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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 05-01-2012, 2012, and ending 04-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CATHOLIC UNIVERSITY OF AMERICA		D Employer identification number 53-0196583
	Doing Business As		E Telephone number (202) 319-5606
	Number and street (or P O box if mail is not delivered to street address) Room/suite 620 Michigan Ave NE Accounting and Financial Reporting		
	City or town, state or country, and ZIP + 4 Washington, DC 200640001		G Gross receipts \$ 331,200,619

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: CATHY R WOOD 260 Leahy Hall 620 Michigan Ave Washington, DC 20064	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
J Website: WWW.CUA.EDU		L Year of formation 1887 M State of legal domicile DC
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

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, 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 6,838, OF WHICH 3,694 ARE UNDERGRADUATE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	47
4 Number of independent voting members of the governing body (Part VI, line 1b)	46
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	4,635
6 Total number of volunteers (estimate if necessary)	1,189
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,062,799
7b Net unrelated business taxable income from Form 990-T, line 34	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,633,662	14,725,209
	9 Program service revenue (Part VIII, line 2g)	268,391,461	268,749,984
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,956,813	7,782,706
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,830,106	1,559,265
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	317,812,042	292,817,164
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,355,446	74,647,465
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	132,279,221	136,094,801
	16a Professional fundraising fees (Part IX, column (A), line 11e)	157,863	207,597
	b Total fundraising expenses (Part IX, column (D), line 25) 4,170,865		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,606,455	80,286,081
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	285,398,985	291,235,944
19 Revenue less expenses Subtract line 18 from line 12	32,413,057	1,581,220	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	534,257,150	549,928,280
	21 Total liabilities (Part X, line 26)	149,631,646	148,898,738
22 Net assets or fund balances Subtract line 21 from line 20	384,625,504	401,029,542	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	2013-12-12
	CATHY R WOOD VP FOR FINANCE AND TREASURER Type or print name and title	Date

Paid Preparer Use Only	Preparer's name Travis L Patton	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00369623
	Firm's name PRICEWATERHOUSE COOPERS LLP			Firm's EIN 13-4008324	
	Firm's address 1301 K STREET NW WASHINGTON, DC 200053333			Phone no (202) 414-1000	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE CATHOLIC UNIVERSITY OF AMERICA IS AN INDEPENDENT INSTITUTION OF HIGHER EDUCATION LOCATED IN WASHINGTON DC, 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 6,838, OF WHICH 3,694 ARE UNDERGRADUATE THE UNIVERSITY ALSO RECEIVED SPONSORED RESEARCH AWARDS SPANNING ALL DISCIPLINES

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 97,502,394 including grants of \$) (Revenue \$ 207,000,531)

INSTRUCTION AND DEPARTMENTAL RESEARCH THE CATHOLIC UNIVERSITY OF AMERICA IS AN INDEPENDENT INSTITUTION OF HIGHER EDUCATION LOCATED IN WASHINGTON DC, 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 6,838, OF WHICH 3,694 ARE UNDERGRADUATE AND 3,144 ARE GRADUATE STUDENTS (FALL 2012) THE UNIVERSITY OFFERS 66 DOCTORAL PROGRAMS, 103 MASTERS PROGRAMS AND 72 BACHELORS PROGRAMS THE FACULTY CONSISTS OF 396 FULL-TIME AND 416 PART-TIME MEMBERS OF THE FULL-TIME FACULTY 95% HOLD DOCTORAL OR PROFESSIONAL DEGREES

4b (Code) (Expenses \$ 74,647,465 including grants of \$ 74,647,465) (Revenue \$)

SCHOLARSHIP PROGRAMS FINANCIAL AID TO STUDENTS INCLUDES SCHOLARSHIPS, REMITTED TUITION AND STIPENDS FOR BOTH UNDERGRADUATE AND GRADUATE STUDY 8,013 SCHOLARSHIPS WERE AWARDED DURING FISCAL YEAR 2013

4c (Code) (Expenses \$ 56,572,089 including grants of \$) (Revenue \$ 26,040,735)

OTHER PROGRAM SERVICES - SPONSORED RESEARCH THE UNIVERSITY RECEIVED 168 SPONSORED RESEARCH AWARDS SPANNING ALL DISCIPLINES LIBRARY PROGRAMS THERE ARE 1.4 MILLION VOLUMES IN THE GENERAL LIBRARY SYSTEM AND IN THE LAW LIBRARY CUA PRESS PUBLISHES ABOUT 35-40 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

(Code) (Expenses \$ 29,519,985 including grants of \$) (Revenue \$ 34,913,476)

AUXILIARY SERVICES UNIVERSITY DORMITORIES CONSIST OF 18 RESIDENCE HALLS WHICH PROVIDE LIVING QUARTERS FOR 2,187 STUDENTS OCCUPANCY RATE AS OF FALL 2012 WAS 98.8% THE UNIVERSITY ALSO PROVIDES RECREATIONAL FACILITIES, DINING SERVICES, PARKING, AND OTHER SELF-SUPPORTING FACULTY, STAFF AND STUDENT SERVICES

4d Other program services (Describe in Schedule O)

(Expenses \$ 29,519,985 including grants of \$) (Revenue \$ 34,913,476)

4e Total program service expenses 258,241,933

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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 United States? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	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? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 10,040		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Yes	
2a	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 2a 4,635		
2b	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 (see instructions) 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b		No
4a	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 IT See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	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 as charitable contributions? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part VI 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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed _____
- 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 made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Cathy R Wood 260 Leahy Hall 620 Michigan Ave Washington, DC (202) 319-5606

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 19,090					
	b Membership dues 1b					
	c Fundraising events 1c 1,179,550					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 13,526,569					
	g Noncash contributions included in lines 1a-1f \$ 491,061					
	h Total. Add lines 1a-1f h 14,725,209					
Program Service Revenue	2a TUITION AND FEES		Business Code			
		611600	207,000,531	207,000,531		
	b FEDERAL AND PRIVATE GRANTS	541700	23,442,207	23,442,207		
	c HOUSING	721310	19,668,953	19,668,953		
	d FOOD SERVICE	722210	14,172,782	14,172,782		
	e BOOKSTORE	451211	741,643	741,643		
	f All other program service revenue		3,723,868	2,598,528	1,125,340	
g Total. Add lines 2a-2f g 268,749,984						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 3 1,980,463			-120,008	2,100,471	
	4 Income from investment of tax-exempt bond proceeds 4 13,918				13,918	
	5 Royalties 5 568,879				568,879	
	6a Gross rents	(i) Real	124,821			
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	124,821			0
	d Net rental income or (loss) d 124,821			57,467	67,354	
	7a Gross amount from sales of assets other than inventory	(i) Securities	43,674,353			
		(ii) Other		62,975		
		b Less cost or other basis and sales expenses	37,884,064			64,939
		c Gain or (loss)	5,790,289			-1,964
	d Net gain or (loss) d 5,788,325				5,788,325	
	8a Gross income from fundraising events (not including \$ 1,179,550 of contributions reported on line 1c) See Part IV, line 18 a 145,104					
		b Less direct expenses b 136,224				
c Net income or (loss) from fundraising events c 8,880					8,880	
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities c 0					
10a Gross sales of inventory, less returns and allowances a 824,815						
	b Less cost of goods sold b 298,228					
	c Net income or (loss) from sales of inventory c 526,587				526,587	
Miscellaneous Revenue	Business Code					
11a NONACADEMIC REGISTRATION FEES	900099	70,840	70,840			
b INTEREST INCOME - STUDENTS	900099	176,019	176,019			
c CHANGE IN ESTIMATES- CARO	900099	62,104	62,104			
d All other revenue d 21,135				0	0	
e Total. Add lines 11a-11d e 330,098						
12 Total revenue. See Instructions 12 292,817,164			267,954,742	1,062,799	9,074,414	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	74,647,465	74,647,465		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	1,939,977	601,765	1,338,212	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	109,169,709	95,706,154	11,034,446	2,429,109
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,636,704	6,586,623	929,171	120,910
9	Other employee benefits.	10,402,133	9,400,850	838,734	162,549
10	Payroll taxes.	6,946,278	5,968,381	827,555	150,342
11	Fees for services (non-employees)				
a	Management.	12,940,732	12,930,818	9,914	
b	Legal.	1,543,615	172,649	1,370,966	
c	Accounting.	203,837	33	203,804	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	207,597			207,597
f	Investment management fees.	973,872		973,872	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,420,359	1,810,805	500,545	109,009
12	Advertising and promotion.	702,775	497,713	200,751	4,311
13	Office expenses.	14,372,091	12,774,840	1,041,158	556,093
14	Information technology.	2,175,304	1,492,751	619,450	63,103
15	Royalties.	826,977	306,146	520,831	
16	Occupancy.	17,827,463	13,864,494	3,962,943	26
17	Travel.	3,732,108	3,476,097	139,154	116,857
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	967,416	881,646	76,868	8,902
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	11,056,717	10,418,041	638,676	
23	Insurance.	1,113,986	159,834	954,127	25
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RESEARCH SUBCONTRACTOR	1,159,821	1,159,821	0	0
b	HONORARIA/RA/EDITORIAL/FREELANCE SERVICES	1,296,564	1,287,598	8,909	57
c	MEMBERSHIPS	934,736	769,872	149,204	15,660
d	DOUBTFUL ACCOUNT EXPENSES	1,822,345	24,811	1,797,534	
e	All other expenses	4,215,363	3,302,726	686,322	226,315
25	Total functional expenses. Add lines 1 through 24e.	291,235,944	258,241,933	28,823,146	4,170,865
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	52,606,278	1	39,806,077
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,656,063	3	11,453,848
	4 Accounts receivable, net	7,493,185	4	6,911,632
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	7,300,669	7	7,005,318
	8 Inventories for sale or use	522,638	8	640,706
	9 Prepaid expenses and deferred charges	3,695,451	9	3,823,889
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	374,687,794		
	b Less accumulated depreciation	194,118,482	184,131,540	10c style="text-align: right;">180,569,312
	11 Investments—publicly traded securities	51,908,932	11	59,605,195
	12 Investments—other securities See Part IV, line 11	213,742,422	12	236,856,117
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,199,972	15	3,256,186
16 Total assets. Add lines 1 through 15 (must equal line 34)	534,257,150	16	549,928,280	
Liabilities	17 Accounts payable and accrued expenses	19,975,469	17	20,791,570
	18 Grants payable		18	
	19 Deferred revenue	4,693,922	19	5,620,951
	20 Tax-exempt bond liabilities	106,784,491	20	103,965,758
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	2,689,466	23	2,421,912
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	15,488,298	25	16,098,547
	26 Total liabilities. Add lines 17 through 25	149,631,646	26	148,898,738
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	241,147,811	27	243,361,439
	28 Temporarily restricted net assets	57,576,655	28	68,656,417
	29 Permanently restricted net assets	85,901,038	29	89,011,686
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	384,625,504	33	401,029,542	
34 Total liabilities and net assets/fund balances	534,257,150	34	549,928,280	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	292,817,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	291,235,944
3	Revenue less expenses Subtract line 2 from line 1	3	1,581,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	384,625,504
5	Net unrealized gains (losses) on investments	5	13,843,713
6	Donated services and use of facilities	6	979,105
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	401,029,542

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 12000266
Software Version: v2012.1.0
EIN: 53-0196583
Name: THE CATHOLIC UNIVERSITY OF AMERICA

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN H GARVEY PRESIDENT	40 00 2 00	X		X				501,921	0	39,432
ANDREA ROANE BOARD OF TRUSTEE ENDED JUNE 5, 2012	2 00	X						0	0	0
ANNE E O'DONNELL M D BOARD OF TRUSTEE	2 00	X						0	0	0
ANTHONY A WILLIAMS ESQ BOARD OF TRUSTEE	2 00	X						0	0	0
ANTHONY R TERSIGNI BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP ALLEN H VIGNERON BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP EDWIN F O'BRIEN BOARD OF TRUSTEE ENDED MAY 31, 2012	2 00	X						0	0	0
ARCHBISHOP JEROME E LISTECKI BOARD OF TRUSTEE AS OF JULY 31, 2012	2 00	X						0	0	0
ARCHBISHOP JOHN C NIENSTEDT BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP JOSEPH E KURTZ BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP PAUL S COAKLEY BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP ROBERT J CARLSON BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP SALVATORE J CORDILEONE BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP THOMAS G WENSKI BOARD OF TRUSTEE	2 00	X						0	0	0
ARCHBISHOP WILTON D GREGORY BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP GREGORY J MANSOUR BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP JOSEPH A PEPE BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP KEVIN J FARRELL BOARD OF TRUSTEE AS OF JULY 31, 2012	2 00	X						0	0	0
BISHOP MICHAEL F BURBRIDGE BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP NICHOLAS A DIMARZIO BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP PAUL S LOVERDE BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP ROBERT J MCMANUS BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP THOMAS J OLMSTED BOARD OF TRUSTEE	2 00	X						0	0	0
BISHOP THOMAS J TOBIN BOARD OF TRUSTEE	2 00	X						0	0	0
CARDINAL DANIEL N DINARDO BOARD OF TRUSTEE	2 00	X						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 hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARDINAL DONALD W WUERL BOARD OF TRUSTEE	2 00	X						0	0	0
CARDINAL FRANCIS E GEORGE OMI BOARD OF TRUSTEE	2 00	X						0	0	0
CARDINAL SEAN P O'MALLEY OFM CAP BOARD OF TRUSTEE	2 00	X						0	0	0
CARDINAL TIMOTHY M DOLAN BOARD OF TRUSTEE	2 00	X						0	0	0
CARL A ANDERSON BOARD OF TRUSTEE	2 00	X						0	0	0
CATHARINE MURRAY RYAN BOARD OF TRUSTEE AS OF JULY 31, 2012	2 00	X						0	0	0
EDWARD W GILLESPIE BOARD OF TRUSTEE	2 00	X						0	0	0
JAMES MOYE BOARD OF TRUSTEE	2 00	X						0	0	0
JOSEPH L CARLINI BOARD OF TRUSTEE	2 00	X						0	0	0
LEE ANN JOINER BRADY BOARD OF TRUSTEE	2 00	X						0	0	0
LEO A DALY III BOARD OF TRUSTEE	2 00	X						0	0	0
MARK A MURRAY BOARD OF TRUSTEE	2 00	X						0	0	0
MARK H TUOHEY III ESQ BOARD OF TRUSTEE	2 00	X						0	0	0
MONSIGNOR PETER J VAGHI BOARD OF TRUSTEE	2 00	X						0	0	0
MONSIGNOR WALTER R ROSSI BOARD OF TRUSTEE	2 00	X						0	0	0
NEIL J RAUENHORST BOARD OF TRUSTEE	2 00	X						0	0	0
RICHARD D BANZIGER BOARD OF TRUSTEE	2 00	X						0	0	0
ROBERT F COMSTOCK ESQ BOARD OF TRUSTEE	2 00	X						0	0	0
RODGER D SHAY BOARD OF TRUSTEE	2 00	X						0	0	0
SISTER JANET EISNER SND BOARD OF TRUSTEE	2 00	X						0	0	0
STEPHEN J KANEB BOARD OF TRUSTEE	2 00	X						0	0	0
TIMOTHY C SCHEVE BOARD OF TRUSTEE	2 00	X						0	0	0
TIMOTHY R BUSCH ESQ BOARD OF TRUSTEE	2 00	X						0	0	0
VICTOR P SMITH ESQ BOARD OF TRUSTEE	2 00	X						0	0	0
CATHY R WOOD VICE PRESIDENT FOR FINANCE & TREASURER	40 00 2 00			X				284,159	0	27,377

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
FRANK G PERSICO VICE PRESIDENT UNIVERSITY RELATIONS & CHIEF OF STAFF	40 00			X					242,922	0	26,662
JAMES F BRENNAN PROVOST	40 00			X					309,210	0	31,349
W MICHAEL HENDRICKS VICE PRESIDENT FOR ENROLLMENT MANAGEMENT	2 00 40 00			X					197,387	0	33,137
GEORGE E GARVEY ACTING DEAN AND PROFESSOR OF LAW	40 00				X				232,237	0	24,985
LAWRENCE R POOS DEAN, SCHOOL OF ARTS AND SCIENCES	40 00				X				172,141	0	18,651
CHARLES C NGUYEN DEAN SCHOOL OF ENGINEERING	40 00					X			242,421	0	27,944
H KEN DEDOMINICIS VP INST ADVANCEMENT	40 00					X			300,565	0	31,622
IAN L PEGG PHYSICS - DIR VSL & PROFESSOR	40 00					X			395,004	0	31,419
LAWRENCE J MORRIS GENERAL COUNSEL	40 00					X			203,098	0	21,972
SUSAN D PERVI VP STUDENT LIFE	40 00					X			198,780	0	22,323

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the 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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583

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

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 27.510%
b Permanent endowment 72.490%
c Temporarily restricted endowment 0%
The percentages in lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e: Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

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

1	Total revenue, gains, and other support per audited financial statements	1	232,409,961
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	13,843,713
b	Donated services and use of facilities	2b	979,105
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	434,452
e	Add lines 2a through 2d	2e	15,257,270
3	Subtract line 2e from line 1	3	217,152,691
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	973,872
b	Other (Describe in Part XIII)	4b	74,690,601
c	Add lines 4a and 4b	4c	75,664,473
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	292,817,164

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

1	Total expenses and losses per audited financial statements	1	216,005,923
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	434,452
e	Add lines 2a through 2d	2e	434,452
3	Subtract line 2e from line 1	3	215,571,471
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	973,872
b	Other (Describe in Part XIII)	4b	74,690,601
c	Add lines 4a and 4b	4c	75,664,473
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	291,235,944

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Collections of art - financial statement footnote	Schedule D, Part III, Line 1a	THE UNIVERSITY HAS ELECTED NOT TO CAPITALIZE THE COST OR VALUE OF ITS COLLECTION OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS
Collections of art - description of collections	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 ARTS PIECES CONSISTS OF PAINTINGS, ANTIQUE FURNITURE, ASIAN ARTS, AND SCULPTURES. STUDENTS FROM 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 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.
Intended uses of endowment funds	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 DONOR'S REQUESTS AND THE UNIVERSITY'S MISSION AS A COMPREHENSIVE CATHOLIC AND AMERICAN INSTITUTION OF HIGHER LEARNING.
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	IN CONSIDERATION OF ACCOUNTING STANDARDS RELATED TO INCOME TAXES, THE UNIVERSITY CONCLUDED THERE WERE NO OPEN POSITIONS THAT RESULT IN MATERIAL UNRECOGNIZED TAX BENEFITS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS AS OF APRIL 30, 2013.
Other revenues in audited financial statements not in form 990	Schedule D, Part XI, Line 2d	CARDINALS DINNER EXPENSES - 119847, CUA PRESS COST OF GOODS SOLD - 298228, ATHLETICS GOLF TOURNAMENT EXPENSES - 16377,
Other revenues in form 990 not in audited financial statements	Schedule D, Part XI, Line 4b	GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS - 74647465, UNITRUST PAYMENTS - 30795, STUDENT LOAN PROGRAM COLLECTION FEES - 12341,
Other expenses in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	CARDINALS DINNER EXPENSES - 119847, CUA PRESS COST OF GOODS SOLD - 298228, ATHLETICS GOLF TOURNAMENT EXPENSES - 16377,
Other expenses in form 990 not in audited financial statements	Schedule D, Part XII, Line 4b	GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS - 74647465, UNITRUST PAYMENTS - 30795, STUDENT LOAN PROGRAM - COLLECTION FEES - 12341,

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2012

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583

Part I

	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?	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?	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," please explain. If you need more space use Part II	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	Yes	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
Racially nondiscriminatory policy	Schedule E, Part I, Line 3	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
Financial aid or assistance from a governmental agency	Schedule E, Part I, Line 6a	THE UNIVERSITY RECEIVES FEDERAL FINANCIAL AID FOR STUDENTS THROUGH ITS PARTICIPATION IN THE FOLLOWING PROGRAMS FEDERAL WORK STUDY, PELL GRANTS, ACADEMIC COMPETITIVENESS GRANTS, PERKINS LOAN PROGRAM, FEDERAL DIRECT LENDING AND FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANTS (SEOG)

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number
53-0196583

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	25			2,475,928

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Additional Data

Software ID: 12000266

Software Version: v2012.1.0

EIN: 53-0196583

Name: THE CATHOLIC UNIVERSITY OF AMERICA

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND AND GREENLAND)	1	24	PROGRAM SERVICES	GLOBAL EDUCATION PROGRAMS	2,408,396
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		39,666
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	CONFERENCE ATTENDANCE	5,444

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	GLOBAL EDUCATION PROGRAMS	4,251
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	GLOBAL EDUCATION PROGRAMS	7,592
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	GLOBAL EDUCATION PROGRAM	100

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDENT MISSION TRIP	10,479

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number
53-0196583

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TELECOMP 3375 BRIGHTON HENRIETTA TL RD ROCHESTER, NY 14623	PHONE PROGRAM		No	230,233	178,705	51,528
SHARON HENRY AND COMPANY 42889 KIRKLAND STREET ASHBURN, VA 20147	CARDINALS' DINNER		No	1,306,550	31,717	1,274,833
THE STELTER COMPANY 10435 NEW YORK AVENUE DES MOINES, IA 50322	PLANNED GIVING NEWSLETTER		No	0	14,936	-14,936
IMPACT COMMUNICATIONS INC 906 PENNSYLVANIA AVE SE WASHINGTON, DC 200032140	SOLICITATION APPEALS		No	0	12,500	-12,500
Total				1,536,783	237,858	1,298,925

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

DC, FL, MD

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>CARDINALS' DINNER</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,306,550	18,104	0	1,324,654
	2 Less Contributions	1,179,550	0	0	1,179,550
	3 Gross income (line 1 minus line 2)	127,000	18,104	0	145,104
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	119,847	16,377	0	136,224
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					8,880

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

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? Yes No

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 of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
PROFESSIONAL FUNDRAISING SERVICES VS EXPENSE PAYMENTS OR REIMBURSEMENTS	SCHEDULE G, PART I, LINE 2B	SHARON HENRY AND COMPANY - PAYMENT OF FEES \$29,330 AND EXPENSES \$2,387 WE PAY BOTH FEES AND EXPENSES TO THIS SERVICE PROVIDER THE FEES ARE PAID ON A RATE PER HOUR BASIS, WITH DETAIL PROVIDED ON THE TASKS PERFORMED THE SERVICE PROVIDER PROVIDES A BASIC DESCRIPTION OF ANY OUT-OF-POCKET EXPENSES BILLED
PROFESSIONAL FUNDRAISING SERVICES VS EXPENSE PAYMENTS OR REIMBURSEMENTS	SCHEDULE G, PART I, LINE 2B	TELECOMP - \$174,602 IN FEES AND \$4,103 IN EXPENSE REIMBURSEMENTS THE ANNUAL TELEPHONE FUNDRAISING FEES ARE PAID IN FOUR INSTALLMENTS THE SERVICE PROVIDER PROVIDES A BASIC DESCRIPTION OF ANY OUT-OF-POCKET EXPENSES BILLED

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number 53-0196583

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	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 ITEM TYPE 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

Software ID: 12000266
Software Version: v2012.1.0
EIN: 53-0196583
Name: THE 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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ARCHDIOCESAN SCHOLARSHIPS	3	150,870			
BASSELIN SCHOLARSHIP FUND	13	288,720			
BOARD OF TRUSTEES SCHOLARSHIP	13	278,680			
CENTENNIAL SCHOLARSHIP	14	211,420			
DOCTORAL SCHOLARSHIP TOTAL	103	2,795,050			
DOL TOTAL	138	481,232			
FIRST YEAR EXPERIENCE	58	268,115			
KNIGHTS OF COLUMBUS GRAD SCHOLARSHIPS	7	187,280			
LAW SCHOOL SCHOLARSHIPS	377	3,260,476			
MAGI ENDOWMENT	9	129,715			
MCSHAIN SCHOL FOR SEMINARIANS	32	139,875			
METROPOLITAN COLLEGE	119	763,483			
NATIONAL CATHOLIC SCHOOL OF SOCIAL SERVICES	105	606,887			
OTHER CATHOLIC UNIVERSITY SCHOLARSHIPS	3534	45,750,171			
SCHOOL OF THEOLOGY AND RELIGIOUS STUDIES	247	2,717,620			

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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOOL OF ARCHITECTURE & PLANNING	67	391,000			
SCHOOL OF ARTS & SCIENCES	217	3,505,070			
SCHOOL OF CANON LAW	17	205,200			
DEPARTMENT OF EDUCATION	35	298,645			
SCHOOL OF ENGINEERING	45	710,362			
SCHOOL OF LIBRARY & INFORMATION SCIENCE	101	593,668			
SCHOOL OF MUSIC	53	654,357			
SCHOOL OF PHILOSOPHY	99	1,373,810			
SHEEHY SCHOLARSHIP	44	189,850			
STUDENT AID ENDOWED FUNDS	615	2,238,325			
STUDENT AID PRIVATE SOURCES	400	1,485,515			
UNDERGRADUATE TUITION EXCHANGE SCHOLARSHIP	51	1,488,000			
UNIVERSITY GRADUATE SCHOLARSHIPS	547	1,125,286			
KNIGHTS OF COL UNDERGRAD SCHOLAR TOTAL	37	54,000			
PELL GRANT 2011/2012	28	25,668			

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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PELL GRANT 2012/2013	505	1,800,644			
SEOG GRANT 2012/2013	380	478,472			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 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

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
First-class or charter travel	Schedule J, 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
Travel for companions	Schedule J, Part I, Line 1a	REIMBURSEMENT OF COMPANION TRAVEL IS RARE AND REQUIRES VICE-PRESIDENT OR PRESIDENT APPROVAL. THE REIMBURSEMENT IS TAXABLE TO THE EMPLOYEE UNLESS THE EMPLOYEE CAN DEMONSTRATE THE COMPANION PROVIDED A SIGNIFICANT AND NON-CLERICAL/NON-INCIDENTAL ROLE. THE UNIVERSITY REIMBURSED COMPANION TRAVEL FOR CERTAIN TRIPS MADE BY THE PRESIDENT'S WIFE. THE TOTAL REIMBURSED AMOUNT FOR TAX YEAR 2012 WAS \$2,389. ALL TRIPS WERE INCLUDED IN TAXABLE EARNINGS FOR THE PRESIDENT, MR. JOHN GARVEY, IN THE APPROPRIATE TAX YEAR.
Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a	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.
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	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.
Severance or change-of-control payment	Schedule J, Part I, Line 4a	SUE PERVI WAS PROVIDED A SEVERANCE AGREEMENT UNDER THE TERMS OF THE AGREEMENT, MS PERVI RECEIVES AN ANNUAL SALARY OF \$200,000 FROM SEPTEMBER 1, 2012 TO AUGUST 31, 2014. SHE RECEIVED \$66,667 OF GROSS SALARY UNDER THIS AGREEMENT IN CALENDAR YEAR 2012.

Software ID: 12000266
Software Version: v2012.1.0
EIN: 53-0196583
Name: THE CATHOLIC UNIVERSITY OF AMERICA

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN H GARVEY	(i)	419,777	40,000	42,144	0	39,432	541,353	0
	(ii)	0	0	0	0	0	0	0
JAMES F BRENNAN	(i)	309,210	0	0	0	31,349	340,559	0
	(ii)	0	0	0	0	0	0	0
CATHY R WOOD	(i)	284,159	0	0	0	27,377	311,536	0
	(ii)	0	0	0	0	0	0	0
FRANK G PERSICO	(i)	241,561	0	1,361	0	26,662	269,584	0
	(ii)	0	0	0	0	0	0	0
W MICHAEL HENDRICKS	(i)	193,206	0	4,181	0	33,137	230,524	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE R POOS	(i)	172,141	0	0	0	18,651	190,792	0
	(ii)	0	0	0	0	0	0	0
IAN L PEGG	(i)	395,004	0	0	0	31,419	426,423	0
	(ii)	0	0	0	0	0	0	0
CHARLES C NGUYEN	(i)	242,421	0	0	0	27,944	270,365	0
	(ii)	0	0	0	0	0	0	0
GEORGE E GARVEY	(i)	232,237	0	0	0	24,985	257,222	0
	(ii)	0	0	0	0	0	0	0
LAWRENCE J MORRIS	(i)	203,098	0	0	0	21,972	225,070	0
	(ii)	0	0	0	0	0	0	0
H KEN DEDOMINICIS	(i)	245,994	50,000	4,571	0	31,622	332,187	0
	(ii)	0	0	0	0	0	0	0
SUSAN D PERVI	(i)	198,780	0	0	0	22,323	221,103	0
	(ii)	0	0	0	0	0	0	0

**Schedule K
(Form 990)**

OMB No 1545-0047

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 Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number
53-0196583

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SERIES DISTRICT OF COLUMBIA 2007 REVENUE BONDS	53-6001131	254839R70	06-30-2007	76,317,091	PARTIAL REFUNDING OF SERIES 1999 BONDS, CONSTRUCT NEW RESIDENCE		X		X		X
B	SERIES OF DISTRICT OF COLUMBIA 2010 REVENUE BONDS	53-6001131	25483VAT1	08-12-2010	39,061,164	PARTIAL REFUNDING OF SERIES 1999 BOND, REFINANCING OF 2004 TAXABLE REVEUNE BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	76,317,091		39,061,164					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	40,208,083		0					
7	Issuance costs from proceeds	1,821,523		805,222					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	34,932,037		0					
11	Other spent proceeds	0		38,255,942					
12	Other unspent proceeds	1,428,338		0					
13	Year of substantial completion	2009		2010					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?		X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 0000%		0 0000%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0%		0%		%		%	
6 Total of lines 4 and 5	0%		0%		%		%	
7 Does the bond issue meet the private security or payment test?	X		X					
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 0000%		0 0000%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X	X					
c No rebate due?	X			X				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge	0 0		0					
d Was the hedge superintegrated?		X		X				
e Was a hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X				
b Name of provider	J P MORGAN - EXPIRED							
c Term of GIC	5 1		0					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X			X				
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SERIES DISTRICT OF COLUMBIA 2007 REVENUE BONDS	SCHEDULE K, PART II	PART II LINE 6-12 TIE OUT TO PART II LINE 3 - DISTRICT OF COLUMBIA SERIES 2007 REVENUE BOND PROCEEDS INVESTMENT EARNED ABOUT \$2M IN INVESTMENT INCOME
ISSUER NAME Series District of Columbia 2007 Revenue Bonds No Rebate Due	Schedule K, Part IV, Line 2c	THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFORMED ON 4-30-2013

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THE BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION	MONSIGNOR WALTER R ROSSI, RECTOR AND TRUSTEE OF ENTITY AND TRUSTEE OF UNIVERSITY	2,629,300	THE UNIVERSITY SOLD A 5 ACRE PIECE OF LAND TO THE BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION (THE SHRINE) ON JULY 19, 2012 THE SALE WAS APPROVED BY THE UNIVERSITY'S BOARD OF TRUSTEES ON MARCH 15, 2011 THIS TRUSTEE IS THE RECTOR OF THE SHRINE, AND HE THEREFORE RECUSED HIMSELF FROM THE VOTE		No
(2) THE BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION	ROBERT F COMSTOCK, PAUL S LOVERDE AND DONALD W WUERL, TRUSTEES OF ENTITY AND TRUSTEES OF UNIVERSITY	2,629,300	THE UNIVERSITY SOLD A 5 ACRE PIECE OF LAND TO THE BASILICA OF THE NATIONAL SHRINE OF THE IMMACULATE CONCEPTION (THE SHRINE) ON JULY 19, 2012 THE SALE WAS APPROVED BY THE UNIVERSITY'S BOARD OF TRUSTEES ON MARCH 15, 2011 THIS TRUSTEE IS ALSO A TRUSTEE OF THE SHRINE PRIOR TO THE TRANSACTION, THE BOARD DETERMINED THAT TRUSTEE STATUS WITH THE SHRINE DID NOT GIVE THIS UNIVERSITY TRUSTEE A FINANCIAL INTEREST IN THE TRANSACTION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number
53-0196583

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	2,500	OPINIONS OF EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		8	COST
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	29	319,434	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	9,536	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SOLAR DECATHLON)	X	9	31,087	COST
26 Other ▶ (5 DELL LAPTOPS)	X	1	3,307	COST
27 Other ▶ (TAPES, DVDS, BOOKS)	X	1	81,730	OPINIONS OF EXPERTS
28 Other ▶ (PIANOS)	X	2	16,500	OPINIONS OF EXPERTS
Other ▶ (GOLF OUTING)	X	1	16,005	COST
Other ▶ (FURNITURE & EQUIPMENT)	X	1	10,000	OPINIONS OF EXPERTS
Other ▶ (ATHLETIC EQUIPMENT)	X	1	238	MARKET VALUE
Other ▶ (BALLROOM DANCE ATTIRE)	X	1	330	MARKET VALUE
Other ▶ (SEND OFF PARTY DONATION)	X	2	386	COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

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

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS ART - WORKS OF ART NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS BOOKS AND PUBLICATIONS NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS FOOD INVENTORY NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER SEND OFF PARTY FOOD DONATION
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SOLAR DECATHLON	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 1	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=5 DELL LAPTOPS	NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012
Open to Public Inspection

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number
53-0196583

Identifier	Return Reference	Explanation
Reason for not filing Form 990-T	Form 990, Part V, Line 3b	THE FORM 990-T WILL BE FILED BY THE EXTENDED DUE DATE OF MARCH 17, 2014
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	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 FORMS SUBMISSION PRIOR TO FILING
Conflict of interest policy	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 COMPLIANCE OFFICER 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)
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE PRESIDENT'S COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, BASED UPON DATA FROM COMPARABLE INSTITUTIONS
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	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
Governing documents, conflict of interest policy and financial statements available to the public	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
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=TAPES, DVDS, BOOKS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=PIANOS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 4	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=GOLF OUTING	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 19	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=FURNITURE & EQUIPMENT	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=ATHLETIC EQUIPMENT	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=BALLROOM DANCE ATTIRE	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SEND OFF PARTY DONATION	SEND OFF PARTY FOOD DONATION
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SOLAR DECATHLON	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 1	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=5 DELL LAPTOPS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=TAPES, DVDS, BOOKS	NUMBER OF CONTRIBUTIONS

Identifier	Return Reference	Explanation
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=PIANOS	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 4	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=GOLF OUTING	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line 19	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=FURNITURE & EQUIPMENT	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=ATHLETIC EQUIPMENT	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=BALLROOM DANCE ATTIRE	NUMBER OF CONTRIBUTIONS
Number of contributions or items contributed	Schedule M, part I, column (b), Line other=SEND OFF PARTY DONATION	SEND OFF PARTY FOOD DONATION

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE CATHOLIC UNIVERSITY OF AMERICA FOUNDATION 620 MICHIGAN AVE NE WASHINGTON, DC 20064	SUPPORT CUA'S PROGRAMS	DC	501(C)(3)	11 - Type I	NA	Yes	
(2) ALBERT E FARONE & ANGELA T FARONE FOUNDATION 620 MICHIGAN AVE NE WASHINGTON, DC 20064	TO PROVIDE SCHOLARSHIPS	NY	501(C)(3)	11 - Type I	NA	Yes	
(3) THE WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE UPPER MARLBORO, MD 20774	LIBRARY SERVICES	DC	501(C)(3)	11 - Type II	NA		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

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

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALBERT E FARONE & ANGELA T FARONE FOUNDATION	C	678,200	SCHOLARSHIPS AWARDED TO CUA STUDENTS
(2) ALBERT E FARONE & ANGELA T FARONE FOUNDATION	P	565,261	REIMBURSEMENT PAYMENT FOR EXPENSE
(3) THE CATHOLIC UNIVERSITY OF AMERICA FOUNDATION	P	41,730	REIMBURSEMENT PAYMENT FOR EXPENSE

Software ID: 12000266
 Software Version: v2012.1.0
 EIN: 53-0196583
 Name: THE CATHOLIC UNIVERSITY OF AMERICA

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation							
Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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 income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (1)	SPLIT INTEREST AGREEMENT	NY	NA	TRUST					
CHARITABLE REMAINDER TRUST (1)	SPLIT INTEREST AGREEMENT	DC	NA	TRUST					
CHARITABLE REMAINDER TRUST (1)	SPLIT INTEREST AGREEMENT	VA	NA	TRUST					
CHARITABLE REMAINDER TRUSTS (2)	SPLIT INTEREST AGREEMENT	MD	THE CATHOLIC UNIVERSITY OF AMERICA	TRUST					
CHARITABLE REMAINDER TRUSTS (2)	SPLIT INTEREST AGREEMENT	DC	THE CATHOLIC UNIVERSITY OF AMERICA	TRUST					
CHARITABLE PERPETUAL TRUST (1)	SPLIT INTEREST AGREEMENT	MD	NA	TRUST					
CHARITABLE PERPETUAL TRUSTS (2)	SPLIT INTEREST AGREEMENT	OH	NA	TRUST					
CHARITABLE PERPETUAL TRUST (1)	SPLIT INTEREST AGREEMENT	SC	NA	TRUST					

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. THE CATHOLIC UNIVERSITY OF AMERICA	Employer identification number (EIN) or 53-0196583
	Number, street, and room or suite no. If a P.O. box, see instructions ACCOUNTING & FINANCIAL REPORTING, 620 MICHIGAN AVE NE, LEAHY 151	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20064	
	Enter filer's identifying number, see instructions	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► CATHY R WOOD

Telephone No. ► (202)319-5606 FAX No. ► (202)319-4488

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until December 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20__ or

► tax year beginning May 01, 2012, and ending April 30, 2013.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ N/A
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ N/A
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 27916D

Form **8868** (Rev. 1-2013)