

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**


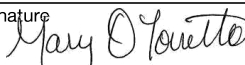
<b>A</b> For the 2018 calendar year, or tax year beginning <b>05/01</b> , 2018, and ending <b>04/30</b> , 20 <b>19</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE CATHOLIC UNIVERSITY OF AMERICA</b>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>620 Michigan Ave NE LEAHY HALL 162</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Washington, DC, 20064</b>
	<b>F</b> Name and address of principal officer: <b>ROBERT M SPECTER</b> <b>620 MICHIGAN AVE NE, LEAHY HALL 260, WASHINGTON, DC 20064</b>
<b>D</b> Employer identification number <b>53-0196583</b>	
<b>E</b> Telephone number <b>202-319-5606</b>	
<b>G</b> Gross receipts \$ <b>496,034,144</b>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. (see instructions)	
<b>H(c)</b> Group exemption number ▶	
<b>I</b> 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	
<b>J</b> Website: ▶ <b>www.cua.edu</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation: <b>1887</b>	
<b>M</b> State of legal domicile: <b>DC</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE CATHOLIC UNIVERSITY OF AMERICA IS THE NATIONAL UNIVERSITY OF THE CATHOLIC CHURCH IN THE UNITED STATES. (Continued on Schedule O)</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>35</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>34</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>4,213</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>2,300</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>2,009,104</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>0</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>57,741,069</b>	<b>35,580,566</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>276,341,291</b>	<b>279,300,817</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>25,284,444</b>	<b>20,855,820</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,323,495</b>	<b>3,160,024</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>362,690,299</b>	<b>338,897,227</b>
	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>90,232,425</b>	<b>93,703,957</b>
<b>Expenses</b>	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>144,888,466</b>	<b>145,589,952</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>167,365</b>	<b>168,638</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>9,419,065</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>83,185,875</b>	<b>89,531,955</b>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>318,474,131</b>	<b>328,994,502</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>44,216,168</b>	<b>9,902,725</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>751,131,638</b>	<b>830,669,129</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>211,852,997</b>	<b>275,859,325</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>539,278,641</b>	<b>554,809,804</b>

**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.

<b>Sign Here</b>		<b>3/16/2020</b>			
	Signature of officer	Date			
	<b>Robert Specter, VP for Finance and Treasurer</b>				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Mary Torretta</b>	Preparer's signature 	Date <b>3/16/2020</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00847851</b>
	Firm's name ▶ <b>Grant Thornton LLP</b>			Firm's EIN ▶ <b>36-605558</b>	
	Firm's address ▶ <b>10000 Wilson Blvd, Suite 1400, Arlington, VA 22209</b>			Phone no. <b>703 847-7500</b>	
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

THE CATHOLIC UNIVERSITY OF AMERICA IS THE NATIONAL UNIVERSITY OF THE CATHOLIC CHURCH IN THE UNITED STATES. IT WAS FOUNDED AND SPONSORED BY THE BISHOPS OF THE COUNTRY WITH THE APPROVAL OF THE HOLY SEE. (Continued on Schedule O)

**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 \$ 101,130,781 including grants of \$ 0 ) (Revenue \$ 215,817,674 )

INSTRUCTION AND DEPARTMENTAL RESEARCH: THE CATHOLIC UNIVERSITY OF AMERICA IS AN INDEPENDENT CATHOLIC 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 5,956 OF WHICH 3,332 ARE UNDERGRADUATE AND 2,624 ARE GRADUATE STUDENTS (FALL 2018). THE UNIVERSITY OFFERS 49 DOCTORAL PROGRAMS, 88 MASTERS PROGRAMS AND 76 BACHELORS PROGRAMS. THE FACULTY CONSISTS OF 376 FULL-TIME AND 323 PART-TIME MEMBERS. OF THE FULL-TIME FACULTY 92% HOLD DOCTORAL OR PROFESSIONAL DEGREES.

**4b** (Code: ) (Expenses \$ 93,703,957 including grants of \$ 93,703,957 ) (Revenue \$ 0 )

SCHOLARSHIP PROGRAMS: FINANCIAL AID TO STUDENTS INCLUDES SCHOLARSHIPS, REMITTED TUITION AND STIPENDS FOR BOTH UNDERGRADUATE AND GRADUATE STUDY. 6,847 SCHOLARSHIPS WERE AWARDED DURING FISCAL YEAR 2019. GRANTS: THE UNIVERSITY MAKES OCCASIONAL CHARITABLE CONTRIBUTIONS TO PUBLIC CHARITIES.

**4c** (Code: ) (Expenses \$ 69,832,594 including grants of \$ 0 ) (Revenue \$ 30,893,726 )

OTHER PROGRAM SERVICES - SPONSORED RESEARCH: THE UNIVERSITY RECEIVED 393 SPONSORED RESEARCH AWARDS SPANNING ALL DISCIPLINES. LIBRARY PROGRAMS: THERE ARE OVER 1.6 MILLION VOLUMES IN THE GENERAL LIBRARY SYSTEM AND IN THE LAW LIBRARY. THE CATHOLIC UNIVERSITY OF AMERICA 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, CENTRAL AND SOUTH AMERICA, 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.

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 1(Expenses \$ 31,396,718 including grants of \$ 0 ) (Revenue \$ 32,201,821 )**4e** Total program service expenses **296,064,050**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> 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? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> 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? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> ✓	
<b>9</b> 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? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> ✓	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> ✓	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b> ✓	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> ✓	
<b>b</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? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> ✓	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> ✓	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b> ✓	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> ✓	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> ✓	
<b>23</b> 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? If "Yes," complete Schedule J . . . . .	<b>23</b> ✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b> ✓	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	✓
<b>27</b> 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? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> 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? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b> ✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b> ✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b> ✓	
<b>b</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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b> ✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> ✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 7963	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>4213</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>3b</b>	✓
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: <b>Italy</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓



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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>35</b> 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.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> <b>34</b>		
<b>2</b> 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? . . . . .	<b>2</b>	<input checked="" type="checkbox"/>
<b>3</b> 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? . . . . .	<b>3</b>	<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<input checked="" type="checkbox"/>
<b>7a</b> 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? . . . . .	<b>7a</b>	<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<input checked="" type="checkbox"/>
<b>9</b> 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 . . . . .	<b>9</b>	<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<input checked="" type="checkbox"/>
<b>b</b> 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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<input checked="" type="checkbox"/>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<input checked="" type="checkbox"/>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	<input checked="" type="checkbox"/>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<input checked="" type="checkbox"/>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<input checked="" type="checkbox"/>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<input checked="" type="checkbox"/>
<b>b</b> 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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **MA, MD, MI, NH, NY, OR, SC, WI**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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, address, and telephone number of the person who possesses the organization's books and records ►

**ROBERT M SPECTER, (202)319-5606**

**620 Michigan Ave NE Leahy Hall 260, Washington, DC 20064**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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	40.00									
PRESIDENT	2.00	✓		✓				607,021	0	42,762
ARCHBISHOP SAMUEL J AQUILA	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
RICHARD D BANZIGER	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
LAWRENCE C BLANFORD	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
LEE ANN JOINER BRADY	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
BISHOP MICHAEL F BURBIDGE	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
JOSEPH L CARLINI	2.00									
BOARD OF TRUSTEES, CHAIRMAN	0.00	✓		✓				0	0	0
WILLIAM E CONWAY	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
CARDINAL BLASE J CUPICH	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
CARDINAL DANIEL N DINARDO	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
CARDINAL TIMOTHY M DOLAN	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
SISTER JANET EISNER SND	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
BISHOP DANIEL E FLORES	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
ARCHBISHOP JOSE H GOMEZ	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0

**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			
ARCHBISHOP WILTON D GREGORY	2.00									
BOARD OF TRUSTEES/CHANCELLOR	0.00	✓		✓				0	0	0
FRANK J HANNA III	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
STEPHEN J KANEB	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
ARCHBISHOP JOSEPH E KURTZ	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
CAROL MATHEWS LASCARIS	2.00									
BOARD OF TRUSTEES EFF. JUNE 2018	0.00	✓						0	0	0
LEONARD A LEO	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
ARCHBISHOP WILLIAM E LORI	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
WILLIAM P MCINEREY	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
GERARD E MITCHELL	2.00									
BOARD OF TRUSTEES EFF. JUNE 2018	0.00	✓						0	0	0
MICHAEL J MILLETTE	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
JEFFREY R MORELAND	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
JAMES MOYE	2.00									
BOARD OF TRUSTEES THROUGH JUNE 2018	0.00	✓						0	0	0
MARK A MURRAY	2.00									
BOARD OF TRUSTEES THROUGH JUNE 2018	0.00	✓						0	0	0
ANNE E O'DONNELL MD	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0



**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 SEAN P O'MALLEY OFM CAP	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
E JEFFREY ROSSI ESQ	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
MONSIGNOR WALTER R ROSSI	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
CATHARINE MURRAY RYAN	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
ANTONIO ENRIQUE SEGURA	2.00									
BOARD OF TRUSTEES, VICE CHAIRMAN	0.00	✓		✓				0	0	0
VICTOR P SMITH ESQ	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
CARDINAL JOSEPH TOBIN	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
MONSIGNOR PETER J VAGHI	2.00									
BOARD OF TRUSTEES	0.00	✓						0	0	0
MICHAEL P WARSAW	2.00									
BOARD OF TRUSTEES THROUGH JUNE 2018	0.00	✓						0	0	0
CARDINAL DONALD W WUERL	2.00									
BOARD OF TRUSTEES, CHANCELLOR	0.00	✓		✓				0	0	0
LAWRENCE J MORRIS	40.00									
CHIEF OF STAFF, BOARD SECRETARY	1.00	✓		✓				308,494	0	30,150
ROBERT M SPECTER	40.00									
VP FOR FINANCE/TREASURER	2.00			✓				388,184	0	41,615
ANDREW V ABELA	40.00									
PROVOST THROUGH JUNE 2019	2.00				✓			426,126	0	46,141
CHRISTOPHER P LYDON	40.00									
VP FOR ENROLLMENT MGT & MKTG	1.00				✓			263,586	0	26,850

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

(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			
SCOTT P REMBOLD	40.00									
VP INSTITUTIONAL ADVANCEMENT	0.00				✓			421,352	0	46,199
DAVID DOMINGUEZ	40.00									
DEAN SCHOOL OF ARTS AND SCIENCES	0.00				✓			430,979	0	46,198
MICHAEL S ALLEN	40.00									
VP OF STUDENT AFFAIRS	0.00				✓			294,462	0	45,274
DANIEL ATTRIDGE	40.00									
DEAN AND PROFESSOR OF LAW	0.00					✓		260,909	0	40,095
WILLIAM BOWMAN	40.00									
DEAN SCHOOL OF BUSINESS THROUGH DEC 201	0.00					✓		263,433	0	39,915
PATRICIA MCMULLEN	40.00									
DEAN SCHOOL OF NURSING	0.00					✓		222,694	0	24,047
IAN L PEGG	40.00									
PHYSICS DIRECTOR VSL AND PROFESSOR	0.00					✓		404,855	0	36,105
MARIN SCORDATO	40.00									
ASSOC DEAN ACADEMIC AFFAIRS AND RESEARCH	0.00					✓		223,232	0	24,583
FRANK G PERSICO	40.00									
FORMER VP UNIV RELATIONS/CHIEF OF STAFF 2	0.00						✓	146,679	0	12,741
JAMES F BRENNAN	40.00									
FORMER PROVOST RESIGNED 9/2014	0.00						✓	147,823	0	21,594
LAWRENCE R POOS	40.00									
FORMER DEAN ARTS AND SCIENCE	0.00						✓	120,132	0	13,140
<b>1b Sub-total</b>								<b>4,929,961</b>	<b>0</b>	<b>537,409</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>4,929,961</b>	<b>0</b>	<b>537,409</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** **219**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WHITING TURNER CONTRACTING COMPANY, 300 EAST JOPPA ROAD, BALTIMORE	CONSTRUCTION	32,313,857
ARAMARK SERVICES INC, 2400 MARKET STREET, PHILADELPHIA, PA 19103	FOOD SERVICES	11,629,040
KBE BUILDING CORPORATION, 76 BATTERSON PARK ROAD, FARMINGTON, CT 06	CONSTRUCTION SERVICES	4,786,283
BURDETTE KOEHLER MURPHY AND ASSOC INC, 6300 BLAIR HILL LANE STE 400, E	ENGINEERING SERVICES	1,035,851
BALFOUR BEATTY CONSTRUCTION, 11325 RANDON HILLS ROAD SUITE 500, SIUO	CONSTRUCTION SERVICES	962,188

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** **105**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 14,574				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 2,630				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 35,563,362				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	4,237,606				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	▶ 35,580,566				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	<u>TUITION AND FEES</u>	611600	215,817,674	215,817,674	0	0
	<b>b</b>	<u>FEDERAL AND PRIVATE GRANTS</u>	541700	27,218,220	27,218,220	0	0
	<b>c</b>	<u>HOUSING</u>	721310	19,375,515	19,375,515	0	0
	<b>d</b>	<u>FOOD SERVICE</u>	722110	12,510,478	12,510,478	0	0
	<b>e</b>	<u>BOOKSTORE</u>	451211	315,828	315,828	0	0
	<b>f</b>	All other program service revenue .		4,063,102	2,240,477	1,822,625	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .	▶ 279,300,817				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	4,058,620	0	186,479	3,872,141
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		1,358,365	0	0	1,358,365
	<b>5</b>	Royalties . . . . .	▶	279,141	0	0	279,141
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .	1,538,132	0			
	<b>b</b>	Less: rental expenses . . . . .	0	0			
	<b>c</b>	Rental income or (loss) . . . . .	1,538,132	0			
	<b>d</b>	Net rental income or (loss) . . . . .	▶ 1,538,132	0	0	1,538,132	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			172,235,970 23,099				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	156,820,234 0				
	<b>c</b>	Gain or (loss) . . . . .	15,415,736 23,099				
	<b>d</b>	Net gain or (loss) . . . . .	▶ 15,438,835	0	0	15,438,835	
	<b>8a</b>	Gross income from fundraising events (not including \$ 2,630 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 38,174				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b> 24,331				
	<b>c</b>	Net income or (loss) from fundraising events . ▶		13,843		0	13,843
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 1,151,992				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b> 292,352					
<b>c</b>	Net income or (loss) from sales of inventory . . ▶		859,640	0	0	859,640	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>	<u>NON ACADEMIC REGISTRATION FEE</u>	900099	58,146	0	0	58,146	
<b>b</b>	<u>INTEREST INCOME STUDENTS</u>	900099	411,122	0	0	411,122	
<b>c</b>							
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	▶ 469,268					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	▶ 338,897,227	277,478,192	2,009,104	23,829,365		

**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 or note to any line 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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	<b>40,826</b>	<b>40,826</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	<b>93,648,851</b>	<b>93,648,851</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	<b>14,280</b>	<b>14,280</b>		
<b>4</b> Benefits paid to or for members . . . . .	<b>0</b>			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	<b>3,547,111</b>	<b>711,645</b>	<b>2,107,035</b>	<b>728,431</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	<b>116,047,865</b>	<b>102,712,968</b>	<b>8,842,827</b>	<b>4,492,070</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	<b>8,126,041</b>	<b>6,933,151</b>	<b>865,175</b>	<b>327,715</b>
<b>9</b> Other employee benefits . . . . .	<b>10,266,006</b>	<b>10,652,382</b>	<b>-709,938</b>	<b>323,562</b>
<b>10</b> Payroll taxes . . . . .	<b>7,602,929</b>	<b>6,400,021</b>	<b>879,222</b>	<b>323,686</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	<b>845,444</b>	<b>192,792</b>	<b>624,474</b>	<b>28,178</b>
<b>c</b> Accounting . . . . .	<b>943,649</b>		<b>943,649</b>	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	<b>168,638</b>			<b>168,638</b>
<b>f</b> Investment management fees . . . . .	<b>1,181,785</b>		<b>1,181,785</b>	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	<b>21,224,033</b>	<b>18,620,889</b>	<b>1,616,407</b>	<b>986,737</b>
<b>12</b> Advertising and promotion . . . . .	<b>1,643,389</b>	<b>1,609,158</b>	<b>20,875</b>	<b>13,356</b>
<b>13</b> Office expenses . . . . .	<b>10,314,060</b>	<b>8,433,661</b>	<b>985,268</b>	<b>895,131</b>
<b>14</b> Information technology . . . . .	<b>1,988,061</b>	<b>1,287,520</b>	<b>510,245</b>	<b>190,296</b>
<b>15</b> Royalties . . . . .	<b>599,683</b>	<b>435,300</b>	<b>159,383</b>	<b>5,000</b>
<b>16</b> Occupancy . . . . .	<b>19,474,834</b>	<b>18,228,803</b>	<b>1,175,354</b>	<b>70,677</b>
<b>17</b> Travel . . . . .	<b>3,671,586</b>	<b>3,363,810</b>	<b>124,830</b>	<b>182,946</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	<b>720,513</b>	<b>635,907</b>	<b>71,665</b>	<b>12,941</b>
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	<b>14,890,417</b>	<b>13,838,093</b>	<b>1,052,324</b>	
<b>23</b> Insurance . . . . .	<b>1,348,868</b>	<b>712</b>	<b>1,348,156</b>	
<b>24</b> 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.) . . . . .				
<b>a</b> <u>HONORARIA/EDITORIAL/FREELANCE SERVICES</u> . . . . .	<b>3,319,366</b>	<b>3,294,153</b>	<b>25,213</b>	<b>0</b>
<b>b</b> <u>ENTERTAINMENT/CATERING/GUEST MEALS</u> . . . . .	<b>3,852,866</b>	<b>3,023,775</b>	<b>164,085</b>	<b>665,006</b>
<b>c</b> <u>STUDY ABROAD PROGRAM</u> . . . . .	<b>599,623</b>	<b>599,813</b>	<b>-190</b>	<b>0</b>
<b>d</b> <u>DOUBTFUL ACCOUNT EXPENSES</u> . . . . .	<b>940,044</b>	<b>515</b>	<b>939,529</b>	
<b>e</b> All other expenses . . . . .	<b>1,973,734</b>	<b>1,385,025</b>	<b>584,014</b>	<b>4,695</b>
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	<b>328,994,502</b>	<b>296,064,050</b>	<b>23,511,387</b>	<b>9,419,065</b>
<b>26</b> <b>Joint costs.</b> 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) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	85,449,525	<b>1</b>	120,817,625
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	47,201,791	<b>3</b>	41,273,761
	<b>4</b> Accounts receivable, net . . . . .	11,057,533	<b>4</b>	7,868,791
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	7,454,098	<b>7</b>	6,715,797
	<b>8</b> Inventories for sale or use . . . . .	651,608	<b>8</b>	584,964
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,443,881	<b>9</b>	5,800,696
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 517,613,878		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 257,859,639	214,079,221	<b>10c</b> 259,754,239
	<b>11</b> Investments—publicly traded securities . . . . .	88,050,787	<b>11</b>	86,489,205
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	286,899,977	<b>12</b>	296,560,604
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,843,217	<b>15</b>	4,803,447
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	751,131,638	<b>16</b>	830,669,129	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	32,027,062	<b>17</b>	43,018,958
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	8,023,591	<b>19</b>	10,321,697
	<b>20</b> Tax-exempt bond liabilities . . . . .	153,086,426	<b>20</b>	204,346,813
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	904,499	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	17,811,419	<b>25</b>	18,171,857
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	211,852,997	<b>26</b>	275,859,325
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	288,648,553	<b>27</b>	298,656,690
	<b>28</b> Temporarily restricted net assets . . . . .	132,092,846	<b>28</b>	126,185,048
	<b>29</b> Permanently restricted net assets . . . . .	118,537,242	<b>29</b>	129,968,066
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	539,278,641	<b>33</b>	554,809,804
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	751,131,638	<b>34</b>	830,669,129



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>338,897,227</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>328,994,502</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>9,902,725</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>539,278,641</b>
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	<b>5,628,438</b>
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	<b>0</b>
<b>7</b>	Investment expenses . . . . .	<b>7</b>	<b>0</b>
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	<b>0</b>
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	<b>0</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	<b>554,809,804</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		✓
<b>b</b> 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	✓	
<b>c</b> 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.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	✓	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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 12, 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 (Form 990 or 990-EZ).)
- 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)(vii)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	23,372,349	33,492,311	31,005,397	57,741,069	35,580,566	181,191,692
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	23,372,349	33,492,311	31,005,397	57,741,069	35,580,566	181,191,692
<b>5</b> 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) . . . . .						17,893,290
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						163,298,402

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 . . . . .	23,372,349	33,492,311	31,005,397	57,741,069	35,580,566	181,191,692
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,115,472	3,383,864	3,114,698	5,013,469	7,047,779	21,675,282
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,736,891	1,557,370	1,608,809	1,797,218	1,659,434	8,359,722
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						211,226,696
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,378,085,298
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	77.31 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	82.43 %
<b>16a 33⅓% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33⅓% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33⅓% support tests—2018.</b> If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33⅓% support tests—2017.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2018 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E—Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b>	Distributable amount for 2018 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2018			
<b>a</b>	<b>From 2013</b> . . . . .			
<b>b</b>	<b>From 2014</b> . . . . .			
<b>c</b>	From 2015 . . . . .			
<b>d</b>	From 2016 . . . . .			
<b>e</b>	From 2017 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2018 distributable amount			
<b>i</b>	Carryover from 2013 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2018 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2018 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	<b>Excess from 2014</b> . . .			
<b>b</b>	Excess from 2015 . . .			
<b>c</b>	Excess from 2016 . . .			
<b>d</b>	Excess from 2017 . . .			
<b>e</b>	Excess from 2018 . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10 - OTHER INCOME TOTAL OF 8,359,722 IS COMPRISED OF THE FOLLOWING: NONACADEMIC  
REGISTRATION FEES 274,621; INTEREST INCOME 2,598,978; GROSS INCOME FROM FUNDRAISING 237,409; GROSS SALES OF  
INVENTORY 5,248,714.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
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.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
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" on 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.	
b 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:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
(ii) Assets included in Form 990, Part X . . . . .	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$ 0
b Assets included in Form 990, Part X . . . . .	▶ \$ 0



**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" on 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:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	249,832,433	213,881,272	206,792,676	219,809,905	208,252,414
<b>b</b> Contributions	11,229,000	26,934,548	4,271,295	1,990,533	1,888,209
<b>c</b> Net investment earnings, gains, and losses	17,958,000	18,584,526	13,990,986	-3,313,413	21,510,231
<b>d</b> Grants or scholarships	3,758,123	2,907,660	4,799,128	8,678,878	9,330,201
<b>e</b> Other expenditures for facilities and programs	5,405,877	6,660,253	6,374,557	2,911,895	2,398,910
<b>f</b> Administrative expenses	0	0	0	103,576	111,838
<b>g</b> End of year balance	269,855,433	249,832,433	213,881,272	206,792,676	219,809,905

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

- a** Board designated or quasi-endowment **34.94 %**  
**b** Permanent endowment **44.52 %**  
**c** Temporarily restricted endowment **20.54 %**

The percentages on 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:

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	✓
<b>(ii)</b> related organizations	<b>3a(ii)</b>	✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	23,525,227		23,525,227
<b>b</b> Buildings	0	356,330,775	177,466,862	178,863,913
<b>c</b> Leasehold improvements	0	5,714,170	2,232,438	3,481,732
<b>d</b> Equipment	0	53,769,688	40,469,074	13,300,614
<b>e</b> Other	0	78,274,018	37,691,265	40,582,753

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **259,754,239**

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other <b>MONEY MARKET FUNDS AND TEMP INVESTMENTS</b>	<b>3,039,325</b>	<b>End-of-Year Market Value</b>
(A) <b>OTHER LEVEL 2 &amp; 3 INVESTMENTS</b>	<b>218,291,106</b>	<b>End-of-Year Market Value</b>
(B) <b>REAL ESTATE</b>	<b>35,269,600</b>	<b>End-of-Year Market Value</b>
(C) <b>LIMITED PARTNERSHIP &amp; PRIVATE EQUITY</b>	<b>37,012,278</b>	<b>End-of-Year Market Value</b>
(D) <b>VENTURE CAPITAL</b>	<b>2,948,295</b>	<b>End-of-Year Market Value</b>
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	<b>296,560,604</b>	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) . . . . .		
(2) . . . . .		
(3) . . . . .		
(4) . . . . .		
(5) . . . . .		
(6) . . . . .		
(7) . . . . .		
(8) . . . . .		
(9) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) . . . . .	
(2) . . . . .	
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	<b>0</b>
(2) <b>ASSET RETIREMENT OBLIGATIONS</b>	<b>9,756,928</b>
(3) <b>REFUNDABLE ADVANCES FROM THE US GOV</b>	<b>6,543,742</b>
(4) <b>SPLIT-INTEREST AGREEMENTS</b>	<b>1,750,358</b>
(5) <b>AGENCY LIABILITY</b>	<b>120,829</b>
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>18,171,857</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>249,764,595</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	<b>5,628,438</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	<b>0</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>316,683</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>5,945,121</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>243,819,474</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>1,181,785</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>93,895,968</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>95,077,753</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>338,897,227</b>

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>234,233,431</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	<b>0</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	<b>0</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>	<b>0</b>
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>316,683</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>316,683</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>233,916,748</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>1,181,785</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>93,895,969</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>95,077,754</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>328,994,502</b>

**Part XIII Supplemental Information.**

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.

Schedule D, Part III, Line 1 - THE UNIVERSITY MAINTAINS A COLLECTION HELD FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH IN FURTHERANCE OF THE UNIVERSITY'S EDUCATIONAL AND PUBLIC SERVICE MISSION. THESE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE UNIVERSITY'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR AS NET ASSETS WITH DONOR RESTRICTIONS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE CONSOLIDATED FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CATEGORY. THERE WERE NO DEACCESSIONS DURING THE YEARS ENDED APRIL 30, 2019 AND 2018.

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 CONSIST OF PAINTINGS, ANTIQUE FURNITURE, ASIAN ARTS, AND SCULPTURES. STUDENTS FROM THE MEDIA STUDIES DEPARTMENT AND THE SCHOOL OF LIBRARY AND INFORMATION SCIENCES ROUTINELY VIEW OUR FINE ART COLLECTION TO GAIN FIRST HAND EXPERIENCE OF HOW FINE ART IS PRESERVED, MANAGED, AND USED. IN ADDITION TO BEING GIVEN REGULAR TOURS AND PRESENTATIONS ON OUR MUSEUM COLLECTIONS, STUDENTS ENCOUNTER PIECES FROM THE COLLECTION ON A DAILY BASIS BECAUSE THE BEST ITEMS ARE HUNG IN CLASSROOMS, OFFICES, AND IN PROMINENT HALLWAYS AND MEETING SPACES AROUND CAMPUS. IN ADDITION TO BOOKS AND MANUSCRIPTS, THE OLIVEIRA LIMA LIBRARY HAS EXTENSIVE HOLDINGS OF ART WORKS OF SIGNIFICANT VALUE FOR 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 REPRODUCTION 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 BORROWER'S EXPENSE.

**Part XIII - Supplemental Information (Continued)**

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.

Schedule D, Part X, Line 2 - THE UNIVERSITY FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE UNIVERSITY HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D, Part XI, Line 2d - COST OF GOODS SOLD \$292,352 + FUNDRAISING EVENT EXPENSES \$24,331

Schedule D, Part XI, Line 4b - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS \$93,648,851 + UNITRUST PAYMENTS \$60,233 + STUDENT LOAN FEES \$6,821 - BOND DEFEASANCE COSTS \$35,828 + LOSS ON DEBT RESTRUCTURE \$15,550 + LOSS ON DISPOSAL OF EQUIPMENT \$190,891 + ENDOWMENT STATE TAX EXPENSE \$9,450

Schedule D, Part XII, Line 2d - COST OF GOODS SOLD \$292,352 + FUNDRAISING EVENT EXPENSES \$24,331.

Schedule D, Part XII, Line 4b - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS \$93,648,851 + UNITRUST PAYMENTS \$60,233 + STUDENT LOAN FEES \$6,821 - BOND DEFEASANCE COSTS \$35,828 + LOSS ON DEBT RESTRUCTURE \$15,550 + LOSS ON DISPOSAL OF EQUIPMENT \$190,891 + ENDOWMENT STATE TAX EXPENSE \$9,450

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

Department of the Treasury  
Internal Revenue Service

**Schools**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
► **Attach to Form 990 or Form 990-EZ.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**THE CATHOLIC UNIVERSITY OF AMERICA**

Employer identification number

**53-0196583**

**Part I**

	YES	NO
<b>1</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> 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? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u><b>THE UNIVERSITY INCLUDES IT RACIALLY NONDISCRIMINATORY POLICY IN THE ADMISSIONS</b></u> <u><b>VIEW-BOOK, STUDENT APPLICATION, THE INFORMATION PACKET PROVIDED TO STUDENTS AFTER</b></u> <u><b>ADMISSION, AND IN THE FINANCIAL AID GUIDE.</b></u>		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Admissions policies? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Employment of faculty or administrative staff? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Scholarships or other financial assistance? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Educational policies? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Use of facilities? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Athletic programs? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" on either line 6a or line 6b, explain on Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>



**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Schedule E, Part I, Line 6 - 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 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)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) Europe (including Iceland and C	1	33	Program Services	GLOBAL EDUCATION	2,434,763
(2) Europe (including Iceland and C	0	0	Investments		368,438
(3) Europe (including Iceland and C	0	0	Fundraising		22,887
(4) Central America and the Caribb	0	0	Program Services	STUDENT MISSION TRIPS	69,260
(5) Central America and the Caribb	0	0	Program Services	GLOBAL EDUCATION	4,616
(6) Central America and the Caribb	0	0	Grantmaking		14,280
(7) East Asia and the Pacific	0	0	Program Services	GLOBAL EDUCATION	156,729
(8) North America (including Cana	0	0	Program Services	GLOBAL EDUCATION	51,150
(9) Middle East and North Africa	0	1	Program Services	GLOBAL EDUCATION	20,120
(10) South America	0	0	Program Services	GLOBAL EDUCATION	3,350
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1	34			3,145,593



**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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 separately 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; don't file with Form 990)* . . . . . ☐ **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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ **Yes** ☒ **No**

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Schedule F, Part I, Line 2 - IN LIMITED CIRCUMSTANCES, THE UNIVERSITY MAKES CHARITABLE CONTRIBUTIONS TO OTHER ORGANIZATIONS TO ADVANCE A SPECIFIC GOAL THAT IS INTEGRAL TO THE UNIVERSITY'S EDUCATIONAL MISSION. THE UNIVERSITY RECEIVES DETAILED REPORTS REFLECTING THE USE OF THESE FUNDS.

Schedule F, Part I, Line 3 - ALL EXPENDITURES REPORTED IN PART I, LINE 3, COLUMN (F) ARE BASED ON THE METHOD USED TO ACCOUNT FOR THEM ON THE UNIVERSITY'S FINANCIAL STATEMENTS WHICH IS ACCRUAL.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**THE CATHOLIC UNIVERSITY OF AMERICA**

Employer identification number

**53-0196583**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 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 10 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			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> . . . . . ▶				<b>246,362</b>	<b>167,691</b>	<b>78,671</b>

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

**AK, AL, CA, CO, CT, DC, FL, GA, HI, IL, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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>SFIL AUCTION</b>	(b) Event #2 <b>Golf Outing</b>	(c) Other events <b>0</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	<b>23,484</b>	<b>17,320</b>		<b>40,804</b>
	<b>2</b> Less: Contributions . . . . .	<b>2,630</b>	<b>0</b>		<b>2,630</b>
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	<b>20,854</b>	<b>17,320</b>		<b>38,174</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>5</b> Noncash prizes . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>6</b> Rent/facility costs . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>7</b> Food and beverages . . . . .	<b>4,367</b>	<b>7,776</b>		<b>12,143</b>
	<b>8</b> Entertainment . . . . .	<b>0</b>	<b>0</b>		<b>0</b>
	<b>9</b> Other direct expenses . . . . .	<b>1,854</b>	<b>10,334</b>		<b>12,188</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				<b>24,331</b>
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				<b>13,843</b>

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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: \_\_\_\_\_

- 11** Does the organization conduct 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 conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** 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 provide any additional information. See instructions.

Schedule G, Part I, Line 2b - RUFFALO NOEL LEVITZ - THE UNIVERSITY PAYS 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. TOTAL FEES: \$167,258; EXPENSE REIMBURSEMENTS: \$433

## Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
RUFFALO NOEL LEVITZ LLC 1025 KIRKWOOD PARKWAY SW CEDAR RAPIDS, IA 52404	PHONE SOLICITATION PROGRAM	No	246,362	167,691	78,671
<b>Total:</b>			<b>246,362</b>	<b>167,691</b>	<b>78,671</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

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? . . . . . ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . . . ☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 1
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 See Schedule I, Part IV, Statement 2					
2					
3					
4					
5					
6					
7					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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 SPECIFIC DISBURSEMENT ELIGIBILITY RULES ARE MET. UPON DISBURSEMENT, PAYMENT ALLOCATION RULES IN THE SYSTEM ALLOCATE THE SCHOLARSHIPS TO APPROPRIATE PREDEFINED CHARGES. AFTERWARDS DISBURSEMENT AUDITS ARE COMPLETED AT VARIOUS TIME INTERVALS TO DETERMINE CONTINUED ELIGIBILITY.



## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	VIRGINIA INDIGENT DEFENSE COMMISSION 1604 SANTA ROSA ROAD RICHMOND, VA 23229	54-0926544	9,000	0
<b>IRC code section</b>	STATE OF VIRGINIA			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	MOFFITT MEMORIAL FELLOWSHIP			

## Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	UNIVERSITY-SPONSORED SCHOLARSHIPS	4814	75,313,817	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	UNIVERSITY-SPONSORED NEED BASED GRANTS	1043	10,657,654	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	DONOR-SPONSORED SCHOLARSHIPS	441	5,308,121	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	FEDERAL AND STATE GRANTS	549	2,369,259	0
Method of valuation				
Desc. of Non-Cash Asst.				

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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 on 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 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 (such as maid, chauffeur, chef)          |

**b** If any of the boxes on 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1b</b>	✓	
<b>2</b>	✓	
<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>	✓	
<b>8</b>		✓
<b>9</b>		

**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN H GARVEY, PRESIDENT	(i) 597,339	0	9,682	27,500	15,252	649,783	0
(ii)	0	0	0	0	0	0	0
2 ANDREW V ABELA, PROVOST THROUGH JUNE 2019	(i) 425,158	0	969	27,500	18,641	472,268	0
(ii)	0	0	0	0	0	0	0
3 ROBERT M SPECTER, VP FOR FINANCE/TREASURER	(i) 386,399	0	1,785	27,500	14,115	429,799	0
(ii)	0	0	0	0	0	0	0
4 CHRISTOPHER P LYDON, VP FOR ENROLLMENT MGT & MKTG	(i) 262,523	0	1,063	24,520	2,329	290,435	0
(ii)	0	0	0	0	0	0	0
5 SCOTT P REMBOLD, VP INSTITUTIONAL ADVANCEMENT	(i) 373,470	46,983	900	27,500	18,699	467,552	0
(ii)	0	0	0	0	0	0	0
6 MICHAEL S ALLEN, VP OF STUDENT AFFAIRS	(i) 294,016	0	446	27,500	17,774	339,736	0
(ii)	0	0	0	0	0	0	0
7 DANIEL ATTRIDGE, DEAN AND PROFESSOR OF LAW	(i) 258,929	0	1,980	27,117	12,979	301,005	0
(ii)	0	0	0	0	0	0	0
8 DAVID DOMINGUEZ, DEAN SCHOOL OF ARTS AND SCIENCES	(i) 430,484	0	495	27,500	18,698	477,177	0
(ii)	0	0	0	0	0	0	0
9 IAN L PEGG, PHYSICS DIRECTOR VSL AND PROFESSOR	(i) 402,036	0	2,820	27,500	8,605	440,961	0
(ii)	0	0	0	0	0	0	0
10 LAWRENCE J MORRIS, CHIEF OF STAFF, BOARD SECRETARY	(i) 306,459	0	2,035	27,500	2,650	338,644	0
(ii)	0	0	0	0	0	0	0
11 WILLIAM BOWMAN, DEAN SCHOOL OF BUSINESS THROUGH DEC 2018	(i) 260,126	0	3,307	26,700	13,215	303,348	0
(ii)	0	0	0	0	0	0	0
12 JAMES F BRENNAN, FORMER PROVOST RESIGNED 9/2014	(i) 146,648	0	1,174	15,000	6,594	169,416	0
(ii)	0	0	0	0	0	0	0
13 MARIN SCORDATO, ASSOC DEAN ACADEMIC AFFAIRS AND RESEARCH LAW SCHOOL	(i) 221,838	0	1,394	22,503	2,080	247,815	0
(ii)	0	0	0	0	0	0	0
14 PATRICIA McMULLEN, DEAN SCHOOL OF NURSING	(i) 220,694	0	2,000	22,124	1,924	246,742	0
(ii)	0	0	0	0	0	0	0
15 FRANK G PERSICO, FORMER VP UNIV RELATIONS/CHIEF OF STAFF 2016	(i) 146,679	0	1,529	11,695	1,045	160,948	0
(ii)	0	0	0	0	0	0	0
16							
(ii)							

**Part III** **Supplemental Information**

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.

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. BUSINESS/FIRST CLASS AIR TRAVEL WAS PROVIDED TO THE PRESIDENT FOR CERTAIN INTERNATIONAL TRAVEL. THE UNIVERSITY PROVIDED A HOUSE FOR THE PRESIDENT WHICH IS A WORKING CONDITION FRINGE BENEFIT SINCE HIS CONTRACT REQUIRES HIM TO RESIDE IN THE HOUSE ON THE UNIVERSITY CAMPUS. TAX INDEMNIFICATION OR GROSS-UP PAYMENTS ARE ONLY MADE FOR OCCASIONAL BONUS PAYMENTS AND REQUIRE APPROVAL BY THE PRESIDENT. THESE PAYMENTS ARE MADE IN ACCORDANCE GENERAL UNIVERSITY COMPENSATION POLICIES.

Schedule J, Part I, Line 7 - A NON-FIXED PAYMENT WAS MADE TO THE VP OF INSTITUTIONAL ADVANCEMENT. THIS BONUS PAYMENT WAS BASED ON SATISFACTION OF PERFORMANCE TARGETS. THE BONUS OF THE VP OF INSTITUTIONAL ADVANCEMENT IS APPROVED BY THE PRESIDENT.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE CATHOLIC UNIVERSITY OF AMERICA**

**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) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</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 REVENUE BONDS		✓		✓		✓
<b>B</b>	DISTRICT OF COLUMBIA REFUNDING REVENUE BOND SERIES 2015	53-6001131	000000000	12/09/2015	35,065,000	PARTIAL REFUNDING OF SERIES 2007 BOND		✓		✓		✓
<b>C</b>	DISTRICT OF COLUMBIA REFUNDING REVENUE BOND SERIES 2017	53-6001131	000000000	03/31/2017	27,555,000	PARTIAL REFUNDING OF 2007 SERIES BOND		✓		✓		✓
<b>D</b>	DISTRICT OF COLUMBIA BOND SERIES 2017B	53-6001131	25483VSL9	11/30/2017	66,227,033	CAPITAL CONSTRUCTION AND RENOVATION		✓		✓		✓

Employer identification number  
**53-0196583**

**Open to Public Inspection**

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Part II Proceeds**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Amount of bonds retired . . . . .		14,100,000		525,000		2,685,000		0
<b>2</b>	Amount of bonds legally defeased . . . . .		16,725,000		0		0		0
<b>3</b>	Total proceeds of issue . . . . .		39,061,164		35,065,000		27,555,000		66,227,033
<b>4</b>	Gross proceeds in reserve funds . . . . .		0		0		0		0
<b>5</b>	Capitalized interest from proceeds . . . . .		0		0		0		0
<b>6</b>	Proceeds in refunding escrows . . . . .		0		0		0		0
<b>7</b>	Issuance costs from proceeds . . . . .		539,585		682,220		440,041		957,394
<b>8</b>	Credit enhancement from proceeds . . . . .		0		0		0		0
<b>9</b>	Working capital expenditures from proceeds . . . . .		0		0		0		0
<b>10</b>	Capital expenditures from proceeds . . . . .		0		0		0		25,382,255
<b>11</b>	Other spent proceeds . . . . .		38,521,579		35,883,169		27,114,959		0
<b>12</b>	Other unspent proceeds . . . . .		0		0		0		40,055,636
<b>13</b>	Year of substantial completion . . . . .		2010		2009		2009		
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓			✓				✓
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		✓
<b>16</b>	Has the final allocation of proceeds been made? . . . . .				✓				✓
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓			✓			✓	

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

Cat. No. 50193E

Schedule K (Form 990) 2018



**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		✓
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<b>b</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? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		✓
<b>d</b> 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? . . . . .								
<b>4</b> 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 %		0 %		0 %		0 %
<b>5</b> 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 %		0 %		0 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . . %								%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		✓
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓	✓			✓		✓
<b>b</b> Exception to rebate? . . . . .	✓			✓	✓		✓	
<b>c</b> No rebate due? . . . . .		✓		✓		✓		✓
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓		✓		✓



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE CATHOLIC UNIVERSITY OF AMERICA**

**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) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	DISTRICT OF COLUMBIA REFUNDING REVENUE BOND SERIES 2017C	53-6001131	0000000000	11/30/2017	17,335,000	PARTIAL REFUNDING OF 2010 SERIES BOND		✓		✓		✓
<b>B</b>	DISTRICT OF COLUMBIA REVENUE AND REFUNDING REVENUE BOND SERIES 2018	53-6001131	25483VTY0	11/29/2018	7,323,350	CURRENT REFUNDING 2010 SERIES BOND		✓		✓		✓
<b>C</b>	DISTRICT OF COLUMBIA REVENUE AND REFUNDING BONDS SERIES 2018 NEW MONEY	53-6001131	25483VUQ5	11/29/2018	55,780,812	CAPITAL CONSTRUCTION AND RENOVATION		✓		✓		✓
<b>D</b>												

Employer identification number  
**53-0196583**

**Open to Public Inspection**

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Amount of bonds retired . . . . .			0		0		
<b>2</b>	Amount of bonds legally defeased . . . . .			0		0		
<b>3</b>	Total proceeds of issue . . . . .	17,335,000		7,323,350		55,780,812		
<b>4</b>	Gross proceeds in reserve funds . . . . .			0		0		
<b>5</b>	Capitalized interest from proceeds . . . . .			0		0		
<b>6</b>	Proceeds in refunding escrows . . . . .	17,688,372		7,267,928		0		
<b>7</b>	Issuance costs from proceeds . . . . .	253,166		55,422		623,299		
<b>8</b>	Credit enhancement from proceeds . . . . .			0		0		
<b>9</b>	Working capital expenditures from proceeds . . . . .			0		0		
<b>10</b>	Capital expenditures from proceeds . . . . .			0		0		
<b>11</b>	Other spent proceeds . . . . .	394,825		0		0		
<b>12</b>	Other unspent proceeds . . . . .			0		55,055,527		
<b>13</b>	Year of substantial completion . . . . .							
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		✓					
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	✓				✓		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓			✓			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓			✓			

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

Cat. No. 50193E

Schedule K (Form 990) 2018

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>b</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? . . . . .								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓		✓		
<b>d</b> 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? . . . . .								
<b>4</b> 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 %		0 %		0 %		0 %
<b>5</b> 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 %		0 %		0 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %		0 %		0 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		✓
<b>8a</b> 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? . . . . .		✓		✓		✓		✓
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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? . . . . .	✓		✓		✓		✓	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		✓	✓		✓			
<b>b</b> Exception to rebate? . . . . .	✓			✓		✓		
<b>c</b> No rebate due? . . . . .		✓		✓		✓		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		✓		✓		✓		



**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	✓		1,030	MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	52	3,650,299	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 . . . . .	✓	1	582,390	ASSESSED VALUE
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>EVENT DONATIONS-C/</u> )	✓	2	980	COST
26 Other ▶ ( <u>CAMERA EQUIPMENT</u> )	✓	1	1,907	MARKET VALUE
27 Other ▶ ( <u>FURNITURE</u> )	✓	1	1,000	MARKET VALUE
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	1
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				



**Part II** **Supplemental Information.** 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.

**Schedule M, Part I - THE AMOUNTS REPORTED IN COLUMN B IDENTIFY THE NUMBER OF CONTRIBUTIONS MADE FOR EACH CATEGORY OF NON-CASH CONTRIBUTIONS.**

[illegible]

**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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**THE CATHOLIC UNIVERSITY OF AMERICA**

Employer identification number

**53-0196583**

Form 990, Part I, Line 1 - IT WAS FOUNDED AND SPONSORED BY THE BISHOPS OF THE COUNTRY WITH THE APPROVAL OF THE HOLY SEE. THE CATHOLIC UNIVERSITY OF AMERICA IS COMMITTED TO BEING A COMPREHENSIVE CATHOLIC AND AMERICAN 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 5,956, OF WHICH 3,332 ARE UNDERGRADUATE.

Form 990, Part III, Line 1 - THE CATHOLIC UNIVERSITY OF AMERICA IS COMMITTED TO BEING A COMPREHENSIVE CATHOLIC AND AMERICAN 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 5,956, OF WHICH 3,332 ARE UNDERGRADUATE.

Form 990, Part VI, Section B, Line 11b - THE FORM 990 WAS SENT TO THE FULL BOARD OF TRUSTEES 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.

Form 990, Part VI, Section B, Line 12c - THE UNIVERSITY'S VICE PRESIDENT AND CHIEF OF STAFF, AS SECRETARY OF THE BOARD OF TRUSTEES, REVIEWS THE CONFLICT OF INTEREST STATEMENTS SUBMITTED BY THE TRUSTEES IN COORDINATION WITH THE COMPLIANCE OFFICER AND THE GENERAL COUNSEL 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 THAT A 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 CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE COMPLIANCE OFFICER IN COORDINATION WITH THE VICE PRESIDENT FOR FINANCE AND TREASURER. THEY ENSURE THAT ALL FORMS HAVE BEEN SUBMITTED, REVIEW ANY CONFLICTS DISCLOSED, DISCUSS THEM WITH THE INDIVIDUAL AND COGNIZANT SUPERVISOR AS NEEDED, AND DETERMINE AND IMPLEMENT PROPER MANAGEMENT ACTION.

Form 990, Part VI, Section B, Line 15 - THE PRESIDENT'S COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, BASED UPON DATA FROM COMPARABLE INSTITUTIONS. OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS APPROVED BY THE PRESIDENT BASED UPON PERFORMANCE.

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.

## Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	AUXILIARY SERVICES: UNIVERSITY DORMITORIES CONSIST OF 17 RESIDENCE HALLS WHICH PROVIDE LIVING QUARTERS FOR 1,944 STUDENTS. OCCUPANCY RATE AS OF FALL 2018 WAS 97%. THE UNIVERSITY ALSO PROVIDES RECREATIONAL FACILITIES, DINING SERVICES, PARKING, AND OTHER SELF-SUPPORTING FACULTY, STAFF AND STUDENT SERVICES.	31,396,718	0	32,201,821
Total:		31,396,718	0	32,201,821

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE CATHOLIC UNIVERSITY OF AMERICA

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Employer identification number

53-0196583

**Part I** Identification of Disregarded Entities. Complete if the organization answered "Yes" on 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
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE CATHOLIC UNIVERSITY OF AMERICA FOUNDATION (52-1284620) 620 MICHIGAN AVE NE, WASHINGTON, DC 20064	SUPPORT UNIV PROGRAMS	DC	501(C)(3)	12 TYPE I	CATHOLIC UNIVERSITY	✓	
(2) ALBERT E FARONE & ANGELA T FARONE FOUNDATION (16-0916204) 620 MICHIGAN AVE NE, WASHINGTON, DC 20064	TO PROVIDE SCHOLARSHIPS	NY	501(C)(3)	12 TYPE I	CATHOLIC UNIVERSITY	✓	
(3) WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE, UPPER MARLBORO, MD 20774	RESEARCH RESOURCES	MD	501 (C)(3)	12 TYPE I	N/A		✓
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
(1).....												
(2).....												
(3).....												
(4).....												
(5).....												
(6).....												
(7).....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (1).....	SPLIT INTEREST	NY	N/A	T					✓
SPLIT INTEREST AGREEMENT, NEW YORK, NY 100.....	AGREEMENT								
(2) CHARITABLE REMAINDER TRUST (1).....	SPLIT INTEREST	DC	N/A	T					✓
SPLIT INTEREST AGREEMENT, WASHINGTON, DC 2.....	AGREEMENT								
(3) CHARITABLE REMAINDER TRUST (1).....	SPLIT INTEREST	VA	N/A	T					✓
SPLIT INTEREST AGREEMENT, FAIRFAX, VA 22030.....	AGREEMENT								
(4) CHARITABLE REMAINDER TRUST (2).....	SPLIT INTEREST	MD	CATHOLIC	T				✓	
SPLIT INTEREST AGREEMENT, BETHESDA, MD 208.....	AGREEMENT		UNIVERSITY						
(5) CHARITABLE REMAINDER TRUST (3).....	SPLIT INTEREST	DC	CATHOLIC	T				✓	
SPLIT INTEREST AGREEMENT, WASHINGTON, DC 2.....	AGREEMENT		UNIVERSITY						
(6) CHARITABLE PERPETUAL TRUST (1).....	SPLIT INTEREST	MD	N/A	T					✓
SPLIT INTEREST AGREEMENT, BALTIMORE, MD 21.....	AGREEMENT								
(7) (Continued on Schedule R, Part VII, Statement 1).....									

**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(iii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<input checked="" type="checkbox"/>

**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 related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
	<b>ALBERT E FARONE &amp; ANGELA T FARONE FOUNDATION</b>	<b>c</b>	<b>638,040</b>	<b>COST</b>
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1).....													
(2).....													
(3).....													
(4).....													
(5).....													
(6).....													
(7).....													
(8).....													
(9).....													
(10).....													
(11).....													
(12).....													
(13).....													
(14).....													
(15).....													
(16).....													



## Part VII

### Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

## Description of Related Organizations Taxable as a Corporation or Trust

		Share of total income	Share of end- of-year assets	Percentage Controlled ownership
<b>Name and EIN</b>	CHARITABLE PERPETUAL TRUST (2)			
<b>Address</b>	SPLIT INTEREST AGREEMENT DAYTON, OH 45402			
<b>Primary activity</b>	SPLIT INTEREST AGREEMENT			
<b>State or foreign country</b>	OH			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			
<b>Name and EIN</b>	CHARITABLE PERPETUAL TRUST (1)			
<b>Address</b>	SPLIT INTEREST AGREEMENT GREENVILLE, SC 29601			
<b>Primary activity</b>	SPLIT INTEREST AGREEMENT			
<b>State or foreign country</b>	SC			
<b>Direct controlling entity</b>	N/A			
<b>Type of entity</b>	T			