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DLN: 93493348011080

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

V P for Finance 260 Leahy Hall 620 Michigan Ave NE Washington, DC 20064 If "No," attach a list (see in H(c) Group exemption number ▶ Website: ▶ www cua edu K Form of organization ▼ Corporation ▼ Trust ▼ Association ♥ Other ▶	Yes No Yes No Yes No Instructions) of legal domicile DC offering programs gious studies and attenrollment of the			
Amended return	Yes No Yes No Instructions) of legal domicile DC offering programs gious studies and at enrollment of the			
Name change Initial return Terminated	Yes No Yes No Instructions) of legal domicile DC offering programs gious studies and at enrollment of the			
Initial return Terminated Termin	Yes No Yes No Yes No Instructions) of legal domicile DC offering programs gious studies and ant enrollment of the			
Terminated Amended return Application pending F Name and address of principal officer Cathy R Wood V P for Finance 260 Leahy Hall 620 Michigan Ave NE Washington, DC 20064 H(a) Is this a group return for affiliates? H(b) Are all affiliates? H(b) Are all affiliates included? If "No," attach a list (see in H(c) Group exemption number Important of organization of organization of organization of organization of study leading to bachelors', masters', doctorate and professional degrees in the liberal arts and sciences, religion several professional areas including engineering, architecture, social service, nursing, music and law The current of university is approximately 6,768, of which 3,466 are undergraduate	Yes No Yes No Instructions) of legal domicile DC offering programs gious studies and at enrollment of the			
Application pending F Name and address of principal officer Cathy R Wood V P for Finance 260 Leahy Hall 620 Michigan A ve NE Washington, DC 20064 H(b) Are all affiliates? H(b) Are all affiliates included? If "No," attach a list (see in H(c) Group exemption number	Yes No Instructions) of legal domicile DC offering programs gious studies and nt enrollment of the			
F Name and address of principal officer Cathy R Wood V P for Finance 260 Leahy Hall 620 Michigan Ave NE Washington, DC 20064 I Tax-exempt status ▼ 501(c) (3) ◄ (insert no)	Yes No Instructions) of legal domicile DC offering programs gious studies and ant enrollment of the			
Cathy R Wood V P for Finance 260 Leahy Hall 620 Michigan Ave NE Washington, DC 20064 I Tax-exempt status	Yes No Instructions) of legal domicile DC offering programs gious studies and ant enrollment of the			
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Website: ► www cua edu K Form of organization ✓ Corporation Trust Association Other ► L Year of formation 1887 M State of Part I Summary 1 Briefly describe the organization's mission or most significant activities The Catholic University of America is an independent institution of higher education located in Washington DC, offer of study leading to bachelors', masters', doctorate and professional degrees in the liberal arts and sciences, religion several professional areas including engineering, architecture, social service, nursing, music and law. The current of university is approximately 6,768, of which 3,466 are undergraduate.	of legal domicile DC offering programs gious studies and nt enrollment of the			
K Form of organization Corporation Trust Association Other L Year of formation 1887 M State of Part I Summary Briefly describe the organization's mission or most significant activities The Catholic University of America is an independent institution of higher education located in Washington DC, offer of study leading to bachelors', masters', doctorate and professional degrees in the liberal arts and sciences, religion several professional areas including engineering, architecture, social service, nursing, music and law The current of university is approximately 6,768, of which 3,466 are undergraduate 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets	offering programs gious studies and nt enrollment of the s 48 46 4,630			
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	48 46 4,630			
3 Number of voting members of the governing body (Part VI, line 1a)	48 46 4,630			
4 Number of independent voting members of the governing body (Part VI, line 1b)	46 4,630			
5 Total number of employees (Part V, line 2a)	4,630			
6 Total number of volunteers (estimate if necessary)	619			
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a	686,903			
b Net unrelated business taxable income from Form 990-T, line 34	-678,850			
	Current Year			
8 Contributions and grants (Part VIII, line 1h)	16,728,711			
9 Program service revenue (Part VIII, line 2g)	240,989,774			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,469,377			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,291,502 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	1,229,909			
12)	256,479,017			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 48,403,582	51,643,768			
14 Benefits paid to or for members (Part IX, column (A), line 4)	0			
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	121,735,944			
16a Professional fundraising fees (Part IX, column (A), line 11e) 6,954	45,214			
10) 118,368,403 16a Professional fundraising fees (Part IX, column (A), line 11e)				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	80,694,415			
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 243,158,242	254,119,341			
19 Revenue less expenses Subtract line 18 from line 1217,310,520	2,359,676			
Beginning of Current Year 20 Total assets (Part X, line 16)	End of Year			
第章 20 Total assets (Part X, line 16)	498,173,900			
21 Total liabilities (Part X, line 26)	157,529,001			
22 Net assets or fund balances Subtract line 21 from line 20	340,644,899			
Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has an				
Sign Here Signature of officer 2010-12-14 Date				
Sheri Hardison Controller Type or print name and title				
Para Charles 6 Proceeds at the form of the control				
Preparer's signature Date Check if self- (see instructions)	umber			
Paid empolyed	<u> </u>			
Ilse Only if self-employed),				
address, and ZIP + 4 P				
	es No			

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Catholic University of America is an independent institution of higher education located in Washington D C, offering programs of study leading to bachelors', masters', doctorate and professional degrees in the liberal arts and sciences, religious studies and several professional areas including engineering, architecture, social service, nursing, music and law. The current enrollment of the university is approximately 6,768, of which 3,466 are undergraduate. The university also received sponsored research awards spanning all disciplines.

2		undertake any signific r 990-EZ?		rvices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on So	hedule O			
3	Did the organization services?	cease conducting, or r	nake sıgnıfıcan	t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Sched	ıle O			
4	Section 501(c)(3) ar		ions and sectio	on 4947(a)(1) trusts	e largest program service are required to report the service reported	• •
4a	(Code) (Expenses \$	97,832,477	including grants of \$	0) (Revenue	e \$ 180,744,410)
	programs of study leads engineering, architecture graduate students (Fall	ng to bachelors', masters' a e, nursing, music and law ⁻ 2009) The university offer	nd professional de The current enrollm s 32 Doctoral progr	grees in the liberal arts ar nent of the university is ap rams, 45 Masters program	nd sciences, religious studies an oproximately 6,768 of which 3, is, 73 Bachelors programs, 3 Fii	cated in Washington DC, offering d several professional areas including 466 are undergraduate and 3,302 rst Professional degrees in Architecture, ie full-time faculty 98% hold Doctoral
4b	(Code) (Expenses \$	51,643,768	including grants of \$	51,643,768) (Revenue	2 \$ 0)
	Scholarship Programs F	inancial aid to students incl	udes scholarship, r	remitted tuition and stipen	ds for both undergraduate and	graduate study 8,457 scholarships ere awarded for academic year 2009-
	(Code) (Expenses \$	30,553,632	including grants of \$	0) (Revenue	e \$ 34,635,682)
	Auxiliary Services Unive	ersity dormitories consist of	20 residence halls	which provide living quar	, ,	ncy rate as of Fall 2009 was 90 6%
4d	Other program serv	ices (Describe in Sch	edule O) See a	also Additional Data 1	or Description	
	(Expenses \$	52,554,463 inc	ludıng grants o	f \$	O) (Revenue \$	25,609,682)
4e	Total program servi	ce expenses►\$	232,584,34	0		

Part IV	Chec	klist	of	Rea	ıuire	d	Sch	ied	lule	es
---------	------	-------	----	-----	-------	---	-----	-----	------	----

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes	
	Parts VI , VII , VIII , IX , or X as applicable	11	162	<u> </u>
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			_
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		Νο
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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

rt V	Statements	Regarding	Other	TRS F	ilinas	and '	Tax	Comi	oliance
	ota to illoiles	itegai aiiig	•					~~	J.:

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b	Yes	
а	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
•	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
3	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country $ ightharpoons$			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N c
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
J	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
!a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 120]		

VP for Finance 260 Leahy Hall

620 Michigan Ave NE Washington, DC 20064 (202) 319-5606

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

	processes, or changes in Schedule O. See Instructions.			
<u> </u>	ection A. Governing Body and Management	I	Vac	Na
			Yes	No
1a	Enter the number of voting members of the governing body 48			
b	Enter the number of voting members that are independent 1b 46			
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?	2		No
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?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
IXC	vende code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		, 55	
12-	December of the control of the contr	12-	V	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		Νο
b	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?	16b		
	Let the States with which a convictible Form 200 is required to be filed.			
17 10	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 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			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
20	interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orda	ınızatıor	n ▶
	Cathy R Wood	ic orga	201101	· •

Part VIII 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, and current key employees 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, or 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 i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 136

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

Section B. Independent Contractors

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
Price Waterhouse Coopers LLP PO Box 7247-8001 Philadelphia, PA 191708001	Accounting Services	266,915
A & O Construction 9208 Oak Tree Circle Frederick, MD 21701	Construction Services	195,235
Beers & Cutler PLLC 8219 Leesburg Pike Suite 800 Vienna, VA 22182	Internal Audit Services	171,908
Spencer Stuart 401 N Michigan Ave Suite 2600 Chicago, IL 60611	Executive Search Services	159,112
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 🗗

Form 99			A Dougney					Page 9
	/** **	Statement o	от кечепие		(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	b c d e f	Fundraising ever Related organiz Government grants All other contributed similar amounts no	tes	0 943,727 0 227,438				
ချင်	h	Total. Add lines	s 1a-1f		16,728,711			
Program Serwce Revenue	2a b c d	Tuition and Fees Federal and Private Housing Board Bookstore	e Grants	Business Code 611,600 541,700 721,310 722,210 451,211	180,744,410 22,638,839 18,707,126 12,862,844 3,065,712	180,744,410 22,638,839 18,707,126 12,797,856 3,065,712	0 0 0 64,988 0	0 0
¥ogra	f		am service revenue		2,970,843	2,313,746	657,097	0
	3 4	Investment inc and other similar Income from inves	ome (including dividen ar amounts) stment of tax-exempt bond	ds, interest proceeds	240,989,774 3,408,101 1,835	0	-35,182 0	1,835
	6a b c	Gross Rents Less rental expenses Rental income or (loss)	(I) Real 64,096 0	(II) Personal 0 0	652,825	o d	J	652,825
	7a	Gross amount from sales of assets other	me or (loss) (1) Securities 96,248,566	► (п) O ther 37,999	64,096	0	0	64,096
	b	than inventory Less cost or other basis and sales expenses Gain or (loss)	102,130,841	35,037				
	d		ss)		-5,879,313	0	0	-5,879,313
Other Revenue	8a	events (not inc \$ 943 of contributions	rom fundraising luding 5,727 s reported on line 1c) ne 18	102,065				
d d	b c		penses b (loss) from fundraising	247,830 events . ►	-145,765	0	0	-145,765
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
	b c		penses b (loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo	ınventory, less	872,169				
	b c		oods sold b (loss) from sales of inve	217,056	655,113	0	0	655,113
	11a	Gain Settlemen		900,099	104,037	104,037	0	o
	ь	-	al of Equipment	900,099	-163,129	-163,129	0	0
	c	Miscellaneous		900,099	62,732	62,732	0	_
	d e	All other reven	ue s 11a-11d		3,640	0	0	0
	12	Total revenue.	See Instructions .	▶	256,479,017	240,271,329	686,903	-1,207,926 Form 990 (2009)

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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).							
			(B), (C), and ((C)	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0	0				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	51,643,768	51,643,768				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0				
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	2,658,720	1,238,864	1,248,572	171,284		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$						
7	Other salaries and wages	97,856,424	89,664,185	5,886,020	2,306,219		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,018,356	6,258,929	611,680	147,747		
9	Other employee benefits	7,930,462	7,685,664	73,350	171,448		
10	Payroll taxes	6,271,982	5,625,833	492,864	153,285		
11	Fees for services (non-employees)				_		
а	Management	13,273,064	13,273,064				
b	Legal	1,007,636	469,691	537,945			
c	Accounting	463,894		463,894			
d	Lobbying						
e	Professional fundraising See Part IV, line 17	45,214			45,214		
f	Investment management fees	743,528		743,528			
g	Other	2,363,419	1,899,175	464,244			
12	Advertising and promotion	559,190	534,767	21,778	2,645		
13	Office expenses	12,586,868	11,353,409	670,051	563,408		
14	Information technology	1,966,254	1,777,503		188,751		
15	Royalties	629,064	621,788	7,276			
16	Occupancy	20,499,737	18,787,462	1,712,275			
17	Travel	3,451,108	3,176,826	118,463	155,819		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	361,614	313,613	36,944	11,057		
20	Interest	349		349			
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	10,962,212	10,380,225	581,987			
23	Insurance	1,071,257	77,652	993,605			
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)						
а	Temporary Services	1,573,015	1,573,015	0	0		
b	Pell & SEO G Grants	2,514,413	2,514,413	0	0		
С	M embers hips	945,431	813,423	113,305	18,703		
d	Doubtful Account Expenses	1,555,519	405	1,555,114	0		
e	Entertainmet Expenses	1,912,898	1,475,631	216,600	220,667		
f	All other expenses	2,253,945	1,425,035	814,743	14,167		
25	Total functional expenses. Add lines 1 through 24f	254,119,341	232,584,340	17,364,587	4,170,414		
26	Joint costs. Check here ► ☐ 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 vear 29.294.318 22.317.580 1 1 Cash—non-interest-bearing 2 2 0 8,724,700 3 10,348,634 3 4 6.033.629 6.672.255 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of ol 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 0 6 8,981,843 Notes and loans receivable, net 8,497,002 565,754 589.045 Inventories for sale or use 3,455,816 3,682,458 Land, buildings, and equipment cost or other basis Complete 365.815.747 10a 10a Part VI of Schedule D 204,362,698 **10c** 10b 168, 264, 843 197.550.904 b Less accumulated depreciation 115.312.196 153.181.019 11 11 68,104,601 12 85,731,708 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 0 14 0 2.541.732 15 2.853.199 15 16 440,627,191 16 498,173,900 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 21.130.685 17 18.088.174 17 Accounts payable and accrued expenses 0 18 18 4,937,494 19 4,528,045 19 20 91,654,504 20 89,686,922 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 28.889.618 26,821,759 23 23 Secured mortgages and notes payable to unrelated third parties . . 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 17.908.625 18.404.101 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 164,520,926 157,529,001 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 165,608,244 208.043.170 27 27 Unrestricted net assets 28 28.915.249 28 50.123.626 Temporarily restricted net assets Fund 81.582.772 29 82.478.103 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 276, 106, 265 33 Total net assets or fund balances 33 340,644,899 Total liabilities and net assets/fund balances 34 440,627,191 498,173,900 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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	2c	Yes	
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 separated 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?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC UNIVERSITY OF AMERICA

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

FALLACIITOFC

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

Employer identification number

Do	rt I	Door	on for Dul	alia Charity Stat	ua (All ora:	anizations	must some	lata this par	53-019658 rt \ Coo.inst			
				blic Charity Stat foundation because						ucuons		
1	/ ga			on of churches, or as					,			
2	<u>'</u>							(I)(A)(I).				
	'			in section 170(b)(1)				170/5//1//	/ ::: .			
3	<u>'</u>			perative hospital serv						/A //!!!\		
4	ı		l's name, cit	organization operate y, and state	ed in conjunc	tion with a r	iospitai desci	ribed in secti	on 170(b)(1))(A)(III). Ent	ertne	
5	Γ	_	-	rated for the benefit	_	or university	owned or op	erated by a g	jovernmental	l unit describ	ed ın	
	_	section	170(b)(1)(/	A)(iv). (Complete Pa	rt II)							
6	<u>_</u>	A feder	al, state, or	local government or	governmenta	al unit descr	ıbed ın sectio	n 170(b)(1)((A)(v).			
7		describ	ed ın	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	a government	tal unit or froi	m the genera	l public	2
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A	(Com	plete Part II)				
9	\sqcap	Anorga	nization tha	t normally receives	(1) more tha	n 331/3% o	f its support f	from contribu	itions, membe	ership fees, a	and gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	6 of	
		ıts sup	ort from gro	ss investment incom	ne and unrela	ated busines	s taxable ınc	ome (less se	ection 511 ta	x) from busir	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e section 50	09(a)(2). (Co	mplete Part	III)			
10	\Box	An orga	anization org	anızed and operated	exclusively	to test for p	ublic safety S	See section 5	09(a)(4).			
11 e	Г	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). Che the box that describes the type of supporting organization and complete lines 11e through 11h a								Check her ons 1) or		
g		check t Since A	his box ugust 17, 2	eceived a written de 006, has the organiz						r supporting	organiz	F
			g persons? rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons descr	ribed in (ii)		Yes	No
				governing body of the	•		-		(,	11g(i)	+	
				r of a person describ						11g(ii)		
			•	ed entity of a person	• •		nove?			11g(iii	+	
h				g information about t							<u> </u>	
(i) Name suppor organiza		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organizati col (i) list your gove	(iv) Is the rganization in oil (i) listed in our governing document? (v) Did you notify the organization in col (i) of your support?		Did you notify the Is the organization in col (i) of your col (i) organization in col (ii) organization in the IIS			A m	(vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
Tota												

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
_	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averagest	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. 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 A (Form 990 or 990-EZ) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization

Employer identification number

Tyes No Part IV, line 7. portantly land area structure
ΓYes ΓNo ΓYes ΓNo Part IV, line 7. Portantly land area
□ Yes □ No Part IV, line 7. portantly land area
□ Yes □ No Part IV, line 7. portantly land area
□ Yes □ No Part IV, line 7. portantly land area
□ Yes □ No Part IV, line 7. portantly land area
□ Yes □ No Part IV, line 7. portantly land area
Part IV, line 7.
portantly land area
portantly land area
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Total Circ Ella of the Fee
zation during
┌ Yes
┌ Yes ┌ No
ment, and at describes
nilar Assets.
sheet works of e of public service,
et works of art, f public service,
\$
, provide the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

0

ar	411 Organizations Maintaining Co	<u>llections of Art,</u>	His	tori	cal Trea	asures, or	Othe	er Similar A	sset	:S (co	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing tha	nt are a signific	ant u	use of its colle	ction		
а	Public exhibition		d	굣	Loan or	exchange pro	grams	5			
b	Scholarly research		e	Γ	Other						
c	✓ Preservation for future generations										
ļ	Provide a description of the organization's co Part XIV	ollections and explain	n hov	v they	/ further t	:he organizatio	n's e	xempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar	┌ ʏ	'es	√ No
Pa i	t IV Trust, Escrow and Custodial						ansv	vered "Yes" t	o Foi	rm 99	9 0,
	Part IV, line 9, or reported an ar										
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	diary	for c	ontributio	ons or other as	sets	not	┌ ¥	'es	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following table	•					_			
								Α	mour	<u></u>	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	21?						┌ ¥	'es	┌ No
	If "Yes," explain the arrangement in Part XIV	/									
² a	rt V Endowment Funds. Complete										
		(a)Current Year	(b) Prior	Year	(c)Two Years Bac	k (d)Three Years Back	(e)	our Ye	ears Back
a	Beginning of year balance	87,867,248									
b	Contributions	3,985,000									
с	Investment earnings or losses	49,353,007 8,426,164							-		
d	Grants or scholarships	834,736									
e	Other expenditures for facilities and programs	834,730									
f	Administrative expenses	-14,697									
g	End of year balance	131,959,052									
	Provide the estimated percentage of the yea	r end balance held as	5		•						
а	Board designated or quasi-endowment 🕨	35 41 %									
ь	Permanent endowment ► 64 59 %										
c	Term endowment ► 0 %										
a	Are there endowment funds not in the posse	ssion of the organiza	tıon t	that a	re held a	nd administer	ed for	the			
	organization by									Yes	No
	(i) unrelated organizations			•					1(i)	\longrightarrow	Νo
	(ii) related organizations						•		(ii)		No
b	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•							3b		
	t VI Investments—Land, Building) Dart V line	. 10				
ŒΙ	Description of investment	s, and Equipmen	11. 3	(a) (Cost or other	er (b)Cost or o	ther	(c) Depreciation	n ((d) Boo	ok value
-	_and					,					
_						20,00	-	101 544 1	96		5,030,903
	Buildings					0 264,62	2,269	101,544,18	0	103	3,078,08
	Equipment					0 38,65		32,198,6	-		5,456,88
	Other		•				7,022				1,985,037
٠				1		ار عل	,022	1 24,241,9	I	J	., .00,03

197,550,904

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or category (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products	0		
Closely-held equity interests	0		
Other	5.055.400		_
Money market funds and temporary investments	5,065,109		F
V enture capital	3,665,390		F
Limited partnership and other	45,814,238		F
Real Estate	31,186,971		F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	85,731,708		
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	 ne 15.		
(a) Descrip			(b) Book value
Interest in perpetual trusts			1,985,357
Books Work In Progress CUA Press			87,999
Cash Surr Value of Ins Policy			747,331
Employee Loans			16,247
Postage Clearing Account			15,633
Postage-Business Reply Permit			632
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	15)		2,853,199
Part X Other Liabilities. See Form 990, Part X			_,,,,,,,,
(a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Refundable advances from the U S government	7,076,295		
Asset Retirement Obligations	10,009,808		
Split-interest agreements	1,317,998		
		1	
]	
		-	
		1	
Total. (Column (h) should equal Form 990. Part X. col (B) line 25.)	19 404 101	1	

_	dule D (Form 990) 2008		Page 4
1 1	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts 1	256,479,017
2	Total revenue (Form 990, Part VIII, column (A), line 12)	2	254,119,341
	Total expenses (Form 990, Part IX, column (A), line 25)	_	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,359,676
4	Net unrealized gains (losses) on investments	4	62,178,961
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	62,178,961
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	64,538,637
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	266,869,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u> </u>	
a	Net unrealized gains on investments		
ь	Donated services and use of facilities	-	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	10,669,620
3	Subtract line 2e from line 1	3	256,200,375
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 743,528		
ь	Other (Describe in Part XIV) 4b -464,886	1	
c	Add lines 4a and 4b	4c	278,642
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	256,479,017
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	202,331,358
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 0]	
b	Prior year adjustments	<u> </u>	
c	Losses reported on Form 990, Part IX, line 25]	
d	Other (Describe in Part XIV) 2d 464,886		
е	Add lines 2a through 2d	2e	464,886
3	Subtract line 2e from line 1	3	201,866,472
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 743,528]	
ь	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	52,252,869

Part XIV Supplemental Information

5

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

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

Ident if ier	Ret urn Reference	Explanation
SchD_P03_S00_L01	Schedule D, Part III, Line 1	The university has elected not to capitalize the cost or value of its collection of works of art, historical treasures, and similar assets. There were no deaccessions during the year
SchD_P03_S00_L04	Schedule D, Part III, Line 4	The University Archives manages a large museum collection, which contains a range of art, historical pieces, and other such items. Certain pieces, along with relevant collections of field notes from the Archives, have been used by the Anthropology department to supplement class discussions. Our fine art pieces consist of paintings, antique furniture, Asian art, and sculptures. Students from the Media Studies Department and the School of Library and Information Sciences routinely view our fine art collection to gain first hand experience of how fine art is preserved, managed, and used. In addition to being given regular tours and presentations on our museum collections, students encounter pieces from the collection on a daily basis because the best items are hung in classrooms, offices, and in prominent hallways and meeting spaces around campus. In addition to books and manuscripts, the Oliveira Lima Library has extensive holdings of art works of significant value for the study of Brazilian, Portuguese, Spanish and Latin American history, art history and culture from the 16th to the 20th century. The library's art has been loaned for exhibition in the U.S., Portugal and Brazil and are in frequent demand for re-production in scholarly publications. In conjunction with the external exhibitions and loans in which the library participates, significant preservation treatment of the loaned objects are frequently obtained as a condition of the loan at the borrowers' expense.
SchD_P05_S00_L04	Schedule D, Part V, Line 4	The university's endowment funds are used to fund scholarships, faculty positions, library support and other expenses that are in accordance with the donors' requests and the university's mission as a comprehensive Catholic and American institution of higher learning
SchD_P10_S00_L00	Schedule D, Part X	In 2008 the University implemented the provisions of FASB Interpretations No 48 "Accounting for Uncertainty in Income Taxes" The University concluded there were no open positions that result in material unrecognized tax benefits as of April 2010 and 2009
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Grants and Other assistance to Individuals \$51,643,768 -Form 990 Part IX Line 2 Other Investment Related Expenses - \$134,427 - Form 990 Part IX Line 24f
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Cardinals Dinner \$231,538 and Golf Tournament Expenses \$16,292 - Form 990 Part VIII Line 8b CUA Press Cost of Goods Sold \$217,056 - Form 990 Part VIII Line 10b
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Cardinals Dinner \$231,538 and Golf Tournament Expenses \$16,292 - Form 990 Part VIII Line 8b CUA Press Cost of Goods Sold \$217,056 - Form 990 Part VIII Line 10b
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Grants and Other assistance to Individuals \$51,643,768 -Form 990 Part IX Line 2 Other Investment Related Expenses - \$134,427 - Form 990 Part IX Line 24f

254,119,341

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CATHOLIC UNIVERSITY OF AMERICA

Schools

►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.

OMB No 1545-0047

2009

Open to Public Inspection

	53-0196583			
			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?	1	Yes	
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?	2	Yes	
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,"		103	
	please explain The university includes its racially nondiscriminatory policy in the Admissions View-book, application, in the packet of information received after admission and in the Financial Aid Guide	3	Yes	
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	-		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		Νo
Ь	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5с		Νo
d	I Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		Νo
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
6a	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization receive any financial aid or assistance from a governmental agency?	- - 6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) # 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 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Name of the organization CATHOLIC UNIVERSITY OF AMERICA Employer identification number

53-0196583

Part I	General Information on Activities Outside the United States. C	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?	_ Y	es	Γ	No

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

se Schedule F-1	(Form 990) if add	ditional space is needed)		
		the region)	describe specific type of service(s) in region	for region
1	16	Program Services	Study-abroad education	3,137,115
0	2	Program Services	Music Performance	146,211
0	0	Program Services	Athletic tournament	39,000
0	0	Program Services	Student mission trip	19,669
0	0	Program Services	Study-abroad education	26,705
0	0	Program Services	Student mission trip	27,203
0	0	Program Services	Charitable aid	31,069
0	1	Program Services	Study-abroad education	18,967
0	0		Study-abroad education	82,124
0	0	Program Services	Study-abroad education	15,995
0	0	Fundraising	Fundraising	7,000
1	19			3,551,058
	(b) Number of offices in the region 1 0 0 0 0 0 0 0 0 0 0	(b) Number of offices in the region 1 16 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(c) Number of offices in the region	(b) Number of offices in the offices in the region (c) Number of offices in the region (d) Activities conducted in region (by type) (i.e., rundaising, program service, grants to recipients located in the region) (a) Program Services (b) Number of offices in the region (by type) (i.e., rundaising, program service, grants to recipients located in the region) (a) Program Services (b) If activity listed in (d) is a program service, describe specific type of service(s) in region (c) Number of region (by type) (i.e., rundais) is a program service, describe specific type of service(s) in region (d) Activities conducted in region (by type) (i.e., region (by type) (by type) (i.e., region (by type) (by type) (i.e., region (by type) (

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

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

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
		I .

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

Department of the Treasury Internal Revenue Service or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.						Open to Public Inspection	
	ne of the organization THOLIC UNIVERSITY OF	F A M E R I C A				Employer iden 53-0196583	tification number
Pa		Activities. Complet lers are not require			ntion answered "Yes" is part.	to Form 990, Part IV	, line 17.
1 a b c d 2a b	Mail solicitations Internet and e-mail Phone solicitations In-person solicitation Did the organization hav or key employees listed If "Yes," list the ten high	solicitations ons ve a written or oral agre in Form 990, Part VII nest paid individuals o	eement wi () or entity r entities	e f g th any in v in conno (fundrais	dividual (including office ection with professional f	n-government grants vernment grants g events rs, directors, trustees fundraising activities? ents under which the fun	
	(i) Name of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Sha	ron Henry	Cardinals Dinner		No	711,780	42,073	669,707
Tota	al			>	711,780	42,073	669,707
3	List all states in which	the organization is reg	gıstered o	r lıcense	d to solicit funds or has l	peen notified it is exemp	ot from registration or

DC,FL,MD

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1 Cardinal's Dinner (event type)	(b) Event #2 Golf Tournament (event type)	(c) O ther Events 0 (total number)	(d) To (A dd col	tal Eve (a) th	
ΨM	1	Gross receipts	1,020,327	25,465			1,04	5,792
Revenue	2	Less Charitable contributions	943,727	0			94	3,727
	3	Gross income (line 1 minus line 2)	76,600	25,465			10	2,065
	4	Cash prizes	0	0				0
မွာ	5	Non-cash prizes	0	0				0
Expenses	6	Rent/facility costs	0	0				0
	7	Food and beverages	0	0				0
Direct	8	Entertainment	0	0				0
Δ	9	Other direct expenses .	231,538	16,292			24	7,830
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌		24	7,830
	11	Net income summary Combine II	<u> </u>					5,765
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) th	
	1	Gross revenue						
s Sec	2	Cash prizes						
Expenses	3	Non-cash prizes						
Direct E	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	Г Yes	Г Yes	∀es			
		Direct expense summary Add lines Net gaming income summary Com						
	•					·	Yes	No
9 a	Ist	er the state(s) in which the organization licensed to operate				. 9a		
Ь	<u></u>	No," Explain				_		
10a b								
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficia ned to administer charitable gaming	ry or trustee of a trust or	a member of a partnersh	ip or other entity	. 11		
					Schedule G (Form 9	990 or 990	-EZ) 20	109

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493348011080

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Open to Public Inspect ion

Name of the organization **Employer identification number** CATHOLIC UNIVERSITY OF AMERICA 53-0196583 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

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

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02		All scholarships are offered based on manual and or electronic verification of eligibility criteria. The system disbursement of the scholarships to the student's account occurs only after global and itemtype specific disbursement eligibility rules are met. Upon disbursement, payment allocation rules in the system allocate the scholarships to appropriate predefined charges. After disbursement audits are done at various time intervals to determine continued eligibility.

(f)Description of non-cash assistance

Software ID: 09000073
Software Version: v1.00

EIN: 53-0196583

Name: CATHOLIC UNIVERSITY OF AMERICA

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance (b) Number of (c) A mount of (d) A mount of (e) Method of valuation (book,

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Centennial Scholarship	17	187,650	0		
Catholic School Scholarship	52	209,054	0		
Knights of Columbus Grad School - Graduate Scholarships	4	97,710	0		
Magı Endowment	11	124,736	0		
Basselin Scholarship Fund - Those studying for priesthood	13	412,620	0		
McShain School for Seminarians - seminarians	30	201,500	0		
Sheehy Scholarship - minority students in DC area	55	103,973	0		
Archdiocesan Scholarships	10	152,982	0		
Student Aıd Endowed Funds	245	1,444,409	0		
Student Aıd Prıvate Sources	1579	2,635,038	0		
Catholic University Scholarships	5016	42,000,946	0		
Parısh Scholarshıps	1425	4,073,150	0		

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DLN: 93493348011080

OMB No 1545-0047

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, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	t he	organ	izat	tion
CATHOLIC	UNIV	ERSITY	OF	AMERIC

Employer identification number

53-0196583

Pa	art I Questions Regarding Compensation			
			Yes	Νο
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person list 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding			
	✓ First-class or charter travel ✓ Housing allowance or residence for pe	rsonal use		
	Travel for companions Payments for business use of persona			
	Tax idemnification and gross-up payments Health or social club dues or initiation			
	Discretionary spending account Personal services (e.g., maid, chauffer	ır, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding pay reimbursement orprovision of all the expenses described above? If "No," complete Part III to expl		Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by allowing officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1		Yes	
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			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation	n committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the or a related organization	filing organization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in F	art III		
	Only $501(c)(3)$ and $501(c)(4)$ organizations only 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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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-f payments not described in lines 5 and 6? If "Yes," describe in Part III	xed 7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," des	cribe		
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described is section 53 4958-6(c)?	n Regulations		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) 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 (I) Date compensation (II) Date compensation (III) Date compensation (IV) Com								
(i) Base incentive reportable compensation reportable compensation compensation compensation	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		other deferred	(E) Total of columns (B)(ı)-(D)	reported in prior Form 990 or
See Additional Data Table			(i) Base compensation	ıncentive	(iii) Other reportable compensation			
	See Additional Data Table							

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

Talana isian						
Ident if ier	Ret urn Ref erence	Explanat ion				
	Part I, Line 1a	Travel at one class above coach class is occasionally used, primarily for international travel, and the class is usually business class. However, even those situations are rare, and our policies require Vice Presidential approval. Tax indemnification or gross-up payments are only made for occasional bonus payments and require the approval of the President. These payments are made in accordance with general university compensation policies. We do not provide a housing allowance but do provide a house for the President, and the annual value of the residence portion of the house is disclosed in his compensation and benefits. Membership in any social clubs requires approval by the President and are rare. The University pays dues for presidential membership in a local university club for networking purposes.				

Schedule J (Form 990) 2009

Software ID: 09000073

Software Version: v1.00

EIN: 53-0196583

Name: CATHOLIC UNIVERSITY OF AMERICA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred

(A) Name	(i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	Compensation (iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
David M O'Connell	(1) 380,800	0 0 0	0	0	69,696 0	450,496 0	0
James F Brennan	(I) 258,42 (II)	1,122	0	0	28,619 0	288,162 0	0
Cathy R Wood	(I) 184,411 (II)	1,205 0 0	0	0	19,408	205,025	0
Frank G Persico	(I) 177,829 (II)	3,577 0 0	1,811	0	19,972 0	203,180	0
Susan D Pervi	(ı) 173,48	1,115 0 0	0	0	19,311	193,909	0
Robert M Sullivan	(I) 170,229 (II)	9 1,055	1,705	0	21,853	194,842	0
W Mıchael Hendrıcks	(I) 156,48	1,122 0 0	2,855	0	26,375 0	186,837	0
Craig W Parker	(I) 166,44	6,372	0	0	18,241	191,054	0
Ian L Pegg	(1) 329,67	3 0 0	0	0	29,513	359,186 0	0
Veryl V Miles	(I) 208,738	507 0 0	0	0	32,155 0	241,400	0
Charles C Nguyen	(I) 207,534 (II)	1,051 0 0	0	0	22,594	231,179	0
Lawrence R Poos	(I) 158,649 (II)	9 507 0 0	0	0	17,325 0	176,481	0
Kımberly B Kelley	(1) 232,46	561 0 0	0	0	28,374 0	261,399 0	0
Rett R Ludwikowski	(I) 187,38	9 0	0	0	26,310 0	213,699	0
Ralph J Rohner	(I) 184,92	5 0	0	0	26,445	211,370	0
George E Garvey	(I) 181,060 (II)	6 0	0	0	19,756	200,822	0
Catherine F Klein	(I) 175,28 (II)	7 0	0	0	28,451	203,738	0

DLN: 93493348011080

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

Open to Public

Inspect ion

Schedule K (Form 990) 2009

Department of the Treasury Internal Revenue Service Name of the organization

CATHOLIC UNIVERSITY OF AMERICA

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

► Attach to Form 990. ► See separate instructions.

Employer identification number 53-0196583

P	art I Bond Issues									'				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) De	scription of	Purpose	(g) De	feased	Beha	On alf of uer
											Yes	No	Yes	No
A	District of Columbia Series 1999 Revenue Bonds	53-6001131	254839VK6	08-30-	1999	70,4	190,211		on of resider other projec	nce hall, stdt :ts	X			Х
В	District of Columbia Series 2007 Revenue Bonds	53-6001131	254839R70	06-13-	2007	76,3	317,091	bonds, Co	unding of Se nstruct new her projects			x		Х
Pa	rt II Proceeds													
					١		В		С	D			E	
1	Total proceeds of issue			7	0,490,211		76,317,0	91						
2	Gross proceeds in reserve funds				0			0						
3	Proceeds in refunding or defeasan	ce escrows		2	4,639,060	•	40,208,0	83						
4	Other unspent proceeds				393,006		3,411,4	37						
5	Issuance costs from proceeds				1,840,141		1,821,5	23						
6	Working capital expenditures from	proceeds			0			0						
7	Capital expenditures from proceed	ds		4	5,175,262	:	32,555,5	21						
8	Year of substantial completion			20	04	20	09							
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding iss	sue?	Χ			Х							
10	Were the bonds issued as part of a	an advance refunding	ıssue?	Χ		X								
11	Has the final allocation of proceed	ls been made?			X		Х							
12	Does the organization maintain ad the final allocation of proceeds?	lequate books and rec	cords to support	X		X								
Pa	rt IIII Private Business Use													
				Yes	A No	Yes	B No	Yes	C No	D Yes	No	Ye:	E	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,	1 63	X	1 63	X	163	140	1 63	140	1 6:	-	110
2	Are there any lease arrangements which may result in private busine		inanced property		X		X							

Cat No 50193E

Е

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	the .		X		X						
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		X		X						
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or reseagreements relating to the financed property?		X		x							
4	Enter the percentage of financed property used in a private bus by entities other than a section $501(c)(3)$ organization or a stagovernment											
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your		2 65 %								
6	Total of lines 4 and 5			2 65 %		0 %						
7	Has the organization adopted management practices and proceensure the post-issuance compliance of its tax-exempt bond li		X		X							
Part	IV Arbitrage	Α			В		С		D		E	
		Yes	No	Yes	No No	Yes		lo	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?											
	the bond issue.		X		X							
2	Is the bond issue a variable rate issue?		X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?											
	records.		Х		Х							
b	Name of provider											
с	Term of hedge											
4a	Were gross proceeds invested in a GIC?		X	Χ								
ь	Name of provider	J P Morgan		J P Morgan								
С	Term of GIC		5 0 5		5 0 5	5						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	Х		X								
5	Were any gross proceeds invested beyond an available temporary period?		X		×							
6	Did the bond issue qualify for an exception to rebate?		x		X							
1										Schedule	K (Form 990) 2	2009

A

В

С

D

SCHEDULE M

NonCash Contributions

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization CATHOLIC UNIVERSITY OF AMERICA **Employer identification number** 53-0196583

Pa	TYPES of Property							
		(a)	(b)	(c)	(d)		
		Check	Number of Contributions	Revenues reported on	Method of d	etermı	nıng	
		ıf		Form 990, Part VIII, line	reven	ues		
	Art-Works of art	applicable	27	1g	Cost			
_		X	27	449	Cost			
_	=							
				700	C t			
4	Books and publications	X		709	Cost			
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	23	688,075	FMV			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	X	2	4,000	A ppraisal			
	Food inventory	X	202	11,577				
	Drugs and medical supplies .			,				
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Printers &							
25	Other ► (<u>Hardware</u>)	Х	20	5,735	Cost			
	Samsung							
26	Other ► (<u>NoteBook</u>)	X	1	330	Cost			
~-	trees from Other ► (Casey Trees)	×	22	5,500	Cont			
	,		22	3,300	Cost			
	Other ► ()		nization during the tay yes	r for contributions				
29	Number of Forms 8283 received for which the organization comp				29			1
				amagaman	'		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem					304		
31	Does the organization have a gi	ft acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
ь	If "Yes," describe in Part II							
	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Part II

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

Ident if ier	Return Reference	Explanat ion
SchM_P01_S00_L00	· · · · · · · · · · · · · · · · · · ·	Part I Column (b) shows the number of items contributed for each type of property received during the year

Schedule M (Form 990) 2009

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As Filed Data -

DLN: 93493348011080

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization CATHOLIC UNIVERSITY OF AMERICA 53-0196583

ldentifier	Return Reference	Explanation
F990_P05_S00_L03b	Form 990, Part V, Line 3b	Catholic University will file Form 990T within the approved extended deadline of February 15, 2011
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 was sent to the full Board of Trustees prior to filing with an opportunity to ask management questions regarding the form. The Audit Committee reviewed the details of the Form 990 with management in a committee meeting and reported to the Board of Trustees their review and approval of the form's submission prior to filing.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The University's Secretary of the Board of Trustees reviews the conflict of interest statements submitted by the Trustees to determine whether any material financial interests have been disclosed. Any such interests are investigated by the Audit Committee and then by the full Board of Trustees, if the Audit Committee believes there is a conflict of interest. If the full Board of Trustees determines the financial interest is a conflict of interest and a University transaction or agreement arises involving that financial interest, the Board may permit the interested trustee to make a presentation regarding the matter, but the interested trustee shall be required to leave the meeting prior to the discussion of, and the vote on, the proposed transaction or arrangement. Faculty and staff forms are reviewed by the Provost and Vice President of Finance, respectively. They ensure that all forms have been submitted. They review any noted conflicts and discuss them with the individual, as needed, and determine proper disposition. Any potential issues and the disposition of the issue are reviewed by the Vice President of Finance (or the President, for potential conflicts involving a Vice President).
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The President's compensation is approved by the Executive Committee of the Board of Trustees, based upon data from comparable institutions. Other officer and key employee compensation is approved by the President based upon performance evaluations and market data. These processes and decisions are contemporaneously documented.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The University's governing documents, conflict of interest policy and consolidated audited financial statements are posted on the university's website

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DLN: 93493348011080

Open to Public

Inspection

OMB No 1545-0047

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Washington, DC 20064

16-0911612

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization CATHOLIC UNIVERSITY OF AMERICA **Employer identification number**

53-0196583

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
The Catholic University of America Foundation Cardinal Station 620 Michigan Ave Washington, DC 20064 52-1284733 Albert E Farone & Angela T Farone Foundation	Support Catholic University of America's programs of study (mission)	DC	501 (c) (3)	Туре І	N/A
Cardinal Station 620 Michigan Ave Washington, DC 20064	To support scholarships for students attending Catholic University of America	NY	501 (c) (3)	Type I	N/A

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990	, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Direct controlling entity

(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)

(f) Share of total income

(g) Share of end-of-year assets

(h) Disproprtionate allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity

(c) Legal domicile (state or foreign

country)

(d) Direct controlling entity

(e) Type of entity (C corp, S corp, or trust)

(f) Share of total ıncome

(g) Share of end-of-year assets

(h) Percentage ownership

(4)

(5)

(6)

Dart V	Transactions With Related Organizations	(Complete if the organization answered	"Ves" on Form 990	Part IV line 34 35 or 36)
raitv	Transactions with Related Organizations	(Complete if the organization answered	ies diridili 330,	rait 1V, lille 34, 33, 01 30.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1 b		No
c	Gift, grant, or capital contribution from other organization(s)	1 c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
е	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р	Yes	
q	O ther transfer of cash or property to other organization(s)	1 q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(b) Transaction		(c)	
	Name of other organization Name of other organization Name of other organization Name of other organization	noun	t involv	ed
(1) T	The Catholic University of America Foundation			19,671
(2) A	slbert E Farone & Angela T Farone Foundation		o .	70,100
(2)			2	, 5, 100
(3)				

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

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

(a)
Name, address, and EIN of entity

(b)Primary activity

(c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Additional Data

Software ID: Software Version:

EIN: 53-0196583

Name: CATHOLIC UNIVERSITY OF AMERICA

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

4d. Other program services

(Code) (Expenses \$ 52,554,463 including grants of \$ 0) (Revenue \$ 25,609,682)

Other Program Services - Sponsored Research The University received 219 sponsored research awards spanning all disciplines Library Programs There are 1 64 million volumes in the General Library System and in the Law Library CUA Press publishes about 30-35 books each year in theology, philosophy, literature, history and political theory Student Services Program A number of offices exist to provide services to students, both for academic and personal needs These offices include, among others, the Administration Office, Enrollment Services, Career Services, Student Activities, and Campus Ministry International study is available in Africa, Asia, Australia and Europe Campus Ministry provides many opportunities for community service in the Washington D C area and in other parts of the United States and abroad

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

Compensated Employees, and		dent (tor	S		<u> </u>		
(A) Name and Title	(B) Average hours per		that a				ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Carl A Anderson Board of Trustee	2	Х						0	0	0
Rıchard D Banzıger Board of Trustee	2	X						0	0	0
Bıshop Mıchael J Bransfield Board of Trustee	2	Х						0	0	0
Mark H Tuohey III Esq Board of Trustee	2	Х						0	0	0
Timothy R Busch Esq Board of Trustee	2	X						0	0	0
Paul J Chiapparone Board of Trustee	2	X						0	0	0
Robert F Comstock Esq Board of Trustee	2	X						0	0	0
Robert E Craves Board of Trustee	2	Х						0	0	0
Bishop Edward P Cullen Board of Trustee	2	X						0	0	0
Leo A Daly III Board of Trustee	2	Χ						0	0	0
Archbishop Daniel N DiNardo Board of Trustee	2	X						0	0	0
Archbishop Timothy M Dolan Board of Trustee	2	X						0	0	0
David A Donohoe Esq Board of Trustee	2	X						0	0	0
Bishop Thomas G Doran Board of Trustee	2	X						0	0	0
Frederick R Favo Board of Trustee	2	X						0	0	0
Sister Margaret Mary Fitzpatrick SC Board of Trustee	2	X						0	0	0
Cardinal Francis E George Board of Trustee	2	X						0	0	0
Archbishop Jose H Gomez Board of Trustee	2	Х						0	0	0
Archbishop Wilton D Gregory Board of Trustee	2	Х						0	0	0
Ray J Hillenbrand Board of Trustee	2	X						0	0	0
Cardinal Roger Mahony Board of Trustee	2	X						0	0	0
William A McKenna Jr Board of Trustee	2	X						0	0	0
Mrs Sandra A McMurtrie Board of Trustee	2	X						0	0	0
Archbishop John J Myers Board of Trustee	2	X						0	0	0
Cardinal Sean P O'Malley OEM Cap Board of Trustee	2	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average		((tion (chec		П		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		hat a			Highest or employee	Fo	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officei	employee	Highest compensated employee	Former			Organizations
William G Parrett Board of Trustee	2	Х						0	0	C
Bıshop Joseph A Pepe Board of Trustee	2	X						0	0	C
Neil J Rauenhorst Board of Trustee	2	X						0	0	C
Cardınal Justın F Rıgalı Board of Trustee	2	X						0	0	C
Andrea Roane Board of Trustee	2	X						0	0	C
Monsignor Walter R Rossi Board of Trustee	2	X						0	0	C
Timothy C Scheve Board of Trustee	2	Х						0	0	0
Rodger D Shay Board of Trustee	2	Х						0	0	C
Victor P Smith Esq Board of Trustee	2	Х						0	0	C
Anthony R Tersigni Board of Trustee	2	X						0	0	C
Bishop Allen H Vigneron Board of Trustee	2	X						0	0	C
Archbishop Donald W Wuerl Board of Trustee	2	X						0	0	C
Bishop Michael F Burbidge Board of Trustee	2	X						0	0	C
Edward W Gillespie Board of Trustee	2	X						0	0	C
Bishop Paul S Loverde Board of Trustee	2	X						0	0	C
Bıshop Gregory J Mansour Board of Trustee	2	X						0	0	C
Bıshop Robert J McManus Board of Trustee	2	Χ						0	0	C
Archbishop Edwin F O 'Brien Board of Trustee	2	X						0	0	C
Anne E O'Donnell M D Board of Trustee	2	X						0	0	C
Bıshop Thomas G Wenskı Board of Trustee	2	X						0	0	C
Anthony A Williams Esq Board of Trustee	2	X						0	0	C
David M O'Connell Board of Trustee/President (comp is paid directly to the Cong of the Mission- Vicentian Fathers)	40	X		X				380,800	0	69,696
Frank G Persico Board of Trustee/University Relations VP & Chief of Staff	40	Х		Х				183,209	0	19,972
Bertha Braddock Board of Trustee-Service ended 071509	2	X						0	0	(
Archbishop Charles J Chaput Board of Trustee-Service ended 071509	2	X						0	0	(

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

Compensated Employees, and								(5)	/E\	/E\
(A) Name and Title	(B) Average hours per		tion (that a	(che			1	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Bishop Arthur J Serratelli Board of Trustee-Service ended 071509	2	X						0	0	0
Cardinal Edward M Egan Board of Trustee-Service ended 071509	2	X						0	0	0
Archbishop John C Favalora Board of Trustee-Service ended 071509	2	X						0	0	0
Archbishop Harry J Flynn Board of Trustee-Service ended 071509	2	X						0	0	0
Bishop William F Murphy Board of Trustee-Service ended 071509 Michael P Hoffman	2	X						0	0	0
Board of Trustee-Service ended 071509 Bishop William E Lori	2	X						0	0	
Board of Trustee-Service ended 071509	2	Х						0	0	0
Cardinal Adam J Maida Board of Trustee-Service ended 071509	2	Χ						0	0	0
James F Brennan Provost	40			Х				259,544	0	28,619
Cathy R Wood VP Finance & Treasurer	40			Х				185,618	0	19,408
Susan D Pervi VP Student Life	40			Х				174,598	0	19,311
Robert M Sullivan VP Development	40			Х				172,989	0	21,853
W Michael Hendricks VP Enrollment Management	40			Х				160,462	0	26,375
Craig W Parker General Counsel & Associate VP	40			Х				172,813	0	18,241
Ian L Pegg Director VSL & Ordinary Professor	40				Χ			329,672	0	29,513
Veryl V Miles Dean Law School & Ordinary Professor	40				Х			209,245	0	32,155
Charles C Nguyen Dean Engineering & Ordinary Professor	40				Χ			208,585	0	22,594
Lawrence R Poos Dean Arts & Sciences & Ordinary Professor	40				X			159,157	0	17,325
Rett R Ludwikowski Ordinary Professor	40					X		187,389	0	26,310
George E Garvey Ordınary Professor	40					X		181,066	0	19,756
Ralph J Rohner Ordinary Professor	40					×		184,926	0	26,445
Kımberly B Kelley Dean, Lıbrary & Info Science	40					X		233,025	0	28,374
Catherine F Klein Director CCLS & Ordinary Prof	40					X		175,287	0	28,451

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Tuition and Fees	611,600	180,744,410	180,744,410	0	0
Federal and Private Grants	541,700	22,638,839	22,638,839	0	0
Housing	721,310	18,707,126	18,707,126	0	0
Board	722,210	12,862,844	12,797,856	64,988	0
Bookstore	451,211	3,065,712	3,065,712	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Temporary Services	1,573,015	1,573,015	0	0
Pell & SEOG Grants	2,514,413	2,514,413	0	0
M e mbers hips	945,431	813,423	113,305	18,703
Doubtful Account Expenses	1,555,519	405	1,555,114	0
Entertainmet Expenses	1,912,898	1,475,631	216,600	220,667