONTRIBUTIONS AND MEMBERSHIP FEES WHERE A DONOR MAY RECEIVE
7B	DE MINIMIS BENEFITS ACCORDINGLY, THE UNIVERSITY IS RESPONDING YES TO QUESTIONS 7A & 7B I
	N PART V OF THE FORM 990

Return Explanation
Reference

POLICIES	FORM 990, PART VI, SECTION B LINE 11 - PROCESS USED TO REVIEW FORM 990 THE FORM 990 WAS PR
	EPARED 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 RESPON
	SIBILITY FOR OVERSEEING THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES PRIOR TO FILING A
	COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL AUDIT COMMITTEE FOR DISCUSSION AND
	COMMENT THE FINAL SIGNED FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES BEFORE THE
	RETURN IS ULTIMATELY FILED WITH THE IRS

Return Reference	Explanation
LINE 12 - ENFORCEMENT OF CONFLICT OF INTEREST POLICY	GALLAUDET UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND ALL ADMINISTRATORS, FACULTY, TEACHERS, AND STAFF OF THE UNIVERSITY ALL BOARD MEMBERS MUST DISCLOSE, AT THE EARLIEST PRACTICABLE TIME, ANY POSSIBLE CONFLICT OF INTERES TO THE SCRETARY OF THE BOARD AND THE AUDIT COMMITTEE TO FACILITATE THIS POLICY, EACH MEMBER COMPLETES AND FILES ANNUALLY, WITH THE SECRETARY OF THE BOARD AND THE CHAIRMAN OF THE AUDIT COMMITTEE, INFORMATION ABOUT POSSIBLE CONFLICTS OF INTEREST AFFECTING GALLAUDET UN IVERSITY, INCLUDING INTERESTS OF IMMEDIATE FAMILY MEMBERS AND ORGANIZATIONS IN WHICH THE BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT FUNCTION OR A SIGNIFICANT OWNERSHIP INTEREST IF A BOARD MEMBER IS UNCERTAIN WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS PRESENTED TO THE AUDIT COMMITTEE AND THEN A DETERMINATION IS REQUESTED BY THE BOARD THESE MATTERS WILL BE RESOLVED BY MAJORITY VOTE THE BOARD MEMBER WHOSE CONFLICT OF INTEREST IS UNDER CONSIDERATION IS EXCLUDED FROM PARTICIPATION THE DISCLOSURE OF THE CONFLICT AND THE RELATED DELIBERATION AND VOTING RESULTS ARE DOCUMENTED IN THE MINUTES OF THE MEETING ADMINISTRAT ORS, FACULTY, TEACHERS, AND STAFF ALSO SIGN A "CONFLICT OF INTEREST POLICY COMPLIANCE STAT EMENT" ANNUALLY INDICATING THAT THEY UNDERSTAND THEIR FIDUCIARY RESPONSIBILITY TO THE UNIVERSITY AND REAFFIRMING THEIR COMMITMENT TO FULLY DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST WHICH MAY EXIST DISCLOSURES OF ANY POTENTIAL CONFLICT OF INTEREST ARE MADE PROMPTLY IN WRITING TO THE PRESIDENT OF THE UNIVERSITY WITH A COPY TO THE UNIT ADMINISTRATOR, SENIOR ADMINISTRATOR, AND HUMAN RESOURCES SERVICES THE DISCLOSURE STATEMENT IS REVIEWED BY A COMMITTEE APPOINTED BY THE PRESIDENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS A DISCLOS URE BY THE PRESIDENT IS MADE TO THE SECRETARY OF THE BOARD AND IS REVIEWED BY THE SECRETAR Y AND THE CASE OF A FINDING AGAINST THE PRESIDENT, THE CHAIRMAN OF THE BOARD ) WILL TAKE APPROPRIATE ACTION TO ELIMINATE THE CONFLICT AND SAFEGUARD THE INTERESTS O

Return Reference	Explanation
LINE 15 - PROCESS FOR DETERMINING COMPENSATION	THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE HAS THE ULTIMATE RESPONSIBILITY FOR DETERMIN ING THE TOTAL COMPENSATION PACKAGE OF THE UNIVERSITY'S PRESIDENT THE COMPENSATION COMMITT EE USES AN INDEPENDENT CONSULTANT TO PERIODICALLY PERFORM A COMPENSATION STUDY TO INFORM I TS DECISION ON THE PRESIDENT'S COMPENSATION AND MAKES RECOMMENDATIONS TO THE FULL BOARD FO R ITS CONSIDERATION AND VOTE THE MOST RECENT COMPENSATION STUDY OCCURRED DURING 2015 COM PENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEE TING OF THE COMMITTEE WHEN THE DECISIONS ARE MADE THE PRESIDENT'S SALARY IS DETERMINED IN ACCORDANCE WITH GALLAUDET'S GENERAL COMPENSATION PRACTICES MERIT, PAY INCREASES, AND BON USES ARE DETERMINED AT THE DISCRETION OF THE COMPENSATION COMMITTEE THE PRESIDENT OF THE UNIVERSITY IS RESPONSIBLE FOR THE COMPENSATION OF THE UNIVERSITY'S OFFICERS AND SENIOR MAN AGEMENT WITHIN THE GUIDELINES ESTABLISHED BY THE COMPENSATION COMMITTEE ON AN ANNUAL BASI S, AN ANALYSIS IS PERFORMED BY AN INDEPENDENT CONSULTANT TO ASSESS LOCAL TRENDS IN COMPENS ATION AND ADJUSTMENTS ARE MADE TO THE STAFF SALARY RANGES AS NECESSARY EVERY THREE YEARS, THE UNIVERSITY HIRES AN INDEPENDENT CONSULTANT TO PERFORM AN INTENSIVE MARKET STUDY TO EV ALUATE GALLAUDET'S STAFF COMPENSATION PROGRAM AGAINST THOSE OF OTHER UNIVERSITIES AND NOTFOR-PROFIT ORGANIZATIONS THE MOST RECENT INTENSIVE MARKET STUDY WAS PERFORMED IN 2017 THE CONSULTANT PROVIDES ANALYSES OF SALARY DATA SURVEYS AND MAKES RECOMMENDATIONS TO UNIVERS ITY MANAGEMENT SENIOR MANAGERS ARE RESPONSIBLE FOR THE MANAGEMENT OF COMPENSATION WITHIN THEIR UNITS, USING THE ESTABLISHED COMPENSATION PARAMETERS APPROVED BY THE PRESIDENT AND COMPENSATION COMMITTEE

Return Explanation
Reference

Disclosure	FORM 990, PART VI, SECTION C LINE 19 - AVAILABILITY OF DOCUMENTS TO THE PUBLIC THE FOLLOWI
	NG DOCUMENTS ARE AVAILABLE ON GALLAUDET UNIVERSITY'S WEBSITE, WWW GALLAUDET EDU BOARD OF
	TRUSTEES, AUDITED FINANCIAL STATEMENTS, IRS FORM 990, CONFLICT OF INTEREST POLICY, WHISTLE
	BLOWER POLICY, DOCUMENT RETENTION POLICY AND CURRENT BYLAWS THIS INFORMATION IS ALSO AVAI
	LABLE UPON REQUEST TO PAUL KELLY, VP-ADMINISTRATION & FINANCE

Return Explanation
Reference

FORMER
KEY
EMPLOYEE
FORM 990, PART VII MR STEPHEN WEINER IS CURRENTLY EMPLOYED WITH THE UNIVERSITY AS A PROFE
SSOR, BUT NO LONGER MEETS THE CRITERIA TO BE DISCLOSED AS A HIGHLY COMPENSATED EMPLOYEE W
HILE 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

990 Schedule O, Supplemental Information

Explanation

Retain Reference	Explanation
RECONCILIATION	FORM 990, PART XI, LINE 9 RECOVERIES OF PRIOR YEAR GRANTS (\$15,758) CHANGE IN VALUE OF SPL
OF NET ASSETS	IT INTEREST AGREEMENTS (\$15,026) TOTAL (\$30,784) ======

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493044007238 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Gallaudet University 53-0199507 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Complete if the or	ganization answered	I "Yes" on Form 990	), Part IV, line 34 b	ecause it had one or	more	
(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co ent	512(b) ontrolled
(1)GALLAUDET UNIVERSITY FOUNDATION	SUPPORT ORG	DC	501(C)(3)	12A	GALLAUDET	Yes Yes	No
800 FLORIDA AVENUE NE	SOFFORT ORG		301(0)(3)	124	GALLAUDLI	les	
WASHINGTON, DC 20002 46-1643010							
							<u> </u>
							<u> </u>
							<u></u>
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 501	35Y	I	Schedule R (Form	990) 20	)16

		(b)	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Scrie	Tule K (Form 990) 2016		Pa	ige <b>3</b>
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	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	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

		1		1
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	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	
o	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amo	ount i	nvolved	<u> </u>

type (a-s) 380,294 (1)gallaudet foundation d cost

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

<b>1</b>													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		<u></u>	<b>(k)</b> Percentage ownership
			514)	Yes	No	<b>!</b>		Yes	No		Yes	No	
										Schedul	e R (Form	1 990	D) 2016

