

Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 10/01, 2008, **and ending** 09/30, 2009

| | | | | |
|--|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization GALLAUDET UNIVERSITY | | D Employer identification number |
| | | Doing Business As | | 53-0199507 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | E Telephone number |
| | | 800 FLORIDA AVENUE, NE 102 | | (202) 651-5075 |
| City or town, state or country, and ZIP + 4 | | , DC 20002-3695 | | G Gross receipts \$ 272,812,406. |
| F Name and address of principal officer: PAUL KELLY, VP ADMIN & FINANCE | | 800 FLORIDA AVE, NE CO #102 WASHINGTON, DC 20002 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| J Website: WWW.GALLAUDET.EDU | | | | H(c) Group exemption number ▶ |
| K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1864 | | M State of legal domicile: DC |

Part I Summary

| | | | |
|---|---|-------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: GALLAUDET UNIVERSITY WAS ESTABLISHED BY AN ACT OF CONGRESS IN 1864 AND IS THE ONLY ACCREDITED UNIVERSITY IN THE WORLD ESTABLISHED EXCLUSIVELY FOR DEAF OR HARD OF HEARING STUDENTS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 1,717 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | NONE |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 5,306,574. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | -572,783. | |
| Revenue | 8 Contribution and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 3,278,151. | 3,233,192. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 156,552,209. | 161,434,642. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 9,454,628. | -16,739,002. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,364,534. | 1,256,275. |
| | 12 | 170,649,522. | 149,185,107. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 6,823,389. | 6,874,402. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | NONE |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 107,506,528. | 113,305,128. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 8,000. |
| | b Total fundraising expenses, Part IX, column (D), line 25 | 1,448,662. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 52,175,667. | 53,651,292. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 166,505,584. | 173,838,822. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | 4,143,938. | -24,653,715. |
| | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 346,882,567. | 334,389,935. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 22,744,572. | 22,433,456. |
| 22 | 324,137,995. | 311,956,479. | |

Part II 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.

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

| | | | | |
|---------------------------------|---|------|---|--|
| Paid Preparer's Use Only | Preparer's signature ▶ | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | EIN ▶ | P00504182 |
| | GRANT THORNTON LLP | | Phone no. ▶ | 36-6055558 |
| | 666 THIRD AVENUE NEW YORK, NY 10017-4011 | | | 212-542-9609 |

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 84,631,550. including grants of \$ 1,590,469.) (Revenue \$ 16,896,031.)

INSTRUCTION AND ACADEMIC SUPPORT - GALLAUDET IS DIVIDED INTO TWO MAJOR COMPONENT PROGRAMS FOR BUDGETING AND FINANCIAL REPORTING PURPOSES: 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 1,520 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 270 ELEMENTARY AND SECONDARY SCHOOL STUDENTS.

4b (Code:) (Expenses \$ 26,251,346. including grants of \$ 5,034,082.) (Revenue \$ 967,371.)

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.

4c (Code:) (Expenses \$ 21,244,278. including grants of \$ NONE) (Revenue \$ 19,249,119.)

AUXILIARY ENTERPRISES: AUXILIARY ENTERPRISES INCLUDE DORMITORY, FOOD SERVICE, BOOKSTORE OPERATIONS, THE UNIVERSITY PRESS, CONFERENCE ACTIVITIES, OUTREACH PROGRAMS, AND VIDEO RELAY INTERPRETING SERVICES. ONLY THOSE ACTIVITIES WHICH ARE REVENUE PRODUCING ARE INCLUDED UNDER THIS DESIGNATION. FOR CLERC CENTER PROGRAMS, COSTS INCURRED FOR DORMITORY AND FOOD SERVICE UNDER THE MODEL SECONDARY SCHOOL FOR THE DEAF AND FOOD SERVICE UNDER KENDALL DEMONSTRATION ELEMENTARY SCHOOL, NEITHER OF WHICH PRODUCE REVENUE, ARE REPORTED AS PART OF STUDENT SERVICES PROGRAM EXPENSE.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 17,994,023. including grants of \$ 249,851.) (Revenue \$ 832,636.)

4e Total program service expenses \$ 150,121,197. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | <input checked="" type="checkbox"/> | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | <input checked="" type="checkbox"/> |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | <input checked="" type="checkbox"/> | |
| 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | <input checked="" type="checkbox"/> |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | <input checked="" type="checkbox"/> |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | <input checked="" type="checkbox"/> | |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | <input checked="" type="checkbox"/> | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | <input checked="" type="checkbox"/> | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | <input checked="" type="checkbox"/> | |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | | <input checked="" type="checkbox"/> |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> | | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | <input checked="" type="checkbox"/> |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | <input checked="" type="checkbox"/> |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | <input checked="" type="checkbox"/> |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | <input checked="" type="checkbox"/> |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | <input checked="" type="checkbox"/> |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | <input checked="" type="checkbox"/> |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | <input checked="" type="checkbox"/> | |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | <input checked="" type="checkbox"/> | |
| 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | | <input checked="" type="checkbox"/> |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | <input checked="" type="checkbox"/> |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | <input checked="" type="checkbox"/> |

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|-----------|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions 1a-11 cover topics like voting members, family relationships, and document retention.

Section B. Policies

Table with columns for question number, description, and Yes/No checkboxes. Questions 12a-16b cover topics like conflict of interest, whistleblower policy, and document retention.

Section C. Disclosure

Table with columns for question number, description, and Yes/No checkboxes. Questions 17-20 cover disclosure requirements, including website availability and document access.

Part VIII Statement of Revenue

53-0199507

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--|---------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) . . | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . . | 1f | 3,233,192. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 161,176. | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | 3,233,192. | | | | |
| Program Service Revenue | Business Code | | | | | | | |
| | 2a GOVERNMENT GRANTS | | 611710 | 125,619,964. | 125,619,964. | | | |
| | b TUITION | | 611710 | 17,351,764. | 17,351,764. | | | |
| | c ROOM AND BOARD | | 721310 | 7,424,415. | 7,424,415. | | | |
| | d CONFERENCE CENTER REVENUE | | 721110 | 5,332,126. | | 5,332,126. | | |
| | e OTHER AUXILIARY SERVICES | | 611710 | 3,793,150. | 3,793,150. | | | |
| | f All other program service revenue | | 611710 | 1,913,223. | 1,913,223. | | | |
| | g Total. Add lines 2a-2f ▶ | | | 161,434,642. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 2,042,715. | | -25,552. | 2,068,267. | |
| | 4 Income from investment of tax-exempt bond proceeds . . . ▶ | | | NONE | | | | |
| | 5 Royalties ▶ | | | NONE | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | | |
| | | | | 127,027. | | | | |
| | | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | 127,027. | | | | |
| | d Net rental income or (loss) ▶ | | | | 127,027. | | 127,027. | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | | | 103,336,230. | 25,370. | | | |
| | | b Less: cost or other basis and sales expenses | | | 122,082,341. | 60,976. | | |
| | | c Gain or (loss) | | | -18,746,111. | -35,606. | | |
| | d Net gain or (loss) ▶ | | | | -18,781,717. | | -18,781,717. | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a | | | | | | | |
| | | b Less: direct expenses b | | | | | | |
| | | c Net income or (loss) from fundraising events ▶ | | | | NONE | | |
| | 9a Gross income from gaming activities. See Part IV, line 19. a | | | | | | | |
| | | b Less: direct expenses b | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | NONE | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | | | |
| | b Less: cost of goods sold b | | | | 2,613,230. | | | |
| | c Net income or (loss) from sales of inventory. ▶ | | | | 1,483,982. | | | |
| Miscellaneous Revenue | | | | | | | | |
| 11a _____ | Business Code | | | | | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | NONE | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | | | 149,185,107. | 156,102,516. | 5,306,574. | -15,457,175. | |

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) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . | NONE | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 6,874,402. | 6,874,402. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,311,363. | 921,700. | 1,389,663. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 Other salaries and wages | 87,235,439. | 77,038,169. | 9,312,860. | 884,410. |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | 9,927,566. | 8,806,217. | 1,021,145. | 100,204. |
| 9 Other employee benefits | 8,623,322. | 7,571,111. | 966,824. | 85,387. |
| 10 Payroll taxes | 5,207,438. | 4,558,240. | 597,952. | 51,246. |
| 11 Fees for services (non-employees): | | | | |
| a Management | NONE | | | |
| b Legal | 136,776. | 7,524. | 129,252. | |
| c Accounting | 526,524. | | 526,524. | |
| d Lobbying | NONE | | | |
| e Professional fundraising services. See Part IV, line 17 | 8,000. | | | 8,000. |
| f Investment management fees | 1,098,791. | | 1,098,791. | |
| g Other | 4,494,816. | 3,429,428. | 1,032,695. | 32,693. |
| 12 Advertising and promotion | 16,578. | 15,428. | 1,150. | |
| 13 Office expenses | 5,475,471. | 5,249,472. | 137,372. | 88,627. |
| 14 Information technology | 2,723,351. | 1,358,764. | 1,354,954. | 9,633. |
| 15 Royalties | 92,130. | 92,130. | | |
| 16 Occupancy | 9,332,424. | 8,387,717. | 944,707. | |
| 17 Travel | 1,963,087. | 1,839,931. | 111,897. | 11,259. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 310,173. | 180,023. | 128,976. | 1,174. |
| 20 Interest | 83,170. | 30,832. | 52,338. | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 9,204,146. | 8,271,752. | 932,394. | |
| 23 Insurance | 854,425. | 61,237. | 793,188. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a CONFERENCE_CENTER _____ | 4,490,008. | 4,490,008. | | |
| b FOOD_SERVICES _____ | 4,236,773. | 4,212,892. | 23,881. | |
| c MAINTENANCE & SVC_CONTRACTS _____ | 3,355,930. | 3,037,219. | 281,857. | 36,854. |
| d FURNITURE & EQUIPMENT _____ | 1,750,322. | 1,584,260. | 95,257. | 70,805. |
| e PROFESSIONAL_DUES _____ | 457,304. | 379,615. | 71,958. | 5,731. |
| f All other expenses _____ | 3,049,093. | 1,723,126. | 1,263,328. | 62,639. |
| 25 Total functional expenses. Add lines 1 through 24f | 173,838,822. | 150,121,197. | 22,268,963. | 1,448,662. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|-------------------------|
| Assets | 1 Cash - non-interest-bearing | 13,000. | 1 | 13,095. |
| | 2 Savings and temporary cash investments | 3,820,197. | 2 | 5,329,223. |
| | 3 Pledges and grants receivable, net | 3,538,479. | 3 | 4,221,140. |
| | 4 Accounts receivable, net | 5,123,662. | 4 | 5,629,043. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 1,117,897. | 7 | 1,136,636. |
| | 8 Inventories for sales or use | 1,244,058. | 8 | 1,334,003. |
| | 9 Prepaid expenses and deferred charges | 983,200. | 9 | 473,863. |
| | 10a Land, buildings, and equipment: cost basis | 10a 276,687,502. | | |
| | b Less: accumulated depreciation. Complete Part VI of Schedule D. | 10b 116,689,420. | 162,526,297. | 10c 159,998,082. |
| | 11 Investments - publicly traded securities | 100,639,065. | 11 | 92,100,067. |
| | 12 Investments - other securities. See Part IV, line 11 | 67,232,298. | 12 | 63,519,949. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 644,414. | 15 | 634,834. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 346,882,567. | 16 | 334,389,935. | |
| Liabilities | 17 Accounts payable and accrued expenses | 18,302,368. | 17 | 17,608,684. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,045,000. | 19 | 1,570,000. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 3,397,204. | 25 | 3,254,772. |
| | 26 Total liabilities. Add lines 17 through 25 | 22,744,572. | 26 | 22,433,456. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 183,222,919. | 27 | 179,471,956. |
| | 28 Temporarily restricted net assets | 26,639,630. | 28 | 16,204,499. |
| | 29 Permanently restricted net assets | 114,275,446. | 29 | 116,280,024. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 324,137,995. | 33 | 311,956,479. |
| | 34 Total liabilities and net assets/fund balances | 346,882,567. | 34 | 334,389,935. |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b | If "Yes," did the organization undergo the required audit or audits? | X | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (See instructions.)
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here.
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here.
17b 10%-facts-and-circumstances test - 2007. 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.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| | |
|--|---|
| Name of organization GALLAUDET UNIVERSITY | Employer identification number 53-0199507 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | THEODORE & VIVIAN JOHNSON SCHOLARSHIP 505 S. FLAGLER DR., SUITE 1460 WEST PALM BEACH, FL 33401 | \$ 480,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | ESTATE OF ALWAYNE B. GUNDERSON BNY MELLON, ONE MELLON CENTER PITTSBURGH, PA 15258-0001 | \$ 416,040. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | ESTATE OF BARBARA L. HAHN 11321 BREITHORN CT RIVERSIDE, CA 92503-0602 | \$ 297,803. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | ESTATE OF WALLACE DALTON 600 S. COLLEGE ST CHARLOTTE, NC 28202-1825 | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | ESTATE OF HOWARD F. SCHUM 10532 MAIN ST CLARENCE, NY 14031-1624 | \$ 124,450. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | ESTATE OF DONIA J. FOGLE 45120 SAN PABLO AVE, 2A PALM DESERT, CA 92260-4359 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization GALLAUDET UNIVERSITY | Employer identification number 53-0199507 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 7 | THE LIPIN FOUNDATION 291 W. DEERPATH ROAD LAKE FOREST, IL 60045-2155 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | SORENSON COMMUNICATIONS, INC. 4192 RIVERBOAT ROAD SALT LAKE CITY, UT 84123-2550 | \$ 83,750. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | ESTATE OF LUCY A. MAX 1533 138TH AVE SAN LEANDRO, CA 94578-1607 | \$ 75,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

- If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
 - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
 - Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**
- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization GALLAUDET UNIVERSITY | Employer identification number 53-0199507 |
|---|---|

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. Enter -0- if line g is more than line a | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. Enter -0- if line f is more than line c | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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 2a through 2f of the instructions.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|---|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| 2 a | Lobbying non-taxable amount | | | | |
| b | Lobbying ceiling amount (150% line 2a, column(e)) | | | | |
| c | Total lobbying expenditures | | | | |
| d | Grassroots non-taxable amount | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | |
| f | Grassroots lobbying expenditures | | | | |

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?; i Other activities?; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Series of horizontal dashed lines for providing supplemental information.

Part IV Supplemental Information (continued)

LOBBYING EXPENSES

SCHEDULE C, PART II-B

THE UNIVERSITY'S BOARD OF TRUSTEES HAS THREE VOTING MEMBERS OF CONGRESS. IN ADDITION, THE UNIVERSITY PRESIDENT AND THE EXECUTIVE DIRECTOR OF PROGRAM DEVELOPMENT MAINTAIN DIRECT CONTACT WITH MEMBERS OF THE CONGRESS IN REQUESTING APPROPRIATIONS AND EDUCATING CONGRESS ON GENERAL ISSUES THAT IMPACT GALLAUDET AND DEAF EDUCATION. IN ADDITION, THE EXECUTIVE DIRECTOR ALSO COMMUNICATES WITH GOVERNMENT OFFICIALS OF THE DISTRICT OF COLUMBIA. AMOUNTS REPORTED AS LOBBYING EXPENSES ON SCHEDULE C REPRESENT ESTIMATED COSTS OF THE PRESIDENT AND EXECUTIVE DIRECTOR'S DIRECT CONTACT WITH GOVERNMENT OFFICIALS. THIS AMOUNT IS ESTIMATED TO BE 10% OF BOTH THE PRESIDENT'S AND EXECUTIVE DIRECTOR'S COMPENSATION.

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

GALLAUDET UNIVERSITY

53-0199507

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Year, Rows: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 161,176,908. | | | | |
| b Contributions | 1,576,765. | | | | |
| c Investment earnings or losses | -5,447,661. | | | | |
| d Grants or scholarships | 3,794,712. | | | | |
| e Other expenditures for facilities and programs | 4,344,696. | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 149,166,604. | | | | |

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ 12.8400 %
 - b Permanent endowment ▶ 77.6600 %
 - c Term endowment ▶ 9.5000 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 1,468,119. | | 1,468,119. |
| b Buildings | | 223,540,982. | 89,370,273. | 134,170,709. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 51,678,401. | 27,319,147. | 24,359,254. |
| Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 159,998,082. |

Part XIV Supplemental Information (continued)

ENDOWMENTS

SCHEDULE D, PART V

THE PRIMARY PURPOSES OF GALLAUDET UNIVERSITY'S ENDOWMENTS ARE TO SUPPORT THE OPERATIONS OF THE UNIVERSITY AND TO PROVIDE FOR SCHOLARSHIPS.

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

COST OF ASSET RETIREMENT OBLIGATION: \$(124,529)

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII

LINE 2D:

COST OF GOODS SOLD: \$1,483,982

LINE 4B:

SCHOLARSHIPS AND FELLOWSHIPS: \$5,591,294

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII

LINE 2D:

COST OF GOODS SOLD: \$1,483,982

COST OF ASSET RETIREMENT OBLIGATION: 124,529

Part XIV Supplemental Information (continued)

\$1,608,511

=====

LINE 4B:

SCHOLARSHIPS AND FELLOWSHIPS: \$5,591,294

FIN 48

SCHEDULE D, PART X

THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION

("CODIFICATION") ESTABLISHES CRITERION THAT AN INDIVIDUAL TAX POSITION

HAS TO MEET FOR SOME OR ALL THE BENEFITS OF THAT POSITION TO BE

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. ON INITIAL APPLICATION,

THIS CRITERION WILL BE APPLIED TO ALL TAX POSITIONS FOR WHICH THE STATUTE

OF LIMITATIONS REMAINS OPEN. ONLY TAX POSITIONS THAT MEET THE MORE

LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE ADOPTION DATE WILL BE

RECOGNIZED OR CONTINUE TO BE RECOGNIZED. THE EFFECTIVE DATE FOR APPLYING

THIS CRITERION HAS BEEN DEFERRED FOR CERTAIN NOT-FOR-PROFIT ORGANIZATIONS

UNTIL FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008, WHICH WILL BE

FISCAL 2010 FOR GALLAUDET.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2008

Open to Public Inspection

▶ **To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

GALLAUDET UNIVERSITY

53-0199507

| | YES | NO |
|---|-----|----|
| 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | X | |
| 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | X | |
| 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain <u>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.</u> | X | |
| 4 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | X | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | X | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | X | |
| 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.) | X | |
| 5 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | | X |
| b Admissions policies? | | X |
| c Employment of faculty or administrative staff? | | X |
| d Scholarships or other financial assistance? | | X |
| e Educational policies? | | X |
| f Use of facilities? | | X |
| g Athletic programs? | | X |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | X |
| 6a Does the organization receive any financial aid or assistance from a governmental agency? <small>STMT. 4</small> | X | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement. | | X |
| 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," attach an explanation. | X | |

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

Schedule E (Form 990 or 990-EZ) 2008

JSA
8E1273 1.000

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS AND AWARDS | 1,249 | 6,874,402. | | | |
| | | | | | |
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

PART I, LINE 2

THE UNIVERSITY OFFERS A WIDE VARIETY OF MERIT AND NEED-BASED SCHOLARSHIPS. MERIT AWARDS ARE GIVEN IN RECOGNITION OF VARIOUS ACHIEVEMENTS AS SPECIFIED IN DONOR'S CORRESPONDENCE AND DOCUMENTS. NEED-BASED AWARDS ARE PROVIDED BASED ON THE INCOME LEVEL AVAILABILITY OF AWARDS OFFERED ELSEWHERE AND OTHER SIMILAR STANDARDS.

THE UNIVERSITY ONLY MAKES SCHOLARSHIP GRANTS THAT HELP OFFSET THE TUITION OF THE STUDENTS. THE GRANTS ARE DIRECTLY CREDITED AGAINST THE APPLICABLE

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

STUDENT ACCOUNT WHICH ASSURES PROPER USE OF THE GRANT. THE AMOUNT OF THE
 GRANT IS ADJUSTED, AS NECESSARY, BASED ON ANY SUBSEQUENT CHANGES
 AFFECTING THE STUDENT'S ORIGINAL ELIGIBILITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?
If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?
If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

| | Yes | No |
|-----------|-----|----|
| 1b | | X |
| 2 | X | |
| 4a | X | |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |

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

Schedule J (Form 990) 2008

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

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

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

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------|--|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| SEE SCHEDULE J-1 | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |
| | (i) | | | | | | |
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| | (ii) | | | | | | |
| | (i) | | | | | | |
| | (ii) | | | | | | |

Part III Supplemental Information

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

SCHEDULE J

PART I, LINE 1:

THE BENEFITS SUMMARIZED IN PART I. 1. A. INCLUDING HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE, HEALTH OR SOCIAL CLUB DUES, AND PERSONAL SERVICES ARE ONLY AVAILABLE TO THE PRESIDENT. AMOUNTS THAT ARE CONSIDERED TAXABLE ARE INCLUDED AS REPORTABLE COMPENSATION IN HIS W-2.

SINCE THESE BENEFITS ARE LIMITED TO THE PRESIDENT, A WRITTEN POLICY FOR THESE BENEFITS IS NOT CONSIDERED NECESSARY. HOWEVER, GALLAUDET HAS WRITTEN POLICIES SPECIFIC TO GENERAL TRAVEL INCLUDING PROCEDURES FOR PRIOR APPROVAL AND PAYMENT/ REIMBURSEMENT OF TRAVEL EXPENSES.

PART I, LINE 4A:

JANE FERNANDES RECEIVED A SEVERANCE PAYMENT OF \$90,000 DURING 2008.

PART I, LINE 4B:

Part III Supplemental Information

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

I. K. JORDAN RECEIVED A TAXABLE DEFERRED COMPENSATION PAYMENT OF \$72,400

AND A NON-TAXABLE DEFERRED COMPENSATION PAYMENT OF \$215,202 DURING 2008.

OTHER INFORMATION:

COLUMN B(III) FOR ROBERT DAVILA: THIS COLUMN INCLUDES OTHER REPORTABLE

COMPENSATION SUCH AS LIFE INSURANCE PREMIUMS IN EXCESS OF \$50,000

COVERAGE, AN AUTO ALLOWANCE, AND OTHER TAXABLE PERSONAL SERVICES.

COLUMN D FOR ROBERT DAVILA: THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS.

THIS COLUMN INCLUDES \$60,000 REPRESENTING THE ESTIMATED RENTAL VALUE OF

THE RESIDENCE. SINCE THE PRESIDENT IS A RE-EMPLOYED ANNUITANT, THIS

COLUMN ALSO INCLUDES \$42,037 OF ANNUITY PAYMENTS MADE TO THE FEDERAL

RETIREMENT SYSTEM ON BEHALF OF THE PRESIDENT. THIS COLUMN ALSO INCLUDES

CERTAIN BUSINESS MEMBERSHIP DUES AND EMPLOYER PAID BENEFITS.

**SCHEDULE J-1
(Form 990)**

Continuation Sheet for Schedule J (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information
regarding compensation.**

Name of the organization

Employer identification number

GALLAUDET UNIVERSITY

53-0199507

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------|--|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| ROBERT DAVILA | (i) 356,353. | 34,000. | 28,653. | 56,066. | 109,673. | 584,745. | 318,510. |
| | (ii) NONE | | | | | NONE | |
| PAUL KELLY | (i) 341,714. | NONE | 817. | 24,363. | 16,542. | 383,436. | 254,333. |
| | (ii) NONE | | | | | NONE | |
| STEPHEN WEINER | (i) 206,743. | NONE | NONE | 34,539. | 18,301. | 259,583. | 156,721. |
| | (ii) NONE | | | | | NONE | |
| CATHERINE ANDERSEN | (i) 205,926. | NONE | 736. | 14,443. | 1,635. | 222,740. | 147,496. |
| | (ii) NONE | | | | | NONE | |
| ISAAC AGBOOLA | (i) 194,684. | NONE | 50. | 31,683. | 2,078. | 228,495. | 142,258. |
| | (ii) NONE | | | | | NONE | |
| CAROL ERTING | (i) 186,654. | NONE | 1,154. | 31,683. | 18,671. | 238,162. | 143,083. |
| | (ii) NONE | | | | | NONE | |
| MELOYDE BATTEN-MICKENS | (i) 158,656. | NONE | 131. | 24,852. | 6,411. | 190,050. | 112,578. |
| | (ii) NONE | | | | | NONE | |
| GARY ALLER | (i) 151,085. | NONE | NONE | 24,696. | 14,197. | 189,978. | NONE |
| | (ii) NONE | | | | | NONE | |
| IRVING K. JORDAN | (i) 147,066. | NONE | 74,279. | 10,587. | 15,873. | 247,805. | 184,533. |
| | (ii) NONE | | | | | NONE | |
| JANE K. FERNANDES | (i) 87,044. | NONE | 92,000. | 14,726. | 9,425. | 203,195. | 182,952. |
| | (ii) NONE | | | | | NONE | |
| THOMAS ALLEN | (i) 194,011. | NONE | NONE | 13,915. | 14,572. | 222,498. | 144,611. |
| | (ii) NONE | | | | | NONE | |
| MICHAEL MOORE | (i) 163,674. | NONE | 747. | 24,502. | 4,984. | 193,907. | 119,696. |
| | (ii) NONE | | | | | NONE | |
| CATHERINE WINDHAM | (i) 160,715. | NONE | 44,669. | 26,380. | 13,165. | 244,929. | 139,366. |
| | (ii) NONE | | | | | NONE | |
| CYNTHIA KING | (i) 199,744. | NONE | NONE | 32,610. | 6,589. | 238,943. | 146,865. |
| | (ii) NONE | | | | | NONE | |
| JOSEPH INNES | (i) 193,595. | NONE | NONE | 13,690. | 7,157. | 214,442. | 142,222. |
| | (ii) NONE | | | | | NONE | |
| MARGERY MILLER | (i) 192,709. | NONE | 684. | 31,218. | 1,378. | 225,989. | NONE |
| | (ii) NONE | | | | | NONE | |

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

Schedule J-1 (Form 990) 2008

**SCHEDULE J-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule J (Form 990)

▶ Attach to Form 990 to list additional information
regarding compensation.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------|------|--|-------------------------------------|-------------------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| RICHARD LYTLE | (i) | 189,963. | NONE | NONE | 31,527. | 16,960. | 238,450. | 139,669. |
| | (ii) | NONE | | | | | NONE | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

GALLAUDET UNIVERSITY

53-0199507

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CYNTHIA ASHBY TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| THE HONORABLE SHERROD BROWN TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| JORGE DIAZ-HERRERA TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| LAWRENCE FLEISCHER TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| HARVEY GOODSTEIN TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| CHERYL HEPPNER TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| JEFFREY L. HUMBER, JR. TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| THOMAS HUMPHRIES TRUSTEE, SECRETARY | 2. | X | | X | | | NONE | NONE | NONE | |
| NANCY KELLY-JONES TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| RICHARD L. KINNEY TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| RICHARD LADNER TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| THE HONORABLE RAY LAHOOD TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| PAMELA LLYOD-OGOKE TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| JAMES MACFADDEN TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| MARLEE MATLIN TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| JAMES LEE SORENSON TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| BENJAMIN J. SOUKUP, JR. TRUSTEE, CHAIR | 2. | X | | X | | | NONE | NONE | NONE | |
| TIFFANY WILLIAMS-GRANFORS TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| THE HONORABLE LYNN WOOLSEY TRUSTEE | 2. | X | | | | | NONE | NONE | NONE | |
| FRANK WU TRUSTEE, VICE CHAIR | 2. | X | | X | | | NONE | NONE | NONE | |
| ROBERT DAVILA PRESIDENT | 40. | | | X | | | 419,006. | NONE | 165,739. | |

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

Schedule J-2 (Form 990) 2008

JSA
8E1294 1.000

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

GALLAUDET UNIVERSITY

53-0199507

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| PAUL KELLY VP ADMINISTRATION & FINANCE | 40. | | | X | | | | 342,531. | NONE | 40,905. |
| STEPHEN WEINER PROVOST | 40. | | | X | | | | 206,743. | NONE | 52,840. |
| CATHERINE ANDERSEN ASSOCIATE PROVOST | 40. | | | X | | | | 206,662. | NONE | 16,078. |
| ISAAC AGBOOLA DEAN, CLAST | 40. | | | X | | | | 194,734. | NONE | 33,761. |
| CAROL ERTING DEAN, GSPP | 40. | | | X | | | | 187,808. | NONE | 50,354. |
| MELOYDE BATTEN-MICKENS EXEC DIRECTOR, FACILITIES DPS | 40. | | | X | | | | 158,787. | NONE | 31,263. |
| GARY ALLER EXEC DIRECTOR, BUSINESS SVCS | 40. | | | X | | | | 151,085. | NONE | 38,893. |
| CATHERINE WINDHAM EXEC DIRECTOR, DEVELOPMENT | 40. | | | | | X | | 205,384. | NONE | 39,545. |
| CYNTHIA KING DEAN, ATLAS | 40. | | | | | X | | 199,744. | NONE | 39,199. |
| JOSEPH INNES DEAN, CPSO | 40. | | | | | X | | 193,595. | NONE | 20,847. |
| MARGERY MILLER DEAN, ENROLLMENT MANAGEMENT | 40. | | | | | X | | 193,393. | NONE | 32,596. |
| RICHARD LYTTLE PRESIDENT'S SPECIAL ASSISTANT | 40. | | | | | X | | 189,963. | NONE | 48,487. |
| IRVING K. JORDAN FORMER PRESIDENT | 40. | | | | | | X | 221,345. | NONE | 26,460. |
| JANE K. FERNANDES FORMER PROVOST | 40. | | | | | | X | 179,044. | NONE | 24,151. |
| THOMAS ALLEN FORMER DEAN, CLAST | 40. | | | | | | X | 194,011. | NONE | 28,487. |
| MICHAEL MOORE FORMER INTERIM PROVOST | 40. | | | | | | X | 164,421. | NONE | 29,486. |
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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art-Works of art | X | 12 | 12,595. | FMV OF DON. PROP. |
| 2 Art-Historical treasures | | | | |
| 3 Art-Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 45,000. | FMV OF DON. PROP. |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities-Publicly traded | X | 2 | 103,581. | FMV OF DON. PROP. |
| 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) | | | | |
| 15 Real estate-Residential | | | | |
| 16 Real estate-Commercial | | | | |
| 17 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 ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M

COLUMN B INCLUDES THE NUMBER OF ITEMS RECEIVED, EXCEPT FOR SECURITIES

PUBLICLY TRADED IN WHICH THE NUMBER DISCLOSED IS BASED ON THE NUMBER OF

CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

GALLAUDET UNIVERSITY

53-0199507

GOVERNANCE AND MANAGEMENT

PART VI

SECTION A LINE 10: FORM 990 REVIEW PROCESS BY THE GOVERNING BODY

GALLAUDET UNIVERSITY'S BOARD OF TRUSTEES ASSIGNS THE AUDIT COMMITTEE THE

RESPONSIBILITY FOR OVERSEEING THE IRS FORM 990 AND ITS SUPPLEMENTAL

SCHEDULES PRIOR TO FILING. THE FORM 990 IS REVIEWED BY THE AUDIT

COMMITTEE PRIOR TO FILING. THE FINAL AND SIGNED FORM 990 IS PROVIDED TO

ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS.

SECTION B LINE 12C: MANAGING A CONFLICT OF INTEREST

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. TO FACILITATE THIS POLICY, EACH MEMBER COMPLETES

AND FILES ANNUALLY, WITH THE SECRETARY OF THE BOARD, INFORMATION ABOUT

POSSIBLE CONFLICTS OF INTEREST AFFECTING GALLAUDET UNIVERSITY, INCLUDING

INTERESTS OF IMMEDIATE FAMILY MEMBERS AND ORGANIZATIONS IN WHICH THE

BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT FUNCTION OR A SIGNIFICANT

OWNERSHIP INTEREST.

IF A BOARD MEMBER IS UNCERTAIN WHETHER A CONFLICT OF INTEREST EXISTS, A

DETERMINATION IS REQUESTED BY THE BOARD. THESE MATTERS WILL BE RESOLVED

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

BY MAJORITY VOTE, WITH THE INTERESTED BOARD MEMBER 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 INTEREST ARE MADE PROMPTLY IN WRITING TO THE PRESIDENT OF THE UNIVERSITY WITH A COPY TO THE UNIT ADMINISTRATOR, SENIOR ADMINISTRATOR, AND HUMAN RESOURCES SERVICES. THE DISCLOSURE STATEMENT IS REVIEWED BY A COMMITTEE APPOINTED BY THE PRESIDENT TO DETERMINE IF A CONFLICT OF INTEREST EXISTS.

A DISCLOSURE BY THE PRESIDENT IS MADE TO THE SECRETARY OF THE BOARD AND IS REVIEWED BY THE SECRETARY AND THE CHAIRMAN OF THE BOARD. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, THE PRESIDENT (OR IN THE CASE OF A FINDING AGAINST THE PRESIDENT, THE CHAIRMAN OF THE BOARD) WILL TAKE APPROPRIATE ACTION TO ELIMINATE THE CONFLICT AND SAFEGUARD THE INTERESTS OF GALLAUDET UNIVERSITY.

SECTION B LINE 15: COMPENSATION PROCESS

THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE HAS THE ULTIMATE RESPONSIBILITY FOR DETERMINING COMPENSATION OF THE UNIVERSITY'S

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

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Employer identification number

PRESIDENT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT TO PERIODICALLY PERFORM A COMPENSATION STUDY FOR THE PRESIDENT'S COMPENSATION AND TO MAKE RECOMMENDATIONS. THE MOST RECENT COMPENSATION STUDY OCCURRED DURING 2008. THE PRESIDENT'S SALARY IS DETERMINED IN ACCORDANCE WITH GALLAUDET'S GENERAL COMPENSATION PRACTICES. 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 COMPENSATION 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 PERFORM AN INTENSIVE MARKET STUDY TO EVALUATE GALLAUDET'S STAFF COMPENSATION PROGRAM AGAINST THOSE OF OTHER UNIVERSITIES AND NOT-FOR-PROFIT ORGANIZATIONS. THE MOST RECENT INTENSIVE MARKET STUDY WAS PERFORMED IN 2008. THE CONSULTANT PROVIDES ANALYSES OF SALARY DATA SURVEYS AND MAKES RECOMMENDATIONS TO UNIVERSITY MANAGEMENT. SENIOR MANAGEMENT IS RESPONSIBLE FOR THE MANAGEMENT OF COMPENSATION WITHIN THEIR UNITS, USING THE ESTABLISHED COMPENSATION PARAMETERS APPROVED BY THE PRESIDENT AND COMPENSATION COMMITTEE.

SECTION C LINE 19: MAKING GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

| | |
|--|--|
| Name of the organization GALLAUDET UNIVERSITY | Employer identification number 53-0199507 |
|--|--|

OTHER PROGRAM SERVICES

PART III LINE 4D: OTHER PROGRAM SERVICES (RESEARCH AND PUBLIC SERVICES)

GALLAUDET UNIVERSITY RESEARCH ACTIVITIES ARE FOCUSED ON IMPROVING COMMUNICATION BETWEEN INDIVIDUALS WHO ARE DEAF OR HARD OF HEARING AND THE HEARING POPULATION. RESEARCH IN DIFFERENT METHODS OF COMMUNICATION INCLUDE DESIGNING AND EVALUATING DEVICES IN THE AREA OF HEARING AND SPEECH COMMUNICATION, AS WELL AS RESEARCH ON AMERICAN SIGN LANGUAGE (ASL) AND THE UNIQUE WAYS IN WHICH KNOWLEDGE IS ACQUIRED BY DEAF INDIVIDUALS AND VISUAL LEARNERS. GALLAUDET ALSO CONDUCTS DEMOGRAPHIC STUDIES AND ASSESSMENT TESTS.

GALLAUDET UNIVERSITY'S PUBLIC SERVICE ACTIVITIES PROVIDE EDUCATIONAL OPPORTUNITIES TO DEAF ADULTS. SERVICES INCLUDE ADMINISTERING PROFESSIONAL TRAINING, CONDUCTING A VARIETY OF ON-CAMPUS SUMMER PROGRAMS, AND PROVIDING EXTENSION PROGRAMS AT OTHER SCHOOLS.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

GALLAUDET UNIVERSITY ("GALLAUDET" OR THE "UNIVERSITY") WAS ESTABLISHED BY AN ACT OF CONGRESS IN 1864. GALLAUDET IS THE ONLY ACCREDITED UNIVERSITY IN THE WORLD ESTABLISHED EXCLUSIVELY FOR DEAF OR HARD OF HEARING STUDENTS. IN ADDITION TO ITS UNDERGRADUATE AND GRADUATE ACADEMIC PROGRAMS, THE UNIVERSITY OFFERS NATIONAL DEMONSTRATION ELEMENTARY AND SECONDARY EDUCATION PROGRAMS, CONTINUING EDUCATION PROGRAMS, AND A WIDE RANGE OF PUBLIC SERVICE PROGRAMS.

GALLAUDET IS A PRIVATE UNIVERSITY THAT RECEIVES A SUBSTANTIAL PROPORTION OF ITS ANNUAL REVENUE BY DIRECT APPROPRIATION FROM THE FEDERAL GOVERNMENT UNDER THE AUTHORITY OF THE EDUCATION OF THE DEAF ACT. IN FISCAL YEAR 2009 AND 2008, APPROXIMATELY 70% AND 64%, RESPECTIVELY, OF THE UNIVERSITY'S UNRESTRICTED REVENUES WERE DERIVED FROM FEDERAL APPROPRIATIONS.

GALLAUDET IS DIVIDED INTO TWO MAJOR COMPONENT PROGRAMS FOR BUDGETING AND FINANCIAL REPORTING PURPOSES: 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 1,520 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 270 ELEMENTARY AND SECONDARY SCHOOL STUDENTS.

FORM 990, PART VI, LINE 17 - STATES

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AK, AZ, CO, CT,
KY, MD, MA,
MS, NH, NY, ND, OR,
SC, WA,

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

=====

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|---|-------------------------|------------------------------|
| ----- | ----- | ----- |
| BON APPÉTIT P. O. BOX 91337 CHICAGO, IL 60693-1337 | FOOD SERVICES | 4,598,877. |
| KELLOGG CONFERENCE HOTEL/FLIK INT' L CORP 800 FLORIDA AVE, NE WASHINGTON, DC 20002-3695 | CONFERENCE CTR ADMIN | 1,015,857. |
| AYERS SAINT GROSS, INC. 1040 HULL STREET, SUITE 100 BALTIMORE, MD 21230 | ARCHITECT/CONSTRUC | 773,679. |
| SMITHGROUP INC P. O. BOX 6700 DETROIT, MI 48267-2244 | ARCHITECT/CONSTRUC | 378,316. |
| GEORGETOWN UNIVERSITY BOX 571164 WASHINGTON, DC 20057 | RESEARCH CONSULTANTS | 332,009. |
| TOTAL COMPENSATION | | ----- 7,098,738. ===== |

SCHEDULE E - EXPLANATION FOR 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 FAMILY EDUCATION LOAN PROGRAM
- FEDERAL ACADEMIC COMPETITIVENESS GRANT (ACG) PROGRAM
- FEDERAL NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT (SMART) GRANT