DLN: 93493083005580 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization D Employer identification number B Check if applicable Gallaudet University ☐ Address change 53-0199507 % LISA CLARKE INTERIM CFO/TRE ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 800 FLORIDA AVENUE NE Suite 108 ☐ Amended return ☐ Application pending (202) 651-5299 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  200023695  $\,$ G Gross receipts \$ 276,331,950 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 108 H(b) Are all subordinates WASHINGTON, DC 20002 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or □ 527 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) . . . 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 2,806 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 8,199,061 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 5,189,044 140,456,619 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 185,015,724 53,328,875 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 9,681,693 9,101,895 827,377 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 814,371 200,700,832 203,714,766 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 10,631,103 11,057,513 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 119,218,395 117,175,916 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶2,071,913 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 67,397,821 70,321,484 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 197,247,319 198,554,913 19 Revenue less expenses Subtract line 18 from line 12 . 3,453,513 5,159,853 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 443,620,276 454,724,674 63,623,912 21 Total liabilities (Part X, line 26) . 59,368,738 22 Net assets or fund balances Subtract line 21 from line 20 . 391,100,762 384,251,538 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 2020-03-23 Signature of officer Sign Here ISA CLARKE Interim CFO/Treas Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00504182 Paid self-employed Firm's name Frant Thornton LLP Firm's EIN ▶ **Preparer** Use Only Firm's address ► 757 THIRD AVENUE 9TH FLOOR Phone no (212) 599-0100 NEW YORK, NY 10017 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page				
Pa	statement	of Program Servi	ce Accomplis	hments						
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III .						
1	Briefly describe the o	organization's mission		•						
WOR ACAI AND	LD ESTABLISHED EXC DEMIC PROGRAMS, TH A WIDE RANGE OF PU	LUSIVELY FOR DEAF C E UNIVERSITY OFFERS BLIC SERVICE PROGRA	OR HARD OF HEA SELEMENTARY A AMS GALLAUDE	RING STUDENTS IN ADI ND SECONDARY EDUCA <sup>-</sup> T IS A PRIVATE UNIVERS	DET IS THE ONLY ACCREDIT DITION TO ITS UNDERGRADU IION PROGRAMS, CONTINUI SITY THAT RECEIVES A SUBS R THE AUTHORITY OF THE ED	JATE AND GRADUATE NG EDUCATION PROGRAMS, TANTIAL PROPORTION OF IT				
2	Did the organization the prior Form 990 o	, ,	ant program serv	vices during the year wh	ıch were not listed on	□ Yes V No				
	'	ese new services on Sc				L res Lino				
3	•			changes in how it conduc	ete any program					
,	services?	<b>.</b>	nake significant	changes in now it conduc	cts, any program	. □Yes ☑No				
		ese changes on Schedu				. Lifes Elifo				
4	Section 501(c)(3) an		ons are required	to report the amount of	argest program services, as r grants and allocations to oth					
4a	(Code	) (Expenses \$	91,048,458	including grants of \$	1,879,721 ) (Revenue \$	27,805,074 )				
	See Additional Data									
4b	(Code See Additional Data	) (Expenses \$	32,079,411	including grants of \$	9,061,649 ) (Revenue \$	1,316,833 )				
4c	(Code	) (Expenses \$	27,401,510	including grants of \$	0 ) (Revenue \$	22,865,369 )				
	See Additional Data									
	See Additional Data	Table								
4d	Other program services (Describe in Schedule O )									
-T-G										
	(Expenses \$	12,848,109 inc	luding grants of	\$ 116,14	13 ) (Revenue \$	1,341,599 )				

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

Part V

	tiv Checklist of Required Schedules (continued)			rage 4
			Yes	No
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? <i>If "Yes," complete Schedule J.</i>	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-EZ?  If "Yes," complete Schedule L, Part I	25b		No
26	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		No
27	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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459

0

**1**c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d |

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources

9a

9h

13a

14a

14b

15

No

No

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9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

12a 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 Section 501(c)(29) qualified nonprofit health insurance issuers.

11b

13b

13c

rm	990 (2018)		Page (
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	nse to i	lines ✓
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 19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18		
_	Did any officer described by the state of th		

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more

the following

13

Section C. Disclosure

Did the organization have a written whistleblower policy? . . . . .

Did the organization have a written document retention and destruction policy? .

only) available for public inspection. Indicate how you made these available. Check all that apply ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

►LISA CLARKE INTERIM CFOTRE 800 FLORIDA AVE NE WASHINGTON, DC 20002 (202) 651-5299

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

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

policy, and financial statements available to the public during the tax year

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . . . . . . .

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 

Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in

Did the process for determining compensation of the following persons include a review and approval by independent

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

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

and branches to ensure their operations are consistent with the organization's exempt purposes?

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . .

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . .

persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . .

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

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

Each committee with authority to act on behalf of the governing body? .

**10a** Did the organization have local chapters, branches, or affiliates? .

7a Nο Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7h No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by

8a

8b

10a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16h

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

Yes

No

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Nο

Nο

Nο

Part VII

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

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

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

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

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee"

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - f 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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

compensated employees, and former such persons

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

(A)

Name and Title

Average hours per than one box, unless person week (list is both an officer and a from the from related compensation compensation from the from related compensation compensation from the from related compensation compensation compensation from the from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation from the from related compensation compensation compensation compensation compensation and compensation compens

Name and Title	hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee)				s pers and a ee)	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form <b>990</b> (2018)

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

(A) (B) (C) (D) (E) (F)

Page 8

Section A. Officers, Direct	unia, musices	, icey	LIIIPI	0,0	,	unu	ı ııyı	icst co	препза	ca Employees	(0011	ennaca)		
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	son	Repo comp fro organiz	( <b>D)</b> ortable ensation m the ation (W-		n     W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	individu or direc	In stitut	Officer	key employee	Highest employ	Former	2/109	9-MISC)	2/1099-MISC	:)	organıza rela organız	ted	
	, ,	Individual trustee or director	Institutional Trustee		eeiolog	Highest compens								
		đ.	Stee			nsated								
See Additional Data Table														
1b Sub-Total	•	Α				<b>&gt;</b>		3.	957,710		0		1,004,299	
Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rece			100,000	<b>.</b>			
2 0 111												Yes	No	
Did the organization list any former of line 1a? If "Yes," complete Schedule 3	for such individ	dual .	•	•	•		•				3		No	
For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes		
5 Did any person listed on line 1a receiver services rendered to the organization									tion or in	dividual for	5		No	
Section B. Independent Contract	ors													
Complete this table for your five high from the organization Report comper	est compensate										mper	nsation		
Name a	(A) and business addre	٠, ,							Des	(B) scription of services			C) nsation	
Bon Appetit, PO Box 417632 BOSTON, MA 022417632	ma susmess addre								Food Servi	•		+	7,245,759	
Flik International Corp, 800 Florida Avenue NE WASHINGTON, DC 20002									Conf Cent	er Mngt		(	5,370,054	
Corbett Construction, 2810 Dorr Avenue FAIRFAX, VA 22030									Construct	on			1,605,724	
Marr Construction Co, 13505 Montvale Drive SILVER SPRING, MD 20904	larr Construction Co, Construction 854,238 3505 Montvale Drive													
Setty Assoc PLLC, 3030 Williams Drive 600 FAIRFAX, VA 22031									Construc/f				853,613	
3 Total number of independent contractor	فريط بمعرامين المحريلين	not lim		a +b		lictor	2601	ا عطیبا (م)			20 -4	:1		

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

compensation from the organization ▶ 68

Part		Statement of	Revenue								rage 3
·		Check if Schedul		a respo	onse or note to a	ny line in t	this Part VII	ı			🗆
				'			(A) revenue	Re e fu	(B) lated or xempt unction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a				re	evenue		512 - 514
nts nts		<b>b</b> Membership dues		1b		_					
Gifts, Grants illar Amounts		c Fundraising events		1	]	_					
S, G Am		d Related organizatio		1c		_					
計言		Government grants (co		1d	125 217 00	_					
s, ( imi				1e	135,317,90	_					
ion S		f All other contributions and similar amounts n above		1f	5,138,71	9					
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included	71	3,756	_					
3 2 8		<b>h Total.</b> Add lines 1a	-1f		🕨		140,456,619				
_					Busine	ess Code					
Program Service Revenue	<b>2</b> a	TUITION				611710	29,2	221,828	29,221,8	28	0 0
بر بر	b	ROOM AND BOARD				721310	13,4	173,750	13,473,7	50	0 0
Se F	c	CONFERENCE CENTER F	REVENUE			721110	7,6	553,261		0 7,653,2	61 C
er vi	d	AUXILIARY SERVICES				611710		85,647	773,8	88 533,6	24 378,135
S	e	GOVERNMENT APPROPR	RIATIONS			900099	1	147,947	147,9	47	0 0
grar		All II					1,1	146,442	1,048,0	24	98,418
Ρo		All other program se			5	3,328,875		•			
		Total. Add lines 2a-2			<u> </u>						T
		Investment income (i similar amounts)			interest, and oth	er •	4,083,38	35		10,562	4,072,823
		Income from investme			ond proceeds	<b>•</b>		0			
	5	Royalties				<b>•</b>		0			
			(ı) Real	(II) Personal							
	6a	Gross rents	,	25,114							
	Ŀ	Less rental expenses									
		Daniel		25 114							
	•	Rental income or (loss)		25,114		٥					
	c	Net rental income o	or (loss)		,	<u> </u>	225,11	.4			225,114
			(ı) Securit	ies	(II) Other						
	7 <i>a</i>	Gross amount from sales of assets other than inventory	71,2	38,569	5,616,	.812					
	t	<ul> <li>Less cost or other basis and sales expenses</li> </ul>		19,928							
		Gain or (loss)		81,359	5,499,	.869	5 040 54				5 040 540
		d Net gain or (loss) . Gross income from f			<u> </u>	<u> </u>	5,018,51	1.0			5,018,510
Other Revenue	Ga	(not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of a		0					
Re	Ŀ	Less direct expense	s	b		0					
er	•	Net income or (loss)	from fundrais	ing ev	ents			0			
Ott	9a	Gross income from g See Part IV, line 19		es							
		•		а		0					
	Ł	Less direct expense	s	b		0					
		: Net income or (loss)		activit	ies			0			
	10	<b>a</b> Gross sales of invent returns and allowand		a	1,382,5	576					
	Ł	Less cost of goods s	sold	b	780,3	313					
	(	Net income or (loss)		ınveni			602,26	53		1,614	600,649
		Miscellaneous	Revenue		Business Cod	e					
	11	La									
	t										
	(										
		d All other revenue									
	•	e <b>Total.</b> Add lines 11a	ı–11d		•			0			
_	12	<b>2 Total revenue.</b> See	Instructions			.	203,714,76	56	44,665,437	8,199,061	
								_			Form <b>990</b> (2018)

key employees . .

section 4958(c)(3)(B) .

7 Other salaries and wages

**9** Other employee benefits .

**d** Lobbying . . . . . .

f Investment management fees .

**12** Advertising and promotion . . .

e Professional fundraising services See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

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 .

21 Payments to affiliates . . . .

expenses on Schedule O )a CONFERENCE CENTER

d INTERPRETING EXPENSES

c MAINTENANCE & SVC CONTRACTS

**b** FOOD SERVICES

e All other expenses

g Other (If line 11g amount exceeds 10% of line 25, column

10 Payroll taxes . . . . .11 Fees for services (non-employees)a Management . . . . . .

**b** Legal .

c Accounting .

13 Office expenses . .

**14** Information technology

**20** Interest . . . .

15 Royalties .

**17** Travel .

16 Occupancy .

23 Insurance .

6 Compensation not included above, to disqualified persons (as

defined under section 4958(f)(1)) and persons described in

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . .

158,851

863,651

143,727

115,534

77,539

249,431

80,994

29,997

18,237

270

0

n

6,125

26,279

86,723

2.071.913

Form 990 (2018)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)										
Check if Schedule O contains a response or note to any	y line in this Part IX .			🗆						
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	11,057,513	11,057,513								
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0									
<b>4</b> Benefits paid to or for members	0									
5 Compensation of current officers, directors, trustees, and	3,730,402	1,645,344	1,870,503	214,555						

695,632

84,707,190

12,438,581

9,717,274

5,886,837

3.606.264

293,962

498.017

773,184

21,114

6,861,384

3,522,698

2,827,540

7,137,850

1,744,711

90,612

2,215,150

1,230,144

6,621,575

5.997.978

4,840,457

1,337,500

5,374,447

198,554,913

0

0 15,314,295

12,602

0

411,370

74,676,561

10,858,524

8,831,307

5,072,710

28,282

2,290,399

3,222,096

1,563,969

6,263,338

1,501,792

62,854

2,166,788

12,739,183

107,629

6,621,575

5,997,978

4,834,332

552,727

2,840,500

163,377,488

12,602

18,115

125,411

9,166,978

1,436,330

770,433

736,588

3,577,982

293,962

498.017

773,184

2,999

219,608

874,512

224,682

27,488

48.362

2,575,112

1,122,515

0

0

0

758,494

2,447,224

33,105,512

1,233,574

4,321,554

Page **11** 

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0

0

2.456.009

63.623.912

244,837,739

17,641,401

128,621,622

391,100,762

454,724,674

Form **990** (2018)

22

23

24

25

26

27

28

29

30

31 32

33

34

0

0

2,590,303

59.368.738

237.026.516

19,562,603

127,662,419

384,251,538

443,620,276

Form 990 (2018)

23

24

26

27

28

29

30

31

32

33

34

Assets or Fund Balances

Net

		Check if Schedule O Contains a response of flot	e to a	iy iiile iii tiiis Fait ix		<u> </u>	
					<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			13,086	1	13,086
	2	Savings and temporary cash investments .		[	12,912,876	2	11,531,459
	3	Pledges and grants receivable, net			5,521,168	3	18,919,068
	4	Accounts receivable, net	6,650,129	4	10,414,677		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated er	nployees Complete	0	5	0
ν <sub>ο</sub>	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under 8(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0	
ssets	7	Notes and loans receivable, net			1,025,114	7	903,257
SS	8	Inventories for sale or use			656,588	8	581,556
⋖	9	Prepaid expenses and deferred charges			2,246,819	9	2,952,595
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	434,985,144			
	ь	Less accumulated depreciation	<b>10</b> b	221,557,756	221,493,864	<b>10</b> c	213,427,388
	11	Investments—publicly traded securities .			149,372,931	11	150,131,125

امر		Part II of Schedule L					
ë	7	Notes and loans receivable, net			1,025,114	7	(
ssets	8	Inventories for sale or use			656,588	8	
4	9	Prepaid expenses and deferred charges			2,246,819	9	2,9
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	434,985,144			
	b	Less accumulated depreciation	<b>10</b> b	221,557,756	221,493,864	10c	213,4
	11	Investments—publicly traded securities .			149,372,931	11	150,
	12	Investments—other securities See Part IV, line	11 .		41,292,136	12	43,0
	13	Investments—program-related See Part IV, line	11 .		0	13	
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11			2,435,565	15	2,5
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	443,620,276	16	454,7
	17	Accounts payable and accrued expenses			17,355,776	17	18,8
	18	Grants navable			0	18	

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17 - 24)

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.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

	basis Complete Part VI of Schedule D	10a	434,985,144			
Ь	Less accumulated depreciation	10b	221,557,756	221,493,864	<b>10</b> c	213,427,388
11	Investments—publicly traded securities .			149,372,931	11	150,131,125
12	Investments—other securities See Part IV, line	11 .		41,292,136	12	43,339,282
13	Investments—program-related See Part IV, line		0	13	0	
14	Intangible assets		[	0	14	0
15	Other assets See Part IV, line 11		2,435,565			2,511,181
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	443,620,276	16	454,724,674
17	Accounts payable and accrued expenses			17,355,776	17	18,843,386
18	Grants payable			0	18	0
19	Deferred revenue			5,170,000	19	8,870,382
20	Tax-exempt bond liabilities			34,252,659	20	33,454,135
<b>∞</b> 21	Escrow or custodial account liability Complete F	Part IV	of Schedule D	0	21	0
iliic 22	Loans and other payables to current and former key employees, highest compensated employee					

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

3a

3b

Yes

Yes Form 990 (2018)

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

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

Name: Gallaudet University

Form 990 (2018)

Form 990, Part III, Line 4a: INSTRUCTION AND ACADEMIC SUPPORT - GALLAUDET UNIVERSITY ("GALLAUDETTHE "UNIVERSITY") 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 1.523 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 272 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

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

Form 990, Part III, Line 4c:

STUDENT SERVICES PROGRAM EXPENSE

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

others, the total e	expenses, and revenue, if any	, for each pr	ogram service reported		
(Code	) (Expenses \$	7,909,011	ıncludıng grants of \$	112,582 ) (Revenue \$	175,697 )

(Code ) (Expenses \$ 7,909,011 including grants or \$ 112,582 ) (Revenue \$ 175,697 )

RESEARCH

(Code ) (Expenses \$ 4,939,098 including grants of \$ 3,561 ) (Revenue \$ 1,165,902 )

PUBLIC SERVICES

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average compensation hours per than one box, unless 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

	any nours		a dir	ecto		ustee)		organization			
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
SETH BRAVIN	2 0										
TRUSTEE/CHAIR	0 0	×		X				0	0	0	
CLAIRE BUGEN	2 0							_		_	
TRUSTEE/VICE CHAIR	0 0	×		X				0	0	0	
DUANE HALLIBURTON	2 0	х		х				0	0	0	
TRUSTEE, SECRETARY	0 0										
THE HONORABLE GK BUTTERFIELD	2 0	X						0	0	0	

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**TRUSTEE** 

THE HONORABLE SHERROD BROWN

THE HONORABLE KEVIN YODER

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TRUSTEE

TRUSTEE

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TRUSTEE

TRUSTEE

JAMESON CRANE JR

DR LINDA CAMPBELL

JOSE CERVANTES

JORGE DIAZ-HERRERA

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

TRUSTEE

TRUSTEE

**TRUSTEE** 

TRUSTEE

TRUSTEE

PRESIDENT

JAMES FX PAYNE

PHILIP KERSTETTER

ROBERTA J CORDANO

JAMES MACFADDEN

WILMA NEWHOUDT-DRUCHEN

	any hours	and	a dır	ecto	r/tr	ustee	)	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations	
CHARLENE DWYER	2 0	×						0	C	0	
TRUSTEE	0 0								3		
CLAUDIA L GORDON	2 0	×						0		0	
TRUSTEE	0.0								0	ĺ	

CLAUDIA L GORDON	2 0	×				0	
TRUSTEE	0 0	_ ^					
JEFFREY L HUMBER JR	2 0	×			0	0	
TRUSTEE	0 0	, ,				)	
GREGORY J HLIBOK	2 0	V			0	0	

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443,838

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156,054

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JEFFREY L HUMBER JR	2 0	×				0	0	(
TRUSTEE	0 0	,,					J	
GREGORY J HLIBOK	2 0	×				0	n	
TRUSTEE	0 0	_ ^						

JEFFREY L HUMBER JR		<sub>v</sub>				n	_
TRUSTEE	0 0	_ ^				0	0
GREGORY J HLIBOK	2 0	×			0	0	0
TRUSTEE	0 0	, ,					
NANCY KELLY-JONES	2 0						

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and

	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	MISC)	MISC)	related organizations
PAUL KELLY	40 0			x				404,277	0	53,810
VP ADMIN & FINANCE (THRU 2/19)	0 0							, i		,
CAROL ERTING PROVOST	40 0			х				318,157	0	94,862
LISA CLARKE INTERIM, VP ADMIN/FIN & TREAS	40 0			x				0	0	0
FRED WEINER	40 0				x			213,949	0	68,249

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211,970

190,701

230,306

272,781

227,563

190,856

56,537

65,020

55,001

71,816

50,384

57,070

0

0 0 40 0

> 0 0 40 0

0 0 40 0

0 0 40 0

0 0

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INTERIM, VE ADMINITIN & TREAS	
FRED WEINER	
ASSISTANT VP A&F	
EUGENIE N GERTZ	
DEAN, COLLEGE OF ARTS & SCIENC	

**GARY ALLER** 

NICOLE SUTLIFFE

CHIEF OF STAFF

MARIANNE BELSKY

THOMAS HOREJES

ASSOC PROVOST, SSAQ

EXEC DIRECTOR BUSINESS SRVC

......

CHIEF ADMIN OFFICER, CLRC CTR

CHIEF ACAD OFFICER, CLERC CTR

KATHERINE HEATHER HARKER

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer from the from related compensation

and Independent Contractors

DEAN, STDNT AFFAIRS & ACAD SUPP

PROFESSOR/DIRECTOR, VL2 CENTER

VP, EQUITY, DIVERS & INCL

THOMAS ALLEN

ELAVIE NDURA

	any hours	and	a dır	ecto	r/tr	ustee	)	organization		from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations	
PAUL JULIN	40 0					×		228,430	0	76,904	
VP, INSTITUTIONAL ADVANCEMENT	0 0							,		,	
LAURA-ANN PETITTO	40 0					, ,		206 775	0	02.207	

PAUL JULIN	40 0					~		228,430	0	
VP, INSTITUTIONAL ADVANCEMENT	0 0					^		220,430	0	
LAURA-ANN PETITTO	40 0					×		296,775	0	
DIRECTOR VL2, CO-PI	0.0					^		290,773	0	,
ALBERT BENEDICT	40 0					v		268,037	0	
		I	I	I	ı I	^	I	200,037	ı	

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0 0

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82,387

25,799

37,574

52,832

219,879

240,191

efil	e GR	APHIC pri	nt - DO NO	PROCESS	As Filed Data -			DLN: 9	3493083005580
	m 99	OULE A	Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	a section	2018	
		f the Treasury		► Go to	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
lam	e of tl	he organiza iversity	tion					Employer identific	cation number
Da	rt I	Boscon	for Bublic C	haritu Etat	us (All organization	s must comple	to this part \ C	53-0199507	
					<b>us</b> (All organization e it is  (For lines 1 thro			see instructions.	
1		A church, c	onvention of c	hurches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	<b>✓</b>	A school de	escribed in <b>sec</b>	tion 170(b)(	1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r		iization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
6		,			governmental unit de				
7				nally receives <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	nit or from the gener	al public described in
8		A commun	ty trust descri	bed in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or a
.0		from activition	cies related to cincome and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more publi	ly supported	organizātions (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
a		<b>Type I.</b> A sorganization	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) <b>You must com</b>				ated with, its
d		Type III n	on-functiona integrated T	a <b>lly integrate</b> he organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	Ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
e		Check this	box if the orga	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III no of supported		integrated supporting	organizacion			
g	Provi	de the follow	ing informatio	n about the su	upported organization(	s)		_	
	1 (i)	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	ee   ` ´			(vi) Amount of other support (see instructions)
						Yes	No		
ota	ı								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

supported organization

(b)(1)(A)(ix)

Page 2

	(Complete only if you cl	necked the box o	on line 5, 7, 8, or	9 of Part I or If	the organization	n failed to qualify	under Part
	III. If the organization f	ails to qualify ur	ider the tests list	ed below, pleas	e complete Part	III.)	
S	Section A. Public Support						
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in)	(,	(-,	(-,	(-,	(-,	(-,
L	Gifts, grants, contributions, and	137,696,601	144,703,736	131,562,962	136,319,796	140,456,619	690,739,714
	membership fees received (Do not include any "unusual grant")	137,090,001	144,703,730	131,302,902	130,319,790	140,430,019	090,739,714
2	Tax revenues levied for the						
-	organization's benefit and either						_
	paid to or expended on its behalf						0
	·						
3	The value of services or facilities						
	furnished by a governmental unit to						0
	the organization without charge						
1	<b>Total.</b> Add lines 1 through 3	137,696,601	144,703,736	131,562,962	136,319,796	140,456,619	690,739,714
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						_
	supported organization) included on						0
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
=	(f) <b>Public support.</b> Subtract line 5						
,	from line 4						690,739,714
5	Section B. Total Support						
_	Calendar year						
	(or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	( <b>d)</b> 2017	(e)2018	<b>(f)</b> Total
7	Amounts from line 4	137,696,601	144,703,736	131,562,962	136,319,796	140,456,619	690,739,714
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	5,137,161	4,533,858	3,938,514	3,788,525	4,297,937	21,695,995
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or not						0
	the business is regularly carried on						
10	Other income Do not include gain						
LU	or loss from the sale of capital	3,057,421	3,578,932	3,103,940	2,369,006	1,854,882	13,964,181
	assets (Explain in Part VI )	· '	· '	· '	· ·	' '	, ,
L1							726,399,890
	through 10						720,399,090
L2	Gross receipts from related activities,	etc (see instruction	ons)			12	239,767,427
L3	First five years. If the Form 990 is f	or the organization	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orgai	nization,
	check this box and <b>stop here</b>						
_	Section C. Computation of Publi						
				1 (6)			
	Public support percentage for 2018 (I			olumn (f))		14	95 091 %
	Public support percentage for 2017 Se	•				15	0 %
L6a	33 1/3% support test—2018. If the	e organızatıon dıd ı	not check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	
	and stop here. The organization qua	lifies as a publicly s	supported organiza	tion			▶ ☑
ŀ	33 1/3% support test-2017. If the		• •		nd line 15 is 33 1/3	3% or more, check	
-	box and <b>stop here.</b> The organization	-		•	,	,	▶ □
	10%-facts-and-circumstances tes				. 12 16 166		

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶ 🗆 organization h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ightharpoons

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anızatıon	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 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 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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

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

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

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

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

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

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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5
Pa	rt IV 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		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1				
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	<b>b</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.	2~		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</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	36		

Sched	ule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(B) Current Year (optional)		
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	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		
	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		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

chedule A	edule A (Form 990 or 990-EZ) 2018 Page <b>8</b>				
Part VI	Section A, lines 1, 2, Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See			
		Facts And Circumstances Test			
90 Sche	dule A, Supplemen	tal Information			
Ret	turn Reference	Explanation			
ı					

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493083005580

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

f the	Section 527 organizations Complete organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax	90-EZ, Part VI, Iir ection 501(h)) Conder section 501(h	ne <b>47 (Lobbying Activit</b> mplete Part II-A Do not )) Complete Part II-B D	i <b>es),</b> com o no	iplete Part II-l it complete Pa	art II-A
	Section 501(c)(4), (5), or (6) organized of the organization	zations Complete Part III		Employer id		fication number	- h - u
	audet University				enu	ncation nun	iber
Par	t I-A Complete if the orga	nization is exempt under section	n 501(c) or is	53-0199507	niza	ation	
1		ization's direct and indirect political car					
-	"political campaign activities")	nzacion's direct and indirect political car	ilpaigil activities il	Part IV (See Instruction	5 101	definition of	
2	Political campaign activity expend	litures (see instructions)		<b>&gt;</b>	\$		
3	Volunteer hours for political camp	• ,					
Par	t I-B Complete if the orga	nization is exempt under section	n 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	•	\$		
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955	•	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the orga	nization is exempt under section	n 501(c), exce	pt section 501(c)(	3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No
5							
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly delives separate programmers and control of the cont	or received only and vered to a colitical of the following
1							
2							
3							
4							
5							
6							
or P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule 6	C (Fo	rm 990 or 99	3-EZ) 2018

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Schedule C (Form 990 or 990-EZ) 2018

Part		rganization is exempt under section 501(c)(3) and has NOT fil ion under section 501(h)).	ed			
For each	•	rough 1: below, provide in Part IV a detailed description of the lobbying	(a)	)	(b	)
activity	•	lough It below, provide in Part IV a detailed description of the lobbying	Yes	No	Amo	unt
		ganization attempt to influence foreign, national, state or local legislation, ce public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?			No		
		de compensation in expenses reported on lines 1c through 1i)?	Yes			
	Media advertisements?	The same particular and supplies a supplies and supplies	+	No		
	Mailings to members, legislators	, or the public?		No		
	Publications, or published or bro	·		No		
	Grants to other organizations for	<u> </u>		No		
	•	neir staffs, government officials, or a legislative body?	Yes			78,38
_		rs, conventions, speeches, lectures, or any similar means?		No		,
i	Other activities?		Yes			498,01
j	Total Add lines 1c through 1i					576,39
2a	Did the activities in line 1 cause	the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of an	y tax incurred under section 4912				
С	If "Yes," enter the amount of an	y tax incurred by organization managers under section 4912			-	
d	If the filing organization incurred	d a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the o 501(c)(6).	rganization is exempt under section $501(c)(4)$ , section $501(c)$	(5), or	section		
					Yes	No
1	Were substantially all (90% or n	nore) dues received nondeductible by members?		1		
2	Did the organization make only	n-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to ca	rry over lobbying and political expenditures from the prior year?		3		
	answered "Yes."  Dues, assessments and similar a		1			
	expenses for which the section	obying and political expenditures (do not include amounts of political on 527(f) tax was paid).	2a			
	Current year Carryover from last year		2b			
	Total		2c			
		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount the organization agree to carryo	ount on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political				
	expenditure next year?		4			
		political expenditures (see instructions)	5			
Pai	rt IV Supplemental Inf	formation				
Provi instri	ide the descriptions required for uctions), and Part II-B, line 1 Als	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), so, complete this part for any additional information	Part II-A	A, lines 1 a	ınd 2 (s	ee
	Return Reference	Explanation				
LOBBY	YING EXPENSES	SCHEDULE C, PART II-B, LINE 1(G) THE UNIVERSITY'S BOARD OF TRUSTEES OF CONGRESS IN ADDITION, THE UNIVERSITY PRESIDENT, THE ASSISTANT FINANCE, AND THE SPECIAL ASSISTANT, GOVERNMENTAL RELATIONS AND DIRECT CONTACT WITH MEMBERS OF THE CONGRESS IN REQUESTING APPR CONGRESS ON GENERAL ISSUES THAT IMPACT GALLAUDET AND DEAF EDUC ASSISTANT VP OF ADMINISTRATION AND FINANCE AND THE SPECIAL ASSIS RELATIONS AND OTHER PROJECTS ALSO COMMUNICATE WITH GOVERNMEN' OF COLUMBIA AMOUNTS REPORTED AS LOBBYING EXPENSES ON SCHEDULE COSTS OF THE PRESIDENT, ASSISTANT VICE PRESIDENT, AND SPECIAL ASS RELATIONS' DIRECT CONTACT WITH GOVERNMENT OFFICIALS AMOUNTS REXPENDITURES IN SCHEDULE C ARE CATEGORIZED AS SALARIES AND WAGE EXPENSE, AND NOT AS LOBBYING EXPENDITURES TOTAL LOBBYING AS NAN TO SPECIFIC DEPT	VP OF A DTHER P OPRIATI ATION TANT, G OFFICI E C REPR ISTANT, EPONTED S ON P ME AND IN	ADMINISTING ROJECTS IN ADDITION AND OVERNME ALS OF THE SENT ES GOVERNMO AS LOBBE ART IX, FL POSITION OBERTA J ECIAL ASS ITION, TH HOWEVE BYISTS IN	RATION MAINTA EDUCA' CON, THI NTAL HE DIST TIMATE MENTAL YING INCTION ALLOCA CORDA ET, GOV E PUBLIC R, IN OF	AND IN TING E RICT D NAL ATED NO,

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

(Form 990)

Department of the Treasury

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.

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

DLN: 93493083005580 OMB No 1545-0047

Open to Public Inspection Employer identification number

	me of the organization laudet University		Employer identification number
Gai	idudet omvetsity		53-0199507
Pa	art I Organizations Maintaining Donor Advis		ls or Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) fullus and other accounts
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 advisor	s in writing that the assets held in dono	r advised funds are the
	organization's property, subject to the organization's ex	clusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt III Conservation Easements. Complete if th	e organızatıon answered "Yes" on <b>I</b>	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	ization (check all that apply)	
	$\square$ Preservation of land for public use (e g , recreation	or education) Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the	
_	easement on the last day of the tax year  Total number of conservation easements		Held at the End of the Year
a b	Total acreage restricted by conservation easements		2a   2b
0	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	` '	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated	by the organization during the
4	Number of states where property subject to conservatio	n easement is located ►	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcir	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing coi	nservation easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of section	on 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports consi- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial s	xpense statement, and
Pai	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research	in furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
(	ii)Assets included in Form 990, Part X		<u></u>
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1		financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990. Cat	No 52283D Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections of	Art, Hist	toric	al Tr	eası	ıres, o	r Other	Similar A	Assets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accession	, and other r	records, ch	eck ar	ny of	the fo	llowing	that are a	significant	use of its o	collection	
а		Public exhibition				d		Loan	or exch	ange pro	grams			
b		Scholarly research				е		Othe	ır					
С		Preservation for future	e generations											
4	Provid Part >	de a description of the eXIII	organızatıon's coll	ections and e	explain how	they	furth	er the	e organı	zation's e	xempt purp	ose in		
5		ig the year, did the organs is to be sold to raise fur									nılar	☐ Yes	П	No
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.	ganization answ	ered "Yes"										
1a		e organization an agent ded on Form 990, Part )		n or other in	itermediary	for c	ontril	oution	s or oth	er assets	not	☐ Yes		No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complet	e the follov	ving t	able					Amount		_
c	Begin	nning balance		·		_				1c				_
d	Addıt	ions during the year								1d				
e	Dıstrı	butions during the year	r							1e				
f	Endın	ng balance								1f				
2a														
b	If "Ye	es," explain the arrange												
Pa	rt V	Endowment Fund	<b>ds.</b> Complete If											
4_	D = =			(a)Current	year .67,062	( <b>b)</b> Prio	or year 9,111	-		ears back 70,539,440	(d)Three ye	ears back ( 2,688,350	e)Four yea	ars back 3,140,437
	_	ing of year balance .			541,123		1,070	_		4,093,73		4,833,017	193	650,401
		outions	as and losses		250,427		1,070			12,372,73		1,085,189	-12	2,655,277
		vestment earnings, gair For scholarships			.97,436		1,741			1,671,690	-	1,737,171		,970,491
	Other e	expenditures for facilitie ograms		<u> </u>	786,449		5,980			6,222,482		5,329,945		5,476,720
f		strative expenses .												
		year balance		185,9	74,727	18	33,167	,062	1	79,111,738	3 170	0,539,440	172	2,688,350
2	Provid	de the estimated percei	ı ntage of the curre	nt vear end	balance (lır	ne 1a.	colur	mn (a	)) held a	as	1	ı		
- а		d designated or quasi-e	=	24 940 %		5,		(-	,,					
ь	Perm	anent endowment ▶	68 220 %											
c	Temp	oorarily restricted endov	wment ▶ 684	40 %										
·		ercentages on lines 2a			%									
3а		here endowment funds	not in the possess	sion of the or	rganızatıon	that a	are he	eld an	ıd admın	ustered fo	r the		Yes	No
	_	nrelated organizations										3a(		<del>                                     </del>
	(ii) r	elated organizations .										3a(	ii)	No
b		es" on 3a(II), are the rel	<del>-</del>		•			٠.				. 3l	)	
4	Descr	ribe in Part XIII the inte	ended uses of the	organization	's endowm	ent fu	nds							
Pai	rt VI	Land, Buildings,				000		<b>T</b> 1 / 1		<b>.</b> -	000 5		10	
	Descri	Complete if the ordination of property	ganization answ (a) Cost or oth (investme	er basıs	on Form (b) Cost or o						rm 990, P depreciation		10. ) Book val	ue
4.	1 1						1 11	0.400	-					1 410 400
	Land							.0,480			155 644 600		<u> </u>	1,410,480
	Buildin	-						1,369			155,614,689	+		79,196,680
	Leaseh	old improvements						32,404			28,311,741			8 371 988

16,500,012

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

8,727,577

213,427,388

7,772,435

Part VII Investments—Other Securities. Complete I	f the organization answere	ed "Yes" on Form 990, P	art IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b) Book value	(c) Method of	
(Including name of security)  (1) Financial derivatives		Cost or end-of-yea	r market value
(2) Closely-held equity interests			
(3) Other(A) HEDGE FUNDS	28,141,033	F	
(B) PRIVATE REAL ASSET FUNDS	12,172,927	F	
(C) PRIVATE EQUITY FUNDS	2,422,592	F	
(D) BENEFICIAL INTEREST IN TRUSTS	602,730	F	
(E)	332,730	·	
(F)			
(G)			
(H)			_
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	42,220,202		
Part VIII Investments—Program Related.	43,339,282		
Complete if the organization answered 'Yes' o			
(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			
(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 answer	ered 'Ves' on Form 990. Part I'	V line 11d See Form 990	Part Y line 15
(a) Descrip		v, me 11d See Form 550,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			1
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities. Complete if the organizatio			►  - 11f.
See Form 990, Part X, line 25.	(b) Book		
(1) Federal income taxes	(0) 500k	0	
REFUNDABLE ADVANCES		710,091	
OBLIGATION UNDER CAPITAL LEASE		1,086,627	
CONDITIONAL ASSET RETIREMENT (4)		659,291	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<b>&gt;</b>	2,456,009	
2. Liability for uncertain tax positions. In Part XIII, provide the tex			_

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Revenue per F zation answered 'Yes' on Form 990, Part IV, line 12a.	leturn	
1		upport per audited financial statements	1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i			
ь	Donated services and use of facili	ties	1	
С	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII ) .	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b> .		3	
4	Amounts included on Form 990, F	art VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) .	4b	7	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12 )	5	
Par		penses per Audited Financial Statements With Expenses per zation answered 'Yes' on Form 990, Part IV, line 12a.	Return.	
1	Total expenses and losses per au	dited financial statements	1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25		
а	Donated services and use of facili	ties		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII ) .	2d		
е	Add lines 2a through 2d	<del> </del>	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	
4	Amounts included on Form 990, F	art IX, line 25, but not on line 1:		_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) $\ .$	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5		c. (This must equal Form 990, Part I, line 18 )	5	
Pai	t XIII Supplemental Info	rmation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa 2d and 4b Also complete this part to provide any additional information	rt V, line 4, P	art X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			
	<u> </u>			

Page 4

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### Additional Data

Software ID: Software Version:

**EIN:** 53-0199507

Name: Gallaudet University

### Supplemental Information

Return Reference

Explanation

ENDOWMENT FUNDS

SCHEDULE D, PART V THE UNIVERSITY'S ENDOWMENT FUNDS CONSISTS OF 400 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 ACTIV ITIES

Supplemental Information	pplemental Information								
Return Reference	Explanation								
FIN 48 FOOTNOTE	SCHEDULE D, PART X GALLAUDET UNIVERSITY HAS BEEN RECOGNIZED AS A PUBLIC CHARITY GENERALLY EXEMPT FROM FEDERAL INCOME TAXATION UNDER PROVISIONS OF SECTION 501(A) AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") OF 1986, AS AMENDED THE ORGANIZA TION IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OT HERWISE EXCLUDED BY THE CODE GALLAUDET HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAI NTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE I TS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS GALLAUDET FOLLOWS GUIDANCE T HAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKE N IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUR EMENT THIS GUIDANCE PROVIDES THAT THE INCOME TAX EFFECTS FROM AN UNCERTAIN TAX POSITION C AN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSM ENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT R EGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED THE TAX YEARS ENDING SEPT EMBER 30, 2019, 2018, 2017 AND 2016 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PUR POSES GALLAUDET HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT RE QUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS SEPTEMBER 30, 201 9 AND 2018								

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493083005580 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 ▶ Go to www.irs.gov/Form990EZ for the latest instructions. 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 5с c Employment of faculty or administrative staff? 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) (2018)

Schedule E (Form 990 or 990EZ) (2018) Page 2					
Part II Supplemental Information. Provide the expla any other additional information (see instructions)	anations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide				
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) (2018)

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SCHEDULE F	State	ment of	Activities (	Outside the Uni	ited S	tates	OMB No 1545-0047	
(Form 990)  Department of the Treasury Internal Revenue Service	·	-	► Attach t	fes" to Form 990, Part IV, I o Form 990. nstructions and the latest ii	•	2018 Open to Public Inspection		
Name of the organization Gallaudet University						Employer iden	tification number	
Gallaudet Offiversity						53-0199507		
	<b>Iformation o</b> Part IV, line 1		s Outside the U	<b>Inited States.</b> Comple	te if the	organization a	nswered "Yes" to	
_	ne grantees' e	ligibility for t		substantiate the amount stance, and the selection	_		☐ Yes ☐ No	
2 For grantmakers outside the United		Part V the org	ganization's proce	dures for monitoring the	use of i	ts grants and oth	ner assistance	
3 Activites per Region	(The following	Part I, line 3	table can be dupli	cated if additional space is	needed	)		
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region	
See Add'l Data				-				
3a Sub-total b Total from continuation Part I							38,622,269	
c Totals (add lines 3a	and 3b)						38,622,269	

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

Cat No 50082W

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018							Page <b>3</b>
Part IIII Grants and Otl				<b>ed States.</b> Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			1	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(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)

Sche	dule F (Form 990) 2018		Page 4
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, don't file with Form 990)	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, don't file with Form 990)	□Yes	<b>☑</b> No

Schedule F (Form 990) 2018	Adule F (Form 990) 2018 Page <b>5</b>									
Provide the i amounts of i method); and any additiona	Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).  O Schedule F, Supplemental Information									
Return Reference	Return Reference Explanation									
METHOD OF	THOD OF SCHEDULE E DART LLINE 3 COLUMN E THE EXPENDITURES PER REGION ARE PRESENTED ON THE									

METHOD OF SCHEDULE F, PARTI, LINE 3, COLUMN F THE EXPENDITURES PER REGION ARE PRESENTED ON THE

ACCRUAL BASIS OF ACCOUNTING

ACCOUNTING

990 Schedule F, Supplemental Information

Paturn

Reference	Explanation
FOREIGN	SCHEDULE F, PART IV, LINE 1 THE UNIVERSITY INVESTS IN DOMESTIC AND FOREIGN LIMITED PARTNERSHIPS THAT
FORMS	MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN
	PARTNERSHIP TO THE EXTENT THAT THOSE INVESTMENTS RESULTED IN TRANSFERS OF PROPERTY THAT
	EXCEEDED THE APPLICABLE FILING THRESHOLDS, THE FORMS 926, 5471, AND 8865 ACCOMPANIED THE FILING OF
	THE UNIVERSITY'S FORM 990-T

Evolunation

#### **Additional Data**

Europe (Including Iceland and

Greenland)

#### Software ID: Software Version:

**EIN:** 53-0199507

Name: Gallaudet University

29,948,723

Form	aan	Schedule F	Part T -	· Activities	Outside	The	<b>United States</b>	
	220	Schedule F	raiti-	- ACHAINES	Outside	1116	United States	

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		8,644,168

Investments

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 ın region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Central America and the Send agents to seminar Travel expenditures 221 Carıbbean Europe (Including Iceland and Send agents to seminar Travel expenditures 27.433 Greenland)

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 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 Travel expenditures North America Send agents to seminar Travel expenditures 1,715

DLN: 93493083005580 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) 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 ▶ Go to www.irs.gov/Form990 for the latest information. 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 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(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) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9308	33005	580
Sch	edule J	Comp	ensat	ion Information	МО	IB No	1545-0	0047
(Form 990)		For certain Officers, Di	rectors, T	rustees, Key Employees, and Hig	hest			
		Complete if the organizat	20	18	₹			
			▶ Attach	to Form 990.				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/For</u>	<u>m990</u> for	instructions and the latest inforn	nation.		to Pul ectio	
	ne of the organiza	ition			Employer identificat			
Gall	audet University				53-0199507			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		piate box(es) if the organization provi ection A, line 1a Complete Part III to p						
	First-class	or charter travel	$\overline{\mathbf{v}}$	Housing allowance or residence for I	personal use			
	_	companions	님	Payments for business use of persor				
		ification and gross-up payments	님	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	feur, cner)			
b		es in line 1a are checked, did the orga Il of the expenses described above? If			ent or reimbursement	1b		No
2		tion require substantiation prior to reiles, officers, including the CEO/Executi			. 1-2	2	Yes	
	directors, truste	es, officers, including the CEO/Executi	ve Directo	r, regarding the items checked in line	: Ia'			
3		f any, of the following the filing organi EO/Executive Director Check all that a			ne			
	_	d organization to establish compensati		•	n Part III			
	<b>✓</b> Compensa	ition committee		Westen ampleyment contract				
		ent committee ent compensation consultant	<b>☑</b>	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	tion committee			
4		did any person listed on Form 990, Pa	art VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
	related organiza							
a		ance payment or change-of-control pa				4a		No
b c	•	receive payment from, a supplement receive payment from, an equity-bas	•	'		4b 4c		No No
·	•	f lines 4a-c, list the persons and provi	•	<del>-</del>	: III	70		110
		), 501(c)(4), and 501(c)(29) orgai		-				
5		d on Form 990, Part VII, Section A, Iir ontingent on the revenues of	ie 1a, did	the organization pay or accrue any				
а	The organization					5a		No
Ь	Any related orga	ınızatıon? 5a or 5b, describe in Part III				5b		No
6	-	d on Form 990, Part VII, Section A, lir	o 15 did	the organization hav or accrue any				
0	compensation c	ontingent on the net earnings of	ie ia, uiu	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	inization? 6a or 6b, describe in Part III				6b		No
7	•	da or 6b, describe in Part III d on Form 990, Part VII, Section A, lir	ne 1a did	the organization provide any pontive	4			
•		escribed in lines 5 and 6? If "Yes," desi			-	7		No
8		nts reported on Form 990, Part VII, pa itial contract exception described in Re			escribe	8		No
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follow the i	ebuttable	presumption procedure described in	Regulations section	9		110
For I	Danarwark Badu	ction Act Notice, see the Instruction	ne for Ec	orm 990 Cat No. 5	0053T Schedule 1	/Forn	. 000)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (II). Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D)</b> Nontaxable benefits	columns	Compensation in
	(i) Base compensation Bonus & incentive compensation		(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							

Schedule 3 (Form 330) 2010	rage 3
Part III Supplemental Inform	nation
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
WRITTEN POLICY	SCHEDULE J, PART I, LINE 1B THE BENEFITS SUMMARIZED IN PART I, LINE 1A FOR HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE ARE CONSIDERED

WRITTEN POLICY IS NOT CONSIDERED NECESSARY AS THESE BENEFITS ARE DEFINED IN THE PRESIDENT'S CONTRACT HOWEVER, GALLAUDET HAS WRITTEN

POLICIES SPECIFIC TO GENERAL TRAVEL INCLUDING PROCEDURE FOR PRIOR APPROVAL AND PAYMENT/REIMBURSEMENT OF TRAVEL EXPENSES

Schedule 1 (Form 990) 2018

Return Reference	Explanation
	SCHEDULE J, 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

Software ID:

**Software Version:** 

**EIN:** 53-0199507

Name: Gallaudet University

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

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retirement and

(D) Nontaxable

(A) Name and Title		· · · · · · · · · · · · · · · · · · ·	of W-2 and/or 1099-MIS	<del>*                                    </del>	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(ii) name and me	-	(i) Base 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
ROBERTA J CORDANO PRESIDENT	(1)	396,714	47,124	0	68,135	87,919	599,892	0
	(11)	0	0	0	0	0	0	0
PAUL KELLY VP ADMIN & FINANCE (THRU	(1)	404,277	0	0	29,035	24,775	458,087	0
2/19)	(11)	0	0	0	0	0	0	0
CAROL ERTING PROVOST	(1)	318,157	0	0	62,761	32,101	413,019	0
1100031	(11)	0	0	0	0	0	0	0
FRED WEINER ASSISTANT VP A&F	(1)	213,949	0	0	42,146	26,103	282,198	0
	(11)	0	0	0	0	0		
EUGENIE N GERTZ	(1)	211,970	0	0	36,803	19,734	268,507	0
DEAN, COLLEGE OF ARTS & SCIENC	(11)	0		0	0	0		
GARY ALLER	(1)	190,701	0	0	37,918	27,102	255,721	0
EXEC DIRECTOR BUSINESS SRVC	(11)	0						
NICOLE SUTLIFFE	(1)	230,306	0	0	43,802	11,199	285,307	0
CHIEF ADMIN OFFICER, CLRC CTR								
KATHERINE HEATHER	(II)	272,781	0	<u> </u>	44,754	27,062	344,597	0
HARKER CHIEF OF STAFF	(11)							
PAUL JULIN	(1)	228,430	0	0	39,757	37,147	305,334	0
VP, INSTITUTIONAL					35,737	37,147	303,334	
LAURA-ANN PETITTO	(II)	296,775	0	0	57.242	35.045	270.162	0
DIRECTOR VL2, CO-PI					57,342 	25,045 	379,162 	
ALBERT BENEDICT	(II)	238,037	0	0	0	0	0	0
DEAN,STDNT AFFAIRS & ACAD SUPP		236,037	0	30,000	18,900	6,899 	293,836 	0
THOMAS ALLEN	(II)	0	0	0	0	0	0	0
PROFESSOR/DIRECTOR, VL2 CENTER	(1)	219,879	0	0	15,854	21,720	257,453	0
	(II)	0	0	0	0	0	0	0
ELAVIE NDURA VP, EQUITY, DIVERS &	(1)	240,191	0	0	40,277 	12,555	293,023	0
	(11)	0	0	0	0	0	0	0
MARIANNE BELSKY CHIEF ACAD OFFICER,	(1)	227,563	0	0	39,131	11,253	277,947	0
	(11)	0	0	0	0	0	0	0
THOMAS HOREJES ASSOC PROVOST, SSAQ	(1)	190,856	0	0	35,654	21,416	247,926	0
· -	(11)	0	0	0	0	0	0	0

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	hedule K	Su	nnlemental	Information o	n Tax₋F	xem	nnt F	Ronds				OMB N	0 1545-	0047	
(Fo	orm 990)			swered "Yes" to Form					criptions,			2.	N19	R	
		explanations, and any additional information in Part VI.													
	rtment of the Treasury nal Revenue Service	► Attach to Form 990 irs.gov/Form990 for		informa	ation.						n to Pub spection				
	e of the organization audet University									Emplo	yer iden	tification i	number		
Galla	addet Offiversity									53-01	99507				
Pa	rt I Bond Issues						1								
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued		(e) Issue p	rice	(	(f) Description	on of purpose	( <b>g</b> ) De	feased	behalf of ssuer		(i) Pool financing			
	D	F2 (001121		05.35.2044	20.41	20 424			MENTO	Yes	No	Yes		Yes	No
Α	District of columbia	53-6001131		05-25-2011	39,47	20,421	CAMP	US IMPROVE	MENTS		X		Х		Χ
Pa	rt III Proceeds			<u> </u>								I			
					ı	A		E	3	С			Г	)	
1	Amount of bonds retired .					5,45	0,000								
2	Amount of bonds legally de						0								
3	Total proceeds of issue .					39,42	6,116								
4	Gross proceeds in reserve f						0								
5	Capitalized interest from pr					2,73	0,012								
6	Proceeds in refunding escro						0								
7_	Issuance costs from procee						0								
8	Credit enhancement from p						0								
9	Working capital expenditure						0								
10	Capital expenditures from p					36,49	6,104								
11	Other spent proceeds					20	0,000								
12	Other unspent proceeds .						0								
13	Year of substantial complete	ion				016								_	
					Yes	No	_	Yes	No	Yes	No		Yes	r	No
14	Were the bonds issued as p					X									
15	Were the bonds issued as p					X									
16	Has the final allocation of p				X										
17	Does the organization main proceeds?				X										
Pa	rt III Private Business	s Use													
						Α				0					
1	Was the organization a part financed by tax-exempt bor				Yes	X		Yes	No	Yes	No		Yes	ľ	No
2	Are there any lease arrange property?	ements that may result in	private business us		Х										
For	Paperwork Reduction Act N			)_	Ca	t No 5	0193F				S	chedule	K (Form	990	) 2018

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

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

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? . . . . . . .

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? . . . . . . 

hedge with respect to the bond issue?

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

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 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 Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?

Χ

0 400 %

0 200 %

0 600 %

Х

Χ

Х

Yes

В

No

Χ

No

Χ

Χ

Χ

Χ

Χ

Α

Yes

Χ

C

No

Yes

D

Schedule K (Form 990) 2018

No

Yes

Page 3

D

No

Yes

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х			
ь	Name of provider	0				

Α

Nο

Explanation

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

Yes

Х

R

No

Yes

C

No

Yes

Х

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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

Schedule K (Form 990) 2018

period?

Part V

Part VI

requirements of section 148? . . .

Return Reference

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Return Reference	Explanation
YEAR OF SUBSTANTIAL COMPLETION	SCHEDULE K, PART II, LINE 13 ALL PROJECTS WERE COMPLETED BEFORE SEPTEMBER 30, 2016

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

Return Reference	Explanation
I VARIARI E RATE ISSUE	SCHEDULE 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

efile GRAPHI	C print - DO	NOT PROCES	S As	Filed Data -					DL	N: 93	4930	830	05580
Schedule L (Form 990 or 990	-EZ) ► Com	plete if the org	anizatio	ions with Ir	on Form 9	90, Part IV, li	nes 2	.5a, 2	25b, 26		МВ No	1545	5-0047
		27, 28a,		28c, or Form 99			юь.	•	·		20	11	R
		<b>▶</b> Go t		irs.gov/Form990			۱.						
Department of the Tre Internal Revenue Serv	I									(	Open Insi	to P Jecti	
Name of the org	anızatıon						Er	nplo	yer ide	ntifica			
Gallaudet Universit	У						53	3-019	9507				
				501(c)(3), section 5 on Form 990, Part 1						- 10h			
		ualified person		<b>b)</b> Relationship be					escript		(d	) Cor	rected?
		· ·			rganization			tr	ansactı	on	Y	es	No
							_						
							+						
Part II Loc	ans to and/onplete if the or orted an amou	or From Interganization answent on Form 990, this (c) Purpose	rested I rested "Yes Part X, II (d) Lo	" on Form 990-EZ, ne 5, 6, or 22 an to or from the rganization?	rganızatıon .		(g) defa	rt IV, In	line 26  (I Appro boai	o, or if  h)  ved by rd or  nittee?	<b>(</b>	<b>i)</b> Wri	tten nent?
			То	From			Yes	No	Yes	No	Yes		No
Total				<u> </u>	\$								
Part III Gra	nts or Assis	tance Benefit	tina Int	terested Perso	15.								
		organization an	swered	"Yes" on Form 9		, line 27.							
(a) Name of Inter	ested person	(b) Relationship interested perso organizat	on and th		of assistance	(d) Type o	of assi	stanc	e	(e) Pu	rpose (	of ass	ıstance
									_				
									_				
For Paperwork Rec	uction Act Note	ce, see the Instru	ctions for	 r Form 990 or 990-E	<b>Z.</b> C:	at No 50056A		Sci	nedule I	(Form	990 0	r gan	EZ) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.									
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Short organiz reven	f atıon's				
				163	NO				
(1) Deborah Skjeveland	Family Member of Seth	115,790	Employee at GU - 2018 W2		No				

(1) Deborah Skjeveland	Family Member of Seth Bravin	115,790	Employee at GU - 2018 W2	No
(2) John Skjeveland	Family Member of Seth Bravin	94,891	Employee at GU - 2018 W2	No
( )	Family Member of Katherine Heather Harker	29,500	Consultant CY 2018 Earnings	No

	Katherine Heather Harker			
(4) Patrick Boudreault	Family Member of Eugenie Gertz	110,869	Employee at GU - 2018 W2	No

**Explanation** 

Schedule L (Form 990 or 990-EZ) 2018

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

**Supplemental Information** Part V

**Return Reference** 

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493083005580 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. 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 (b) (a) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 713,756 Fair Market Value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( \_\_\_\_\_\_) Other ▶ ( \_\_\_\_\_\_) 26 27 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 30a Nο b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 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, Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	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 Pa I, column (b), the number of contributions, the number of items received, or a combination of both. Also complet								
this part for any add	itional information.							
Return Reference	Explanation							
	SCHEDULE M, PART I, COLUMN B THE NUMBER REPORTED AS ITEMS RECEIVED FOR SECURITIES CONTRIBUTIONS REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED (NOT THE TOTAL NUMBER OF SECURITIES SOLD)							
	SCHEDULE M, PART I, LINE 32A TO THE EXTENT THAT THE UNIVERSITY RECEIVES DONATIONS OF SECURITIES, ITS INVESTMENT BROKER/MANAGER IS TASKED WITH SELLING THOSE SECURITIES							
	Schedule M (Form 990) (2018)							

efile GRAPH	IIC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493083005580					
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o	vide information for r 990-EZ or to provi ▶ Attach to Form	mation to Form 990 or 990-EZ lation for responses to specific questions on to provide any additional information. In to Form 990 or 990-EZ.  Let Form 990 for the latest information.  OMB No 1545-0  2018  Open to Public Promps of the latest information.							
<b>Name</b> l <b>Bก the of g</b> Gallaudet Universit	Paper identification in the Treature বিশ্বনাথ ব										
990 Schedule	e O, Su	ppiementai Informatio	п								
Return Reference				Explanation							
OTHER PROGRAM SERVICES	DA IS A L HUM, NG AN ALISM, TING R STUDE ESENT UNITIE AMPUS ORTEL ECEIVI CONTF	AIMED AT ADVANCING KNO ANITY RESEARCH AREAS D SPEECH SCIENCE, TECH, AND DEAF LIFE A CRITICA RESEARCH AND PRACTICE ENTS, WITH SPECIAL ATTEI TED GROUP GALLAUDET U S TO ADULTS WHO ARE DI S SUMMER PROGRAMS, AN D IN PART III AS BEING SOL ES SIGNIFICANT AMOUNTS RACTS THESE REVENUES M 990 BUT THE APPROPRIA E THESE REVENUES ARE I	WILEDGE AND PRACE OF MAJOR IMPORTA INOLOGY ACCESS, ( ALLY IMPORTANT FO TO BENEFIT DEAF A VITION TO DIVERSITY NIVERSITY'S PUBLIC EAF SERVICES INCI ID EXTENSION PROCE INCED TO SPECIFIC. OF FEDERAL FUND HAVE BEEN REPOR ATIONS AND SOME (	C'S RESEARCH, DEVELOPMENTICE FOR DEAF AND HARD OF ANCE INCLUDE VISUAL LANG GENETICS, AMERICAN SIGN LOCUS AREA OF GALLAUDET UAND HARD OF HEARING PREDY AND EQUITY TO THIS TRADIC SERVICE ACTIVITIES PROVULUDE PROFESSIONAL TRAINING RAMS AT OTHER SCHOOLS ALLY IDENTIFIABLE PROGRAMING IN THE FORM SERVICE DE THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE GRANTS HAVE NOT BUT TO ANY SPECIFIC PROGRAMING OF THE CONTRACT OF THE GRANTS HAVE NOT BUT THE CONTRACT OF THE GRANTS HAVE NOT BUT THE CONTRACT OF THE C	OF HEARING PECUAGE AND LEAR ANGUAGE/ENGL JNIVERSITY IS IN KINDERGARTEN ITIONALLY UNDE IDE EDUCATIONA NGS, A VARIETY IN ADDITION TO MS, THE UNIVER PRIATIONS, GRA REVENUE IN PAF EEN ALLOCATED	OPLE AND AL NING, HEARI LISH BILINGU TEGRA - 12 GRADE ER-REPR AL OPPORT OF ON-C O REVENUE REP SITY R LINTS, AND OT ON TH OT ON TH OT ON TH					

Return Explanation

CHARITABLE	FORM 990, PART V, LINE 7A & 7B THE UNIVERSITY DOESN'T TRADITIONALLY HOLD SPECIAL EVENTS WH
CONTRIBUTIONS	ERE A DONOR RECEIVES GOODS OR SERVICES IN EXCHANGE FOR HIS OR HER DONATION, HOWEVER, THE U
	NIVERSITY DOES OPERATE SMALL CLUBS OPEN TO THE PUBLIC THROUGH CONTRIBUTIONS AND MEMBERSHIP
	FEES WHERE A DONOR MAY RECEIVE DE MINIMIS BENEFITS ACCORDINGLY, THE UNIVERSITY IS RESPON
	DING YES TO QUESTIONS 74 & 7B IN PART V OF THE FORM 990

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990	FORM 990, PART VI, LINE 11B THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN
REVIEW	CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT THE UNIVERSITY'S BOARD OF TRUST
PROCESS	EES CHARGES THE AUDIT COMMITTEE WITH THE RESPONSIBILITY FOR OVERSEEING THE IRS FORM 990 AN
	DITS 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 DISTR
	BUTED TO THE FULL BOARD OF TRUSTEES BEFORE THE RETURN IS ULTIMATELY FILED WITH THE IRS

Return Reference	Explanation
CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT	FORM 990, PART VI, LINE 12C GALLAUDET UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND ALL ADMINISTRATORS, FACULTY, TEACHERS, AND STAFF OF THE UNIVERSITY ALL BOARD MEMBERS MUST DISCLOSE, AT THE EARLIEST PRACTICABLE TIME, ANY POSSIBLE CONFLICT OF INTEREST TO THE SECRETARY OF THE BOARD AND THE AUDIT COMMITTEE TO FA CILITATE 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 INT EREST AFFECTING GALLAUDET UNIVERSITY, INCLUDING INTERESTS OF IMMEDIATE FAMILY MEMBERS ANDO RGANIZATIONS IN WHICH THE BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT FUNCTION OR A SIGNIFIC ANT OWNERSHIP INTEREST IF A BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT FUNCTION OR A SIGNIFIC ANT OWNERSHIP INTEREST TO THE AUDIT COMMITTEE AND THEN A DETERMINATION IS REQUESTED B Y THE BOARD THESE MATTERS WILL BE RESOLVED BY MAJORITY VOTE THE BOARD MEMBER WHOSE CONFLICT OF INTEREST IS UNDER CONSIDERATION IS EXCLUDED FROM PARTICIPATION THE DISCLOSURE OF THE CONFLICT AND THE RELATED DELIBERATION AND VOTING RESULTS ARE DOCUMENTED IN THE MINUTES OF THE MEETING ADMINISTRATORS, FACULTY, TEACHERS, AND STAFF ALSO SIGN A "CONFLICT OF INTEREST POLICY COMPLIANCE STATEMENT" ANNUALLY INDICATING THAT THEY UNDERSTAND THEIR FIDUCIARY RESPONSIBILITY TO THE UNIVERSITY AND REAFFIRMING THEIR COMMITMENT TO FULLY DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST WHICH MAY EXIST DISCLOSURES OF ANY POTENTIAL CONFLICT OF IN TEREST 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 TO THE UNIVERSITY OF THE BOARD AND IS REVIEWED BY A COMMITTEE APPOINTED BY THE PRESIDENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS A DISCLOSURE BY THE PRESIDENT OF THE BOARD AND IS REVIEWED BY THE SECRETARY AND THE CHAIRMAN OF THE BOARD AND IS REVIEWED BY THE PRESIDENT (OR IN THE CASE OF A FINDING AGAINST THE PRESIDENT , THE CH

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, LINES 15A & 15B THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE HAS THE U LTIMATE RESPONSIBILITY FOR DETERMINING THE TOTAL COMPENSATION PACKAGE OF THE UNIVERSITY'S PRESIDENT THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT TO PERIODICALLY PERFO RM A COMPENSATION STUDY TO INFORM ITS DECISION ON THE PRESIDENT'S COMPENSATION AND MAKES R ECOMMENDATIONS TO THE FULL BOARD FOR ITS CONSIDERATION AND VOTE THE MOST RECENT COMPENSAT ION STUDY OCCURRED DURING 2015 COMPENSATION DECISIONS AND REPORTS ARE CONTEMPORANEOUSLY D OCUMENTED IN THE MINUTES OF THE MEETING OF THE COMMITTEE WHEN THE DECISIONS ARE MADE THE PRESIDENT'S SALARY IS DETERMINED IN ACCORDANCE WITH GALLAUDET'S GENERAL COMPENSATION PRACT ICES MERIT PAY INCREASES AND BONUSES ARE DETERMINED AT THE DISCRETION OF THE COMPENSATION COMMITTEE THE PRESIDENT OF THE UNIVERSITY IS RESPONSIBLE FOR THE COMPENSATION OF THE UNIVERSITY'S OFFICERS AND SENIOR MANAGEMENT WITHIN THE GUIDELINES ESTABLISHED BY THE COMPENSA TION COMMITTEE ON AN ANNUAL BASIS, AN ANALYSIS IS PERFORMED BY AN INDEPENDENT CONSULTANT TO ASSESS LOCAL TRENDS IN COMPENSATION AND ADJUSTMENTS ARE MADE TO THE STAFF SALARY RANGES AS NECESSARY EVERY THREE YEARS, THE UNIVERSITY HIRES AN INDEPENDENT CONSULTANT TO PERFOR M AN INTENSIVE MARKET STUDY TO EVALUATE GALLAUDET'S STAFF COMPENSATION PROGRAM AGAINST THO SE OF OTHER UNIVERSITIES AND NOT-FOR-PROFIT ORGANIZATIONS THE MOST RECENT INTENSIVE MARKE T STUDY WAS PERFORMED IN 2017 THE CONSULTANT PROVIDES ANALYSES OF SALARY DATA SURVEYS AND MAKES RECOMMENDATIONS TO UNIVERSITY MANAGEMENT SENIOR MANAGERS ARE RESPONSIBLE FOR THE MA NAGEMENT OF COMPENSATION WITHIN THEIR UNITS, USING THE ESTABLISHED COMPENSATION PARAMETERS APPROVED BY THE PRESIDENT AND COMPENSATION COMMITTEE

Return Reference	Explanation
DOCUMENT DISCLOSURE	FORM 990, PART VI, LINE 19 THE FOLLOWING DOCUMENTS ARE AVAILABLE ON GALLAUDET UNIVERSITY'S WEBSITE, WWW GALLAUDET EDU BOARD OF TRUSTEES, AUDITED FINANCIAL STATEMENTS, IRS FORM 990, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, DOCUMENT RETENTION POLICY AND CURRENT BYLAWS THIS INFORMATION IS ALSO AVAILABLE UPON REQUEST TO LISA CLARKE, INTERIM CFO AND T REASURER COMPENSATION FROM UNRELATED MANAGEMENT COMPANY FORM 990, PART VII LISA CLARKE WAS MADE TREASURER OF GALLAUDET UNIVERSITY IN OCTOBER 2018, AND IS ACTING AS INTERIM CFO THROUGH A MANAGEMENT CONTRACT WITH RPK GROUP, AN UNRELATED ORGANIZATION BASED ON THE INSTRUCTIONS FOR FORM 990 PART VII, THE FEES PAID TO THE MANAGEMENT COMPANY ARE DISCLOSED ONLY IN PART VII, SECTION B IF APPLICABLE AND NO AMOUNTS SHOULD BE DISCLOSED FOR LISA CLARKE ON PART VII, SECTION A BECAUSE SHE IS NOT A KEY EMPLOYEE OF THE RPK GROUP, WHICH IS NOT RELATE D TO GALLAUDET UNIVERSITY DURING CALENDAR YEAR 2018, GALLAUDET PAID \$125,631 TO RPK GROUP RELATED TO LISA CLARKE'S FUNCTION AS TREASURER AND INTERIM CFO

Return Reference Explanation

RECONCILIATION FORM 990, PART XI, LINE 9 RECOVERIES OF PRIOR YEAR GRANTS \$1,260 CHANGE IN VALUE OF SPLIT OF NET ASSETS INTEREST AGREEMENTS \$108.188 ----------- TOTAL \$109.448 =========

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Related Organizations and Unrelated Partnerships**

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

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493083005580**OMB No 1545-0047

Open to Public Inspection

Gallaudet University								199507				
Part I Identification of Disregarded Entities Comple	te if the organ	ization answ	ered "Yes	" on Form	990, Part	IV, line :	33.					
(a) Name, address, and EIN (If applicable) of disregarded entity		(b) Primary ad	(b) (c) (d) Primary activity Legal domicile (state or foreign country) Total income End-of-						(e) (f) of-year assets Direct controlling entity			
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax ye	ations Comple ar.	ete if the orga	anızatıon	answered	"Yes" on F	orm 990	, Part I\	/, line 34 b	ecause ı	t had one or	more	
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ary activity	Legal dom or foreigr	c) icile (state i country)	(d) Exempt Code		Public cl	(e) narity status n 501(c)(3))	Dire	(f) ect controlling entity	Section (13) co ent	ntrolled ity?
(1)GALLAUDET UNIVERSITY FOUNDATION 800 FLORIDA AVENUE NE	SUPPORT	ORG	[	ОС	501(C)(3)		12-TYPE		GALLAUD	ET	Yes	No
WASHINGTON, DC 20002 46-1643010												
											_	
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Ca	t No 5013	35Y				Sche	dule R (Form	990) 20	018

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	ary Legal	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	total income				(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging mer?	<b>(k</b> Percer owner	ntag
					314)			Yes	No		Yes	No		
														_
Identification of Related Organiza because it had one or more related o	ations Taxable as a C	Corporation s a corporation	or Trus	<b>t</b> Complete st during th	ıf the organ ne tax year.	ization ans	wered "Yes	" on Fo	orm 9!	90, Part IV	, line	34		
Identification of Related Organization because it had one or more related of Name, address, and EIN of related organization	ations Taxable as a C rganizations treated as (b) Primary activity	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e)	wered "Yes  (f) Share of total Income	Share	(g) of end- year assets	-of- Perce	, line h) entage	s (:	(I) ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	512 trol y?
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile or foreign	st during th	(d) controlling entity  Ty	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	-of- Perce	h) entage	s (:	ection 5 13) cont entity	tro y?

c Gift, grant, or capital contribution from related organization(s).

Loans or loan guarantees to or for related organization(s) . .

No

No

No

No

No

No

No

No

No

No No

No

No

No

No

No

No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No				
h. Gift, grant, or capital contribution to related organization(s)	1b		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

(b)

Transaction

type (a-s)

(c)

Amount involved

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . . . . . . 

(a)

Name of related organization

1c

**1**d 1e

**1**g 1h

11

1 m

1n

10

**1**q

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	<b>(h)</b> Disproprtionate allocations <sup>7</sup>		(I)  ate Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
													_		
													_		
	•								•	Schedul	e R (Form	1 99	0) 2018		

