

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning 10-01-2005 and ending 09-30-2006

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization
GALLAUDET UNIVERSITY
Number and street (or P O box if mail is not delivered to street address) Room/suite
800 FLORIDA AVE NE COLLEGE HALL
City or town, state or country, and ZIP + 4
WASHINGTON, DC 200023695

D Employer identification number
53-0199507

E Telephone number
(202) 651-5299

F Accounting method
Cash
Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW.GALLAUDET.EDU

J Organization type (check only one) 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 230,602,537

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning, Other changes, Net assets at end.

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	6,223,010	6,223,010	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	2,886,075	2,055,225	106,123
26	Other salaries and wages	26	64,246,367	44,702,621	1,284,927
27	Pension plan contributions	27	11,239,905	7,900,529	112,399
28	Other employee benefits	28	14,305,333	10,055,219	143,053
29	Payroll taxes	29	10,729,000	7,541,414	107,290
30	Professional fundraising fees	30	150,545		150,545
31	Accounting fees	31	140,400		140,400
32	Legal fees	32	228,872		228,872
33	Supplies	33	3,923,399	2,757,757	39,234
34	Telephone	34	1,141,572	802,411	11,416
35	Postage and shipping	35	336,452	236,492	3,365
36	Occupancy	36	6,892,385	4,844,657	68,924
37	Equipment rental and maintenance	37	370,331	260,306	3,703
38	Printing and publications	38	1,234,133	867,472	12,341
39	Travel	39	2,190,533	1,539,726	21,905
40	Conferences, conventions, and meetings	40	1,141,967	802,688	11,420
41	Interest	41	49,793		49,793
42	Depreciation, depletion, etc (attach schedule)	42	6,094,559	4,327,137	1,767,422
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	159,000,553	112,956,698	2,256,727

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ► EDUCATION OF THE DEAF AND HARD OF HEARING INDIVIDUALS. Gallaudet University (the University) was established by an Act of Congress in 1864. Gallaudet is the only accredited university in the world designated exclusively for deaf or hard of hearing students. In addition to its undergraduate and graduate academic programs, the University offers national demonstration elementary and secondary education programs, continuing education programs, and a wide range of public service programs. Gallaudet is a private university that receives a substantial proportion of its annual revenue by direct appropriation from the federal government under the authority of the Education of the Deaf Act (EDA). In its fiscal year 2006, approximately 68% of the University's unrestricted revenues were derived from federal appropriations.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a INSTRUCTION & ACADEMIC SUPPORT SEE STATEMENT 1</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>80,064,106</p>
<p>b RESEARCH SERVICES SEE STATEMENT 1</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>6,701,759</p>
<p>c PUBLIC SERVICES SEE STATEMENT 1</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>6,611,468</p>
<p>d STUDENT SERVICES SEE STATEMENT 1</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<p>19,579,365</p>
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	<p>112,956,698</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		11,336,767	45	16,657,475	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	9,230,541			
	b Less allowance for doubtful accounts	47b	2,175,000	7,222,951	47c	7,055,541
	48a Pledges receivable	48a	6,125,115			
	b Less allowance for doubtful accounts	48b	61,586	5,700,294	48c	6,063,529
	49 Grants receivable		1,021,674	49	809,254	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a Other notes and loans receivable (attach schedule)	51a	1,207,373			
	b Less allowance for doubtful accounts	51b	275,000	759,648	51c	932,373
	52 Inventories for sale or use		1,252,756	52	1,282,933	
	53 Prepaid expenses and deferred charges		237,792	53	218,509	
	54 Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	164,733,441	54	<input checked="" type="checkbox"/> 175,860,340	
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
56 Investments—other (attach schedule)		95,862	56	<input checked="" type="checkbox"/> 71,764		
57a Land, buildings, and equipment basis	57a	234,679,622				
b Less accumulated depreciation (attach schedule)	57b	99,382,608	133,526,677	57c	135,297,014	
58 Other assets (describe <input type="checkbox"/> _____)		719,181	58	<input checked="" type="checkbox"/> 416,957		
59 Total assets (must equal line 74) Add lines 45 through 58		326,607,043	59	344,665,689		
Liabilities	60 Accounts payable and accrued expenses		14,078,459	60	15,424,730	
	61 Grants payable			61		
	62 Deferred revenue		1,680,884	62	1,700,000	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe <input type="checkbox"/> _____)		827,999	65	<input checked="" type="checkbox"/> 1,663,270	
66 Total liabilities Add lines 60 through 65		16,587,342	66	18,788,000		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		213,613,420	67	221,796,881	
	68 Temporarily restricted		11,781,652	68	13,842,545	
	69 Permanently restricted		84,624,629	69	90,238,263	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		310,019,701	73	325,877,689	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		326,607,043	74	344,665,689	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	171,486,920
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments	b1	1,473,412
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	813,320
	Add lines b1 through b4	b	2,286,732
c	Subtract line b from line a	c	169,200,188
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	4,738,973
	Add lines d1 and d2	d	2,286,732
e	Total revenue (line 12) Add lines c and d	e	173,939,161

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	155,629,239
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on line 20	b2	
3	Losses reported on line 20	b3	1,367,659
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	1,367,659
c	Subtract line b from line a	c	154,261,580
d	Amounts included on line 17, but not on line a :		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	4,738,973
	Add lines d1 and d2	d	4,738,973
e	Total expenses (line 17) Add lines c and d	e	159,000,553

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 21		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	No
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a	
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

	Yes	No
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82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		0
b	Gross receipts, included on line 12, for public use of club facilities	86b		0
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		0
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		0
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> DC			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b		1,691
91a	The books are in care of <input type="checkbox"/> PAUL KELLY VP ADM FINANCE Telephone no <input type="checkbox"/> (202) 651-5299 800 FLORIDA AVENUE NE Located at <input type="checkbox"/> WASHINGTON, DC ZIP + 4 <input type="checkbox"/> 200023695			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts	91b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	91c		No
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> _____	92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a TUITION AND FEES					20,099,597
b FEES AND CONTRACTS					1,023,008
c AUXILIARY SERVICES	721110	551,352			18,887,677
d PUBLICATIONS					2,551,066
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	854,178	
96 Dividends and interest from securities			14	2,635,066	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	9,028,419	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		551,352		12,517,663	42,561,348
105 Total (add line 104, columns (B), (D), and (E))					55,630,363

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: Paul Kelly Vice President
Date: 2007-07-06

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KPMG LLP
1660 International Drive
McLean, VA 221024848

Preparer's SSN or PTIN (See Gen Inst W): _____
EIN: _____
Phone no: _____

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Department of the
Treasury
Internal Revenue
Service

Name of the organization
GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Gerald Bell 800 FLORIDA AVE NE WASHINGTON, DC 20002	Chief Medical Office 40	174,333	25,278	0
Janet Pray 800 FLORIDA AVE NE WASHINGTON, DC 20002	Professor 40	172,340	24,989	0
ANN L POWELL 800 FLORIDA AVE NE WASHINGTON, DC 20002	Professor 40	163,516	22,075	0
Francis Duffy 800 FLORIDA AVE NE WASHINGTON, DC 20002	Professor 40	159,688	21,558	0
Catherine Andersen 800 FLORIDA AVE NE WASHINGTON, DC 20002	Professor 40	157,478	22,834	0
Total number of other employees paid over \$50,000 ▶	706			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CITIGROUP - SMITH BARNEY INC 1050 CONNECTICUT AVENUE NW SUITE WASHINGTON, DC 20036	INVESTMENT MGMT	768,194
Jean Marie Cibuzar 1522 1/2 12th St NW WASHINGTON, DC 20038	Finance CONSULTING	207,698
EINHORN YAFEE PRESCOTT PO BOX 617 ALBANY, NY 12201	ARCHITECTURE/ENGR	153,109
KPMG LLP PO BOX 120001 DALLAS, TX 75312	AUDIT AND TAX	137,500
BONNER KIERNAN TREBACH CROCITAT 1233 20TH STREET NW 8TH FLOOR WASHINGTON, DC 20036	LEGAL	99,344
Total number of others receiving over \$50,000 for professional services ▶	6	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Bon Appe'tit co Bank of America 91337 Collections Drive CHICAGO, IL 60693	Food	4,116,393
Kellog Conference Hotel 800 FLORIDA AVENUE NE WASHINGTON, DC 20002	HOTEL/CONF MGMT	872,147
Flik International Corp KCH 800 Florida Ave NE WASHINGTON, DC 20002	Food	269,279
INFOCROSSING EAS INC PO BOX 15283 NEWARK, NJ 07192	INFO TECH CONSULTING	266,355
ORACLE USA INC PO BOX 71028 CHICAGO, IL 60694	LICENSING/TECH CONS	233,635
Total number of other contractors receiving over \$50,000 for other services ▶	37	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>122,724</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1 Yes	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing property?	2a	No
b	Lending of money or other extension of credit?	2b	No
c	Furnishing of goods, services, or facilities?	2c	No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
e	Transfer of any part of its income or assets?	2e	No
3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	Yes
b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)									
The organization is not a private foundation because it is (Please check only ONE applicable box)									
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)								
6	<input checked="" type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)								
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)								
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)								
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____								
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)								
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)								
12	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)								
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3								
Provide the following information about the supported organizations (see page 5 of the instructions)									
<table border="1"> <thead> <tr> <th>(a) Name(s) of supported organization(s)</th> <th>(b) Line number from above</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		(a) Name(s) of supported organization(s)	(b) Line number from above						
(a) Name(s) of supported organization(s)	(b) Line number from above								
14	<input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)								

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines	18	19			26d
	22	26b			26e
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person "				
	Do not file this list with your return. Enter the sum of such amounts for each year				
	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year					
	(2004)	(2003)	(2002)	(2001)	
c Add Amounts from column (e) for lines	15	16			27c
	17	20	21		27d
d Add Line 27a total	and line 27b total				27e
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 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?	29 Yes	
30 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?	30 Yes	
31 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, attach a separate statement) ADVERTISEMENT IN THE UNIVERSITY'S CATALOGUES, WEBSITE, AND BROCHURES ANNOUNCE/PUBLISH PROGRAM OFFERED INCLUDING A SUMMARY OF STATEMENT ON THE NON-DISCRIMINATION POLICY EMPLOYMENT ADS PUBLICIZE THE SCHOOL'S NON- DISCRIMINATORY POLICY	31 Yes	
32 Does the organization maintain the following	32a Yes	
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____	32d Yes	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	No
b Admissions policies?	33b	No
c Employment of faculty or administrative staff?	33c	No
d Scholarships or other financial assistance?	33d	No
e Educational policies?	33e	No
f Use of facilities?	33f	No
g Athletic programs?	33g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____	33h	No
34a Does the organization receive any financial aid or assistance from a governmental agency? <input checked="" type="checkbox"/>	34a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	No
35 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," attach an explanation	35 Yes	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
c Media advertisements		No	
d Mailings to members, legislators, or the public		No	
e Publications, or published or broadcast statements		No	
f Grants to other organizations for lobbying purposes		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		122,724
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	
i Total lobbying expenditures (Add lines c through h.)			122,724

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

TY 2005 Compensation Explanation

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Person Name	Explanation
Irvin K Jordan	THE PRESIDENT OF THE GALLAUDET UNIVERSITY IS REQUIRED TO LIVE ON CAMPUS THE AMOUNT OF \$60,000 REPORTED IN PART V, COLUMN E IS THE FAIR RENTAL VALUE OF THE CAMPUS HOME PROVIDED TO THE PRESIDENT AS A CONDITION OF EMPLOYMENT

TY 2005 General Explanation Attachment

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Identifier	Return Reference	Explanation
990 PART III	STATEMENT OF PURPOSE AND SERVICES ACCOMPLISHMENTS	<p>(1) Instruction & Academic Support Gallaudet University is divided into two major component programs for budgeting and financial reporting purpose the University and the Laurent Clerc National Deaf Education Center (Clerc Center) The Clerc Center consists of Model Secondary School for the Deaf (MSSD) and Kendall Demonstration Elementary School (KDES) The University enrolls approximately 1,800 undergraduate and graduate students, and the Clerc Center enrolls approximately 350 elementary and secondary school students (2) Research Gallaudet University research activities are focused on improving communication between deaf person and the hearing population Research in different method of communication includes designing and evaluating devices in the area of hearing & speech communication as well as research on American Sign Language (ASL) Gallaudet also conducts demographic studies and assessment tests (3) Public Services Gallaudet University public services activities extend educational opportunities to deaf adults to improve the quality of services provided to the deaf through training professionals and conducting a variety of summer programs on the Gallaudet Campus, and through its extension programs at other schools (4) Student Services Gallaudet University provides a wide range of student services including counseling and placement, financial aid, health services, tutoring and other student activities at the University and Clerc Center</p>

Identifier	Return Reference	Explanation																																																																								
FIXED ASSET SCHEDULE	PART IV, LINE 57	<p>As of September 30, 2006 and 2005, property and equipment at cost and accumulated depreciation are summarized as follows</p> <table border="0"> <tr> <td>2006</td> <td>2005</td> <td>LAND</td> <td>1,343,119</td> <td>2,117,923</td> <td>BUILDINGS AND IMPROVEMENTS</td> <td>196,853,821</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>197,594,250</td> <td></td> <td>OUTSIDE IMPROVEMENTS</td> <td>18,700,732</td> <td>24,716,759</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>FURNITURE, EQUIPMENT AND BOOKS</td> <td>9,057,184</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>SOFTWARE</td> <td>3,475,209</td> <td>2,958,510</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>CONSTRUCTION</td> <td>5,249,557</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>----- 234,679,622</td> </tr> <tr> <td></td> <td></td> <td></td> <td>235,366,670</td> <td></td> <td>LESS ACCUMULATED DEPRECIATION</td> <td>(99,382,608)</td> <td>(101,839,993)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-----</td> </tr> <tr> <td></td> <td></td> <td></td> <td>135,297,014</td> <td>133,526,677</td> <td></td> <td></td> <td>-----</td> </tr> </table>	2006	2005	LAND	1,343,119	2,117,923	BUILDINGS AND IMPROVEMENTS	196,853,821					197,594,250		OUTSIDE IMPROVEMENTS	18,700,732	24,716,759						FURNITURE, EQUIPMENT AND BOOKS	9,057,184							SOFTWARE	3,475,209	2,958,510						CONSTRUCTION	5,249,557	0								----- 234,679,622				235,366,670		LESS ACCUMULATED DEPRECIATION	(99,382,608)	(101,839,993)								-----				135,297,014	133,526,677			-----
2006	2005	LAND	1,343,119	2,117,923	BUILDINGS AND IMPROVEMENTS	196,853,821																																																																				
			197,594,250		OUTSIDE IMPROVEMENTS	18,700,732	24,716,759																																																																			
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			235,366,670		LESS ACCUMULATED DEPRECIATION	(99,382,608)	(101,839,993)																																																																			

			135,297,014	133,526,677			-----																																																																			

TY 2005 Individual Assistance Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Class of Activity	Amount
Scholarship aid, room, board & stipend	6,223,010

TY 2005 Investments - Other Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Book Value	Cost/FMV
ACCRUED INTEREST RECEIVABLE	71,764	F

TY 2005 Investments - Securities Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Book Value	Cost/FMV
MONEY MARKET FUNDS	397,608	F
DEBT SECURITIES	29,193,666	F
EQUITY SECURITIES	122,253,623	F
REAL ESTATE AND PRIVATE SELECT	8,173,467	F
VENTURE CAPITAL PARTNERSHIPS	867,304	F
HEDGE FUNDS	12,776,948	F
FUTURE FUNDS	2,197,724	F

TY 2005 Other Assets Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Beginning of Year Amount	End of Year Amount
BENEFICIAL INTEREST IN TRUST	719,181	416,957

TY 2005 Other Changes in Net Assets Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	1,473,412
CHANGE IN VALUE OF BENEFICIAL INTEREST	24,115
UNCOLLECTIBLE PLEDGES LOSS - TR	49,425
UNCOLLECTIBLE PLEDGES LOSS - PR	12,161
CHANGE IN VALUE OF BENEFICIAL INTEREST	8,902
CUMMULATIVE EFFECT OF ACCOUNTING CHANGE	507,659

**TY 2005 Other Expenses
Not Included Schedule**

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Amount
SCHOLARSHIP AID	4,738,973

TY 2005 Other Liabilities Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Beginning of Year Amount	End of Year Amount
CONDITIONAL ASSET RETIREMENT	0	576,107
OBLIGATION		
REFUNDABLE ADVANCE UNDER U.S.	827,999	1,087,163
GOV'T LOAN PROGRAM		

TY 2005 Other Revenues Included Schedule

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Amount
LOSS ON DISPOSAL OF FIXED	813,320

**TY 2005 Other Revenues
Not Included Schedule**

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Description	Amount
SCHOLARSHIP AID	4,738,973

TY 2005 Non Electing Public Charities Statement

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Statement: THE UNIVERSITY'S BOARD OF TRUSTEES HAS THREE VOTING MEMBERS FROM CONGRESS. ALSO, THE PRESIDENT OF GALLAUDET MAINTAINS DIRECT CONTACT WITH OTHER MEMBERS OF CONGRESS IN REQUESTING APPROPRIATIONS AND EDUCATING THEM ON ISSUES THAT IMPACT GALLAUDET AND DEAF EDUCATION IN GENERAL. AMOUNTS REPORTED AS LOBBYING EXPENSES ON SCHEDULE A, PART III AND PART VI-B REPRESENT ESTIMATED COSTS OF THE UNIVERSITY PRESIDENT'S DIRECT CONTACT WITH MEMBERS OF CONGRESS. THIS AMOUNT IS ESTIMATED TO BE 20% OF THE PRESIDENT'S COMPENSATION.

**TY 2005 Explanation of Receipt or
Revocation of Government Financial Aid**

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Statement: 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 OPPORUNITY GRANT PROGRAM FEDERAL WORK STUDY PROGRAM PERKINS LOAN PROGRAM

TY 2005 Scholarship Award Statement

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Statement: THE UNIVERSITY OFFERS A LARGE VARIETY OF MERIT AND NEED-BASED SCHOLARSHIPS. THE FINANCIAL AID OFFICE ADMINISTERS MOST OF THOSE PROGRAMS, WITH SEVERAL OTHER DEPARTMENTS MANAGING SOME. MERIT-BASED AWARDS ARE GIVEN IN RECOGNITION OF VARIOUS ACHIEVEMENTS AS SPECIFIED IN DONOR'S CORRESPONDENCE AND DOCUMENTS. NEED-BASED AWARDS ARE GIVEN BASED ON THE INCOME LEVEL, AVAILABILITY OF AWARDS OFFERED ELSEWHERE, AND OTHER SIMILAR FACTORS.

TY 2005 Self Dealing Statement

Name: GALLAUDET UNIVERSITY

EIN: 53-0199507

Line Number	Explanation
2d	

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545-1879

For calendar year 2006, or tax year beginning 12/01, 2006, and ending 09/30, 2006

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868



Department of the Treasury

Internal Revenue Service

Name of exempt organization

GALLAUDET UNIVERSITY

See instructions on back.

Employer identification number

53-C-99507

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

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete this section if you are filing Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, line 12)	<input type="checkbox"/>	1b	173,933,192
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 6)	<input type="checkbox"/>	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	<input type="checkbox"/>	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, line 9)	<input type="checkbox"/>	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	<input type="checkbox"/>	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here Paul [Signature] Date 7/6/07 Vice President Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings. If I am also the Paid Preparer under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only
ERO's signature: [Signature] Date: 7/6/07
Check if also paid preparer: Check if self-employed:
ERO's SSN or PTIN: 000451522
Firm's name (or yours if self-employed), address and ZIP code: PMG LLP
660 INTERNATIONAL DRIVE
MCLEAN, VA 22102-4848
EIN: 13-5963307
Phone no: 703-236-8000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.











Paid Preparer's Use Only
Preparer's signature: Date: _____
Check if self-employed:
Preparer's SSN or PTIN: _____
Firm's name (or yours if self-employed), address, and ZIP code: _____
EIN: _____
Phone no: _____

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form 8453-EO (2006)











Additional Data**Software ID:****Software Version:****EIN:** 53-0199507**Name:** GALLAUDET UNIVERSITY**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	840,027	596,419	243,608	
b Bookstore, Press, Cost of Sale	43b	1,527,332	1,084,406	442,926	
c Books, Films, Library Archives	43c	658,892	467,813	191,079	
d Food Services	43d	3,910,168	2,748,457	1,122,609	39,102
e ACADEMIC RESEARCH & CONSULT	43e	2,935,221	2,092,226	813,643	29,352
f Photocopying Services	43f	111,826	79,710	30,998	1,118
g Furniture & Equipment	43g	2,449,419	1,745,946	678,979	24,494
h Entertainment & Reception	43h	186,684	133,068	51,749	1,867
i Maintenance Contracts	43i	425,964	202,695	223,269	
j REPAIRS & INTERDEPT INVOICES	43j	247,757	178,385	69,372	
k SERVICE CONTRACTS	43k	2,760,990	1,987,913	773,077	
l Miscellaneous Services	43l	2,572,082	1,833,380	712,980	25,722
m Professional Fees	43m	618,008	440,516	171,312	6,180
n ADVERTISEMENT & EXHIBIT	43n	28,929	20,621	8,019	289
o Purchase Card Services	43o	268	193	75	
p Bad Debt & Other Projects	43p	1,006,578	724,736	281,842	
q Software License & Services	43q	829,355	591,164	229,897	8,294
r CONFERENCES & CLOSED CAPTION	43r	4,366,422	3,112,386	1,210,372	43,664











Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Irvin K Jordan  800 Florida Ave NE WASHINGTON, DC 20002	President 40	538,264	104,270	60,000
Paul Kelly  800 Florida Ave NE WASHINGTON, DC 20002	VP Admin & Finance 40	302,562	42,359	
Jane K Fernandes  800 Florida Ave NE WASHINGTON, DC 20002	Provost 40	287,245	40,214	
Michael Moore  800 Florida Ave NE WASHINGTON, DC 20002	Interim Provost 40	97,653	13,671	
John Van Cleve  800 Florida Ave NE WASHINGTON, DC 20002	Executive Director 40	189,203	26,488	
Thomas Allen  800 Florida Ave NE WASHINGTON, DC 20002	Dean 40	184,277	25,799	
Cynthia King  800 Florida Ave NE WASHINGTON, DC 20002	Executive Director 40	178,054	24,928	
Carl PARMUK  800 Florida Ave NE WASHINGTON, DC 20002	Dean 40	175,896	24,625	
Katherine Jankowski  800 Florida Ave NE WASHINGTON, DC 20002	Dean 40	175,896	24,625	
Catherine Windham  800 Florida Ave NE WASHINGTON, DC 20002	Executive Director 40	175,043	24,506	






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Karen Kimmel  800 Florida Ave NE WASHINGTON, DC 20002	Dean 40	160,282	22,440	
Gary Aller  800 Florida Ave NE WASHINGTON, DC 20002	Executive Director 40	143,662	20,113	
Deborah DeStefano  800 Florida Ave NE WASHINGTON, DC 20002	Executive Director 40	142,874	20,002	
Meloyde Batten-Mickens  800 Florida Ave NE WASHINGTON, DC 20002	EXECUTIVE DIRECTOR 40	135,164	18,923	
Cynthia W Ashby  800 Florida Ave NE WASHINGTON, DC 20002	Trustee 1	0		
Celia May Baldwin  800 Florida Ave NE WASHINGTON, DC 20002	Acting Chair BOT 1	0		
Brenda Jo Brueggemann  800 Florida Ave NE WASHINGTON, DC 20002	Interim Chair BOT 1	0		
Dr Harvey Goodstein  800 Florida Ave NE WASHINGTON, DC 20002	Trustee 1	0		
Bill Graham  800 Florida Ave NE WASHINGTON, DC 20002	Trustee 1	0		
Pamela Holmes  800 Florida Ave NE WASHINGTON, DC 20002	CHAIR 1	0		

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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Dr Tom Humphries  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
Lawrence R Kinney  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
The Honorable Ray LaHood  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
Ken Levinson  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
Frank Ross  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
Benjamin J Soukup Jr  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
Christopher D Sullivan III  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
Charles V Williams  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
The Honorable Lynn Woolsey  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		
The Honorable John McCain  800 Florida Ave NE WASHINGTON,DC 20002	Trustee 1	0		

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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Susan J Elliott  800 Florida Ave NE WASHINGTON, DC 20002	Trustee 1	0		
Frank Wu  800 Florida Ave NE WASHINGTON, DC 20002	Trustee 1	0		
Cheryl Heppner  800 FLORIDA AVE NE WASHINGTON, DC 20002	TRUSTEE 1	0		
NANCY KELLY-JONES  800 FLORIDA AVE NE WASHINGTON, DC 20002	TRUSTEE 1	0		
PAMELA LLYOD-OGOKE  800 FLORIDA AVE NE WASHINGTON, DC 20002	TRUSTEE 1	0		

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	PROVIDES FUNDING FOR THE COST OF PROGRAM SERVICES FOR THE
0	INSTITUTION
93B	RELATED TO THE INSTITUTION'S EDUCATIONAL AND CIVIC PURPOSE
93C	PROVIDES NECESSARY PHYSICAL ACCOMMODATIONS AND ACADEMIC
0	RESOURCES FOR STUDENTS AND OTHERS
93D	PROVIDES CONVENIENT MATERIAL SOURCES TO SUPPORT EDUCATIONAL
0	ACTIVITIES