

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning 10/01, 2009, and ending 09/30, 2010

Do not send to the IRS. Keep for your records.

See instructions on back.

2009

Department of the Treasury Internal Revenue Service

Name of exempt organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Name and title of officer

PAUL KELLY, CFO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue, etc.). Row 1a is checked with amount 179331537.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize GRANT THORNTON LLP to enter my PIN 16229 as my signature

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: Paul Kelly vice President Date: 01/13/2011

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 13037236605

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: Seth Shyba Date: 02/11/2011

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

2009

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 2009 calendar year, or tax year beginning 10/01, 2009, and ending 09/30, 2010

Header section containing organization name (GALLAUDET UNIVERSITY), address (800 FLORIDA AVENUE, NE WASHINGTON, DC 20002), and identification numbers.

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include mission statement, revenue (Total revenue: 179,331,537), expenses (Total expenses: 173,562,213), and net assets (Total assets: 345,982,214).

Part II Signature Block

Signature block containing a declaration of accuracy, a signature of the preparer (Grant Thornton LLP), and identifying information.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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

Yes No

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

Yes No

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 \$ 81,344,882. including grants of \$ 1,633,952.) (Revenue \$ 18,838,866.)

INSTRUCTION AND ACADEMIC SUPPORT - GALLAUDET IS DIVIDED INTO TWO MAJOR COMPONENT PROGRAMS FOR BUDGETING AND OPERATING PURPOSES: THE UNIVERSITY AND THE LAURENT CLERC NATIONAL DEAF EDUCATION CENTER ("CLERC CENTER"). THE CLERC CENTER CONSISTS OF THE MODEL SECONDARY SCHOOL FOR THE DEAF AND KENDALL DEMONSTRATION ELEMENTARY SCHOOL. THE UNIVERSITY ENROLLS APPROXIMATELY 1,870 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 260 ELEMENTARY AND SECONDARY SCHOOL STUDENTS.

4b (Code:) (Expenses \$ 28,582,551. including grants of \$ 5,804,259.) (Revenue \$ 960,523.)

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 \$ 21,683,757. including grants of \$ 0.) (Revenue \$ 21,946,578.)

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 \$ 17,172,987. including grants of \$ 248,195.) (Revenue \$ 1,131,275.)

4e Total program service expenses 148,784,177.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a 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 lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>		X
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?		
25 a 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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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 sections 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, and 12a-12b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (19); 1b Enter the number of voting members that are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PAUL KELLY, VP ADMIN & FINANCE 800 FLORIDA AVE, NE CO #102 WASHINGTON, DC 202-651-5299

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
THE HONORABLE SHERROD BROWN TRUSTEE	2.00	X						0.	0.	0.
JORGE DIAZ-HERRERA TRUSTEE	2.00	X						0.	0.	0.
HARVEY GOODSTEIN TRUSTEE, VICE CHAIR	2.00	X		X				0.	0.	0.
CHERYL HEPPNER TRUSTEE	2.00	X						0.	0.	0.
JEFFREY L. HUMBER, JR. TRUSTEE	2.00	X						0.	0.	0.
THOMAS HUMPHRIES TRUSTEE, SECRETARY	2.00	X		X				0.	0.	0.
NANCY KELLY-JONES TRUSTEE	2.00	X						0.	0.	0.
RICHARD L. KINNEY TRUSTEE	2.00	X						0.	0.	0.
RICHARD LADNER TRUSTEE	2.00	X						0.	0.	0.
PAMELA LLOYD-OGOKE TRUSTEE	2.00	X						0.	0.	0.
JAMES MACFADDEN TRUSTEE	2.00	X						0.	0.	0.
BENJAMIN J. SOUKUP, JR. TRUSTEE, CHAIR	2.00	X		X				0.	0.	0.
TIFFANY WILLIAMS-GRANFORS TRUSTEE	2.00	X						0.	0.	0.
THE HONORABLE LYNN WOOLSEY TRUSTEE	2.00	X						0.	0.	0.
FRANK WU TRUSTEE, VICE CHAIR	2.00	X		X				0.	0.	0.
CLAIRE BUGEN TRUSTEE	2.00	X						0.	0.	0.

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

(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			
JAMESON CRANE, JR. TRUSTEE	2.00	X						0.	0.	0.
HEATHER HARKER TRUSTEE	2.00	X						0.	0.	0.
MARLEE MATLIN TRUSTEE	2.00	X						0.	0.	0.
ROBERT DAVILA PRESIDENT (THROUGH 12/31/2009)	40.00			X				438,111.	0.	172,798.
PAUL KELLY VP ADMINISTRATION & FINANCE	40.00			X				357,761.	0.	45,056.
STEPHEN WEINER PROVOST	40.00			X				229,786.	0.	58,834.
T. ALAN HURWITZ PRESIDENT (AS OF 01/01/10)	40.00			X				0.	0.	0.
CATHERINE ANDERSEN ASSOCIATE PROVOST	40.00				X			224,390.	0.	17,673.
ISAAC AGBOOLA DEAN, CLAST	40.00				X			197,888.	0.	34,640.
CAROL ERTING DEAN, GSPP	40.00				X			200,225.	0.	53,897.
MELOYDE BATTEN-MICKENS EXEC DIRECTOR, FACILITIES	40.00				X			174,491.	0.	33,299.
GARY ALLER EXEC DIRECTOR, BUSINESS SVCS	40.00				X			156,588.	0.	40,648.
EDWARD BOSSO VP CLERC CENTER	40.00				X			173,475.	0.	52,063.
1b Total CONTINUED AT SCHEDULE J-2								3,658,720.	0.	770,813.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **187**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **54**

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	2,961,811.				
	g Noncash contributions included in lines 1a-1f: \$		5,882.				
	h Total. Add lines 1a-1f ▶			2,961,811.			
Program Service Revenue	Business Code						
	2a GOVERNMENT GRANTS		900099	130,318,556.	130,318,556.		
	b TUITION		611710	18,991,010.	18,991,010.		
	c ROOM AND BOARD		721310	8,999,641.	8,999,641.		
	d CONFERENCE CENTER REVENUE		721110	4,674,698.		4,674,698.	
	e OTHER AUXILIARY SERVICES		611710	5,525,644.	5,179,831.		345,813.
	f All other program service revenue		611710	1,695,759.	1,695,759.		
	g Total. Add lines 2a-2f ▶			170,205,308.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,423,967.		-50,386.	2,474,353.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents	120,874.					
	b Less: rental expenses						
	c Rental income or (loss)	120,874.					
	d Net rental income or (loss) ▶			120,874.			120,874.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	32,712,340.	148,704.				
	b Less: cost or other basis and sales expenses	29,926,642.	447,443.				
	c Gain or (loss)	2,785,698.	-298,739.				
	d Net gain or (loss) ▶			2,486,959.			2,486,959.
	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 ▶			0.			
	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 ▶			0.				
10a Gross sales of inventory, less returns and allowances a	2,668,667.						
b Less: cost of goods sold b	1,536,049.						
c Net income or (loss) from sales of inventory ▶			1,132,618.			1,132,618.	
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total Revenue. See instructions ▶				179,331,537.	165,184,797.	4,624,312.	6,560,617.

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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,686,406.	7,686,406.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,688,696.	1,133,532.	1,555,164.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	85,833,586.	74,014,220.	10,861,710.	957,656.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,224,098.	9,306,954.	809,570.	107,574.
9 Other employee benefits	9,424,054.	8,503,724.	823,001.	97,329.
10 Payroll taxes	5,310,580.	4,774,217.	481,935.	54,428.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	187,428.	13,535.	173,893.	
c Accounting	243,911.		243,911.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	955,974.		955,974.	
g Other	5,600,757.	4,449,362.	1,144,991.	6,404.
12 Advertising and promotion	21,017.	18,917.	2,100.	
13 Office expenses	4,745,795.	4,467,426.	186,480.	91,889.
14 Information technology	2,868,858.	1,566,762.	1,280,425.	21,671.
15 Royalties	130,390.	130,390.		
16 Occupancy	7,951,734.	7,077,878.	872,696.	1,160.
17 Travel	1,555,304.	1,555,377.	-16,633.	16,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	251,498.	169,230.	82,100.	168.
20 Interest	103,306.	95,155.	8,151.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	9,484,465.	8,678,084.	806,381.	
23 Insurance	800,927.	69,368.	731,559.	
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 -----	4,092,100.	4,092,100.		
b FOOD SERVICES -----	4,305,571.	4,301,621.	3,950.	
c MAINTENANCE & SVC CONTRACTS -----	3,533,221.	3,179,478.	330,102.	23,641.
d FURNITURE & EQUIPMENT -----	1,055,411.	998,203.	52,974.	4,234.
e BAD DEBT EXPENSE -----	855,003.		855,003.	
f All other expenses -----	3,652,123.	2,502,238.	1,093,035.	56,850.
25 Total functional expenses. Add lines 1 through 24f	173,562,213.	148,784,177.	23,338,472.	1,439,564.
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	13,095.	1	13,095.	
	2 Savings and temporary cash investments	5,329,223.	2	13,440,188.	
	3 Pledges and grants receivable, net	4,221,140.	3	5,104,508.	
	4 Accounts receivable, net	5,629,043.	4	6,173,975.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	1,136,636.	7	1,054,276.	
	8 Inventories for sale or use	1,334,003.	8	1,237,270.	
	9 Prepaid expenses and deferred charges	473,863.	9	1,162,970.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 284,922,026.			
	b Less: accumulated depreciation	10b 125,201,071.	159,998,082.	10c	159,720,955.
	11 Investments - publicly traded securities	92,100,067.	11	91,847,272.	
	12 Investments - other securities. See Part IV, line 11	63,519,949.	12	65,525,710.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	634,834.	15	701,995.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	334,389,935.	16	345,982,214.		
Liabilities	17 Accounts payable and accrued expenses	17,608,684.	17	17,153,192.	
	18 Grants payable		18		
	19 Deferred revenue	1,570,000.	19	2,000,000.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial 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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	3,254,772.	25	2,780,515.	
	26 Total liabilities. Add lines 17 through 25	22,433,456.	26	21,933,707.	
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	179,471,956.	27	188,600,488.	
	28 Temporarily restricted net assets	16,204,499.	28	17,182,768.	
	29 Permanently restricted net assets	116,280,024.	29	118,265,251.	
	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	311,956,479.	33	324,048,507.	
	34 Total liabilities and net assets/fund balances	334,389,935.	34	345,982,214.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 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 section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10%-facts-and-circumstances test - 2009; 17b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 ►

b 33 1/3% support tests - 2008. 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 ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule of Contributors

2009

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

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 an organization 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 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	_____	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 460,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 191,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 115,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____	\$ 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	_____	\$ 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	_____	\$ 83,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____	\$ 80,000.	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.)
	_____	\$ _____	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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions**

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

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

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 Complete if the organization is exempt under section 501(c)(3).

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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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 similar means?; i Other activities?; j Total. Add 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c 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 (see instructions).

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, THE CHIEF OF STAFF 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, THE

CHIEF OF STAFF AND EXECUTIVE DIRECTOR'S DIRECT CONTACT WITH GOVERNMENT

OFFICIALS. THIS AMOUNT IS ESTIMATED TO BE 10% OF THESE INDIVIDUALS'

COMPENSATION.

AMOUNT REPORTED AS LOBBYING EXPENDITURES IN SCHEDULE C ARE CATEGORIZED AS

SALARIES AND WAGES ON PART IX, FUNCTIONAL EXPENSES, AND NOT AS LOBBYING

EXPENDITURES.

TOTAL LOBBYING AS

NAME AND POSITION	ALLOCATED TO SPECIFIC DEPT.
ROBERT DAVILA, PRESIDENT (FORMER)	17,948
T. ALAN HURWITZ, PRESIDENT	29,654
FRED WEINER, EXECUTIVE DIRECTOR PROGRAM	23,361
DONALD BEIL, CHIEF OF STAFF	18,339

Part IV Supplemental Information *(continued)*

TOTAL 89,302

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

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: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advised funds and grant funds.

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

Form with multiple sections: 1. Purpose(s) of conservation easements held by the organization (check all that apply). 2. Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3. Number of conservation easements modified... 4. Number of states where property subject to conservation easement is located... 5. Does the organization have a written policy regarding the periodic monitoring... 6. Staff and volunteer hours devoted to monitoring... 7. Amount of expenses incurred in monitoring... 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...

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.

Form with multiple sections: 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. b. 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 acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	149,166,604.	161,176,908.			
b Contributions	531,958.	1,576,765.			
c Net investment earnings, gains, and losses	10,191,997.	-5,447,661.			
d Grants or scholarships	3,322,817.	3,794,712.			
e Other expenditures for facilities and programs	4,208,894.	4,344,696.			
f Administrative expenses					
g End of year balance	152,358,848.	149,166,604.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 12.8800 %
- b Permanent endowment ▶ 77.2100 %
- c Term endowment ▶ 9.9100 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Accumulated depreciation	(d) Book value
1a Land		1,468,119.		1,468,119.
b Buildings		224,554,056.	93,313,019.	131,241,037.
c Leasehold improvements		23,360,657.	14,525,091.	8,835,566.
d Equipment		19,719,534.	10,785,590.	8,933,944.
e Other		15,819,659.	6,577,370.	9,242,289.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				159,720,955.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other HEDGE FUNDS	31,442,610.	FMV
PRIVATE REAL ASSET FUNDS	2,568,895.	FMV
PRIVATE EQUITY FUNDS	3,784,022.	FMV
COMMINGLED FUNDS-FIXED INCOME	18,715,340.	FMV
COMMINGLED FUNDS-EQUITY SEC	9,014,843.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	65,525,710.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
CONDITIONAL ASSET RETIREMENT	575,751.
REFUNDABLE ADVANCES	1,131,067.
OBLIGATION UNDER CAPITAL LEASES	1,073,697.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,780,515.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	179,331,537.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	173,562,213.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,769,324.
4	Net unrealized gains (losses) on investments	4	6,250,205.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	72,499.
9	Total adjustments (net). Add lines 4 through 8	9	6,322,704.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,092,028.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	179,948,616.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	6,250,205.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,629,262.
e	Add lines 2a through 2d	2e	7,879,467.
3	Subtract line 2e from line 1	3	172,069,149.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	955,974.
b	Other (Describe in Part XIV.)	4b	6,306,414.
c	Add lines 4a and 4b	4c	7,262,388.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	179,331,537.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	167,856,588.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	1,536,049.
d	Other (Describe in Part XIV.)	2d	20,714.
e	Add lines 2a through 2d	2e	1,556,763.
3	Subtract line 2e from line 1	3	166,299,825.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	955,974.
b	Other (Describe in Part XIV.)	4b	6,306,414.
c	Add lines 4a and 4b	4c	7,262,388.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	173,562,213.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENTS

SCHEDULE D, PART V

THE UNIVERSITY'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT ITS EDUCATIONAL MISSION EITHER THROUGH THE FUNDING OF EVERYDAY OPERATIONS OR OF STUDENT SCHOLARSHIPS. OVER THE LONG-TERM, THE UNIVERSITY INTENDS TO KEEP THE PRINCIPAL INTACT, USING ONLY THE EARNINGS ON ITS INVESTMENTS TO FUND ACTIVITIES.

RECONCILIATION OF NET ASSETS

SCHEDULE D, PART XI, LINE 8

COST OF ASSET RETIREMENT OBLIGATION:	\$ (20,714)
CHANGE IN THE VALUE OF SPLIT INTEREST AGREEMENTS:	93,213

	\$ 72,499

RECONCILIATION OF REVENUE

SCHEDULE D, PART XII

LINE 2D: COSTS OF GOODS SOLD	\$1,536,049
LINE 2D: CHANGE IN THE VALUE OF SPLIT INTEREST AGREEMENTS	93,213

	\$1,629,262
LINE 4B: SCHOLARSHIPS AND FELLOWSHIPS	\$6,306,414

Part XIV Supplemental Information (continued)

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XIII

LINE 2D: COST OF ASSET RETIREMENT OBLIGATION \$ (20,714)

LINE 4B: SCHOLARSHIPS AND FELLOWSHIPS \$6,306,414

FIN 48

SCHEDULE D, PART X

THE INCOME TAXES TOPIC NUMBER 740, "INCOME TAXES" 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. THIS CRITERION WAS ADOPTED BY THE UNIVERSITY ON OCTOBER 1, 2009, AND HAD NO MATERIAL IMPACT ON THE UNIVERSITY'S FINANCIAL STATEMENTS. THE TAX YEARS ENDED 2007, 2008, AND 2009 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND DISTRICT OF COLUMBIA PURPOSES. THE UNIVERSITY HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO REVIEW OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

2009

Open to Public Inspection

▶ Complete if the organization answered "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

GALLAUDET UNIVERSITY

Employer identification number

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. If you need more space, use Schedule O (Form 990) 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.	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, use Schedule O (Form 990).	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, use Schedule O (Form 990).		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).		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," explain on Schedule O (Form 990)	X	

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

Schedule E (Form 990 or 990-EZ) 2009

JSA
9E1273 2.000

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.
- ▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		
Totals ▶					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
- 3 Enter total number of other organizations ▶ -----

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2009

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 Part IV and 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	1,359	7,686,406.			

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 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

STUDENT ACCOUNT WHICH ASSURES PROPER USE OF THE GRANT. THE AMOUNT OF THE

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 Part IV and 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" 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 any of the boxes on 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, with respect to the filing organization or a related organization:

- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2009

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) Retirement and other 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)	355,670.	50,000.	32,441.	56,977.	115,821.	610,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL KELLY	(i)	356,151.	0.	1,610.	25,496.	19,560.	402,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHEN WEINER	(i)	229,786.	0.	0.	38,703.	20,131.	288,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CATHERINE ANDERSEN	(i)	223,516.	0.	874.	15,668.	2,005.	242,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ISAAC AGBOOLA	(i)	197,829.	0.	59.	32,192.	2,448.	232,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CAROL ERTING	(i)	199,024.	0.	1,201.	33,730.	20,167.	254,122.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MELOYDE BATTEN-MICKENS	(i)	174,339.	0.	152.	26,472.	6,827.	207,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GARY ALLER	(i)	156,588.	0.	0.	25,605.	15,043.	197,236.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
IRVING K. JORDAN	(i)	22,724.	0.	91,436.	1,601.	604.	116,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THOMAS ALLEN	(i)	192,686.	0.	0.	13,822.	21,498.	228,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL MOORE	(i)	166,309.	0.	680.	26,967.	5,560.	199,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CYNTHIA KING	(i)	211,208.	0.	0.	34,458.	7,166.	252,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARGERY MILLER	(i)	204,127.	0.	796.	33,094.	1,752.	239,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD LYTLE	(i)	196,795.	0.	0.	33,525.	20,945.	251,265.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD BOSSO	(i)	173,475.	0.	0.	20,595.	31,468.	225,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL DREHOFF	(i)	207,473.	0.	10,191.	29,009.	7,173.	253,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2009

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.

FORM 990, SCHEDULE J

PART I, LINE 1B: THE BENEFITS SUMMARIZED IN PART I, LINE 1A, INCLUDING HEALTH OR SOCIAL CLUB DUES, TRAVEL FOR COMPANIONS, TAX INDEMNIFICATION, AND PERSONAL SERVICES ARE ONLY AVAILABLE FOR THE PRESIDENT. AMOUNTS THAT ARE CONSIDERED TAXABLE ARE INCLUDED AS REPORTABLE COMPENSATION ON HIS W-2. SINCE THESE BENEFITS ARE LIMITED TO THE PRESIDENT, A WRITTEN POLICY FOR THESE BENEFITS IS NOT CONSIDERED NECESSARY. HOWEVER, GALLAUDET HAS WRITTEN POLICIES SPECIFIC TO GENERAL TRAVEL INCLUDING PROCEDURES FOR PRIOR APPROVAL AND PAYMENT/REIMBURSEMENT OF TRAVEL EXPENSES.

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 B(III) FOR I.K. JORDAN: THIS COLUMN INCLUDES COMPENSATION RELATING TO VACATION ACCRUED THROUGH 12/31/08.

COLUMN D FOR ROBERT DAVILA: AS A CONDITION OF HIS EMPLOYMENT, THE

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.

PRESIDENT, ROBERT DAVILA, 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 \$44,335 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.

COLUMN D FOR EDWARD BOSSO: AS A CONDITION OF HIS EMPLOYMENT, EDWARD BOSSO, VP - CLERC CENTER, IS REQUIRED TO LIVE ON CAMPUS. THIS COLUMN INCLUDES \$24,000 REPRESENTING THE ESTIMATED RENTAL VALUE OF THE RESIDENCE.

FORM 990, SCHEDULE J, PART I, LINE 7 THE PRESIDENT WAS AWARDED A BONUS IN CALENDAR YEAR 2009 BASED ON HIS PERFORMANCE AND PURSUANT TO HIS CONTRACT. THE BONUS WAS DETERMINED BY THE BOARD OF TRUSTEES IN CONSULTATION WITH LEGAL COUNSEL AND AN INDEPENDENT EXPERT ON EXECUTIVE COMPENSATION.

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.

FORM 990, SCHEDULE J - PRESIDENT HURWITZ

PRESIDENT HURWITZ BEGAN SERVING AS THE PRESIDENT OF GALLAUDET UNIVERSITY

ON JANUARY 1, 2010. SINCE THE FORM 990 PROVIDES COMPENSATION BASED ON

THE CALENDAR YEAR 2009, THERE IS NO COMPENSATION INCLUDED ON SCHEDULE J

FOR PRESIDENT HURWITZ.

**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 for Schedule J (Form 990), Part II.
▶ See Instructions for Schedule J (Form 990).

OMB No. 1545-0047

2009

**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) Retirement and other 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				
EILEEN MATTHEWS	(i)	200,405.	0.	1,175.	14,028.	10,703.	226,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J-1 (Form 990) 2009

JSA

Continuation Sheet for Form 990

Department of the Treasury
Internal Revenue Service

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

▶ See the Instructions for Form 990.

Name of the Organization
GALLAUDET UNIVERSITY

Employer identification number
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 KING DEAN, ATLAS	40.00					X		211,208.	0.	41,624.
MARGERY MILLER DEAN, ENROLLMENT MANAGEMENT	40.00					X		204,923.	0.	34,846.
RICHARD LYTLE PRESIDENT'S SPECIAL ASSISTANT	40.00					X		196,795.	0.	54,470.
PAUL DREHOFF VP INSTITUTIONAL ADVANCEMENT	40.00					X		217,664.	0.	36,182.
EILEEN MATTHEWS EXECUTIVE DIRECTOR ODES	40.00					X		201,580.	0.	24,731.
IRVING K. JORDAN FORMER PRESIDENT	40.00						X	114,160.	0.	2,205.
THOMAS ALLEN FORMER DEAN, GSPP	40.00						X	192,686.	0.	35,320.
MICHAEL MOORE FORMER INTERIM PROVOST	40.00						X	166,989.	0.	32,527.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GALLAUDET UNIVERSITY

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

53-0199507

ATTACHMENT 1

POLICIES

PART VI, SECTION B

LINE 11: THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE UNIVERSITY'S BOARD OF TRUSTEES CHARGES THE AUDIT COMMITTEE WITH THE RESPONSIBILITY FOR OVERSEEING THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES PRIOR TO FILING.

A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL AUDIT COMMITTEE FOR DISCUSSION AND COMMENT. THE FINAL SIGNED FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF TRUSTEES BEFORE THE RETURN IS ULTIMATELY FILED WITH THE IRS.

LINE 12: GALLAUDET UNIVERSITY'S CONFLICT OF INTEREST POLICY APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES AND ALL ADMINISTRATORS, FACULTY, TEACHERS, AND STAFF OF THE UNIVERSITY. ALL BOARD MEMBERS MUST DISCLOSE, AT THE EARLIEST PRACTICABLE TIME, ANY POSSIBLE CONFLICT OF INTEREST TO THE SECRETARY OF THE BOARD AND THE AUDIT COMMITTEE.

TO FACILITATE THIS POLICY, EACH MEMBER COMPLETES AND FILES ANNUALLY, WITH THE SECRETARY OF THE BOARD AND THE CHAIRMAN OF THE AUDIT COMMITTEE, INFORMATION ABOUT POSSIBLE CONFLICTS OF INTEREST AFFECTING GALLAUDET UNIVERSITY, INCLUDING INTERESTS OF IMMEDIATE FAMILY MEMBERS AND ORGANIZATIONS IN WHICH THE BOARD MEMBER HAS A SIGNIFICANT MANAGEMENT

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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ATTACHMENT 1 (CONT'D)

FUNCTION OR A SIGNIFICANT OWNERSHIP INTEREST. IF A BOARD MEMBER IS UNCERTAIN WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS PRESENTED TO THE AUDIT COMMITTEE AND THEN A DETERMINATION IS REQUESTED BY THE BOARD. THESE MATTERS WILL BE RESOLVED BY MAJORITY VOTE. THE BOARD MEMBER WHOSE CONFLICT OF INTEREST IS UNDER CONSIDERATION IS EXCLUDED FROM PARTICIPATION. THE DISCLOSURE OF THE CONFLICT AND THE RELATED DELIBERATION AND VOTING RESULTS ARE DOCUMENTED IN THE MINUTES OF THE MEETING.

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.

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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ATTACHMENT 1 (CONT'D)

LINE 15: THE BOARD OF TRUSTEES' COMPENSATION COMMITTEE HAS THE ULTIMATE RESPONSIBILITY FOR DETERMINING COMPENSATION OF THE UNIVERSITY'S PRESIDENT. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT TO PERIODICALLY PERFORM A COMPENSATION STUDY TO INFORM ITS DECISION ON THE PRESIDENT'S COMPENSATION AND MAKES RECOMMENDATIONS TO THE FULL BOARD FOR ITS CONSIDERATION AND VOTE. 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 MANAGERS ARE RESPONSIBLE FOR THE MANAGEMENT OF COMPENSATION WITHIN

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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ATTACHMENT 1 (CONT'D)

THEIR UNITS, USING THE ESTABLISHED COMPENSATION PARAMETERS APPROVED BY
THE PRESIDENT AND COMPENSATION COMMITTEE.

DISCLOSURE

PART VI, SECTION C

LINE 19: THE FOLLOWING DOCUMENTS ARE AVAILABLE ON GALLAUDET UNIVERSITY'S
WEBSITE, WWW.GALLAUDET.EDU: BOARD OF TRUSTEES, AUDITED FINANCIAL
STATEMENTS, IRS FORM 990, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER
POLICY, DOCUMENT RETENTION POLICY AND CURRENT BYLAWS.

THIS INFORMATION IS ALSO AVAILABLE UPON REQUEST TO PAUL KELLY,
VP-ADMINISTRATION & FINANCE.

OTHER PROGRAM SERVICES

PART III, LINE 4D

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 ADULTS WHO ARE DEAF. SERVICES INCLUDE PROFESSIONAL

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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ATTACHMENT 1 (CONT'D)

TRAININGS, A VARIETY OF ON-CAMPUS SUMMER PROGRAMS, AND EXTENSION PROGRAMS
AT OTHER SCHOOLS.

FORM 990, PART V, LINE 7A & 7B

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

ATTACHMENT 2

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 2010 AND 2009, APPROXIMATELY 70% OF THE
UNIVERSITY'S UNRESTRICTED REVENUES WERE DERIVED FROM FEDERAL
APPROPRIATIONS. GALLAUDET IS DIVIDED INTO TWO MAJOR COMPONENT

Name of the organization

GALLAUDET UNIVERSITY

Employer identification number

53-0199507

ATTACHMENT 2 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

PROGRAMS FOR BUDGETING AND OPERATING 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 1,860 UNDERGRADUATE AND GRADUATE STUDENTS, AND THE CLERC CENTER ENROLLS APPROXIMATELY 260 ELEMENTARY AND SECONDARY SCHOOL STUDENTS.

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BON APPÉTIT P.O. BOX 91337 CHICAGO, IL 60693-1337	FOOD SERVICES	3,674,852.
NEC UNITED SOLUTIONS, INC. 6555 N. STATE HIGHWAY #161 8C 16 WASHINGTON, DC 20002	NETWORK MAINTENANCE	1,202,341.
KELLOGG CONFERENCE HOTEL/FLIK INT'L CORP CONFERENCE CTR ADMIN 3 INTERNATIONAL DRIVE, 2ND FLOOR RYE BROOK, NY 10573		979,579.
BOOZ ALLEN HAMILTON, INC.	CONSULTING SERVICES	455,326.

Name of the organization GALLAUDET UNIVERSITY	Employer identification number 53-0199507
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
8283 FLORIDA AVE, NE MCLEAN, VA 22102		
ATT SPORTS, INC. 115 CROSS KEYS ROAD BERLIN, NJ 08009	RENOVATIONS	448,800.
	TOTAL COMPENSATION	<u>6,760,898.</u>

ATTACHMENT 5

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.

FEDERAL DIRECT LOANS