

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016**Open to Public Inspection**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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

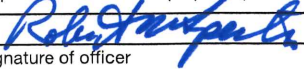
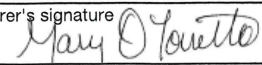
A For the 2016 calendar year, or tax year beginning 05/01, 2016, and ending 04/30, 2017	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CATHOLIC UNIVERSITY OF AMERICA
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
	620 Michigan Ave NE LEAHY HALL 162
	City or town, state or province, country, and ZIP or foreign postal code
	Washington, DC, 20064
D Employer identification number 53-0196583	
E Telephone number 202-319-5606	
G Gross receipts \$ 389,830,574	
F Name and address of principal officer: ROBERT M SPECTER 620 MICHIGAN AVE NE LEAHY HALL 260, WASHINGTON, DC 20064	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.cua.edu	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1887 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE CATHOLIC UNIVERSITY OF AMERICA IS THE NATIONAL UNIVERSITY OF THE CATHOLIC CHURCH IN THE UNITED STATES. (Continued on Schedule O)
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 46
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 45
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 4,356
	6	Total number of volunteers (estimate if necessary) 6 2,300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,326,021
b	Net unrelated business taxable income from Form 990-T, line 34 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 33,492,311 31,005,397
	9	Program service revenue (Part VIII, line 2g) 276,129,006 269,384,717
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10,491,329 11,047,295
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,616,814 1,649,587
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 321,729,460 313,086,996
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 84,367,791 85,830,285
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 133,668,038 138,136,914
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 204,341 164,234
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,567,065
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 89,672,971 87,376,019
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 307,913,141 311,507,452
19	Revenue less expenses. Subtract line 18 from line 12 13,816,319 1,579,544	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 605,134,994 638,359,951
	21	Total liabilities (Part X, line 26) 146,519,837 148,049,126
	22	Net assets or fund balances. Subtract line 21 from line 20 458,615,157 490,310,825

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/15/18
	Robert Specter, VP for Finance and Treasurer	
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature 
	Firm's name ▶ GRANT THORNTON LLP	Date 3/14/18
	Firm's address ▶ 1000 WILSON BLVD, STE 1400, ARLINGTON, VA 22209	Check <input type="checkbox"/> if self-employed PTIN P00847851
	Firm's EIN ▶ 36-6055558	Phone no. 703-847-7500

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)

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 \$ 99,763,775 including grants of \$ 0) (Revenue \$ 208,707,289)

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, SEVERAL PROFESSIONAL AREAS INCLUDING ENGINEERING, ARCHITECTURE, SOCIAL SERVICE, NURSING, MUSIC AND LAW. THE CURRENT ENROLLMENT OF THE UNIVERSITY IS APPROXIMATELY 6,076 OF WHICH 3,241 ARE UNDERGRADUATE AND 2,835 ARE GRADUATE STUDENTS (FALL 2016). THE UNIVERSITY OFFERS 40 DOCTORAL PROGRAMS, 94 MASTERS PROGRAMS AND 74 BACHELORS PROGRAMS. THE FACULTY CONSISTS OF 399 FULL-TIME AND 367 PART-TIME MEMBERS. OF THE FULL-TIME FACULTY 94% HOLD DOCTORAL OR PROFESSIONAL DEGREES.

4b (Code:) (Expenses \$ 85,830,285 including grants of \$ 85,830,285) (Revenue \$ 0)

SCHOLARSHIP PROGRAMS: FINANCIAL AID TO STUDENTS INCLUDES SCHOLARSHIPS, REMITTED TUITION AND STIPENDS FOR BOTH UNDERGRADUATE AND GRADUATE STUDY. 6961 SCHOLARSHIPS WERE AWARDED DURING FISCAL YEAR 2017.

4c (Code:) (Expenses \$ 60,642,868 including grants of \$ 0) (Revenue \$ 29,932,181)

OTHER PROGRAM SERVICES - SPONSORED RESEARCH: THE UNIVERSITY RECEIVED 185 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 \$ 28,082,409 including grants of \$ 0) (Revenue \$ 31,299,198)**4e** Total program service expenses **▶** 274,319,337

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 ✓	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 ✓	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b ✓	
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	✓
16 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	✓

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8503		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4356		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓	
b If "Yes," enter the name of the foreign country: Italy See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 46		
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 Enter the number of voting members included in line 1a, above, who are independent 1b 45		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

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

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

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 (or 1024 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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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									
PRESIDENT	2.00	✓		✓				648,845	0	40,551
CARL A ANDERSON	2									
BOARD OF TRUSTEES THROUGH 6/7/16	0	✓						0	0	0
ARCHBISHOP SAMUEL J AQUILA	2									
BOARD OF TRUSTEES	0	✓						0	0	0
LAWRENCE C BLANFORD	2									
BOARD OF TRUSTEES EFF. 9/26/16	0	✓						0	0	0
LEE ANN JOINER BRADY	2									
BOARD OF TRUSTEES	0	✓						0	0	0
BISHOP MICHAEL F BURBIDGE	2									
BOARD OF TRUSTEES	0	✓						0	0	0
TIMOTHY R BUSCH ESQ	2									
BOARD OF TRUSTEES THROUGH 6/7/16	0	✓						0	0	0
JOSEPH L CARLINI	2									
BOARD OF TRUSTEES	0	✓						0	0	0
ARCHBISHOP CHARLES J CHAPUT	2									
BOARD OF TRUSTEES	0	✓						0	0	0
BISHOP OCTAVIO CISNEROS	2									
BOARD OF TRUSTEES	0	✓						0	0	0
CARDINAL BLASE J CUPICH	2									
BOARD OF TRUSTEES EFF. 12/13/16	0	✓						0	0	0
LEO A DALY III	2									
BOARD OF TRUSTEES	0	✓						0	0	0
CARDINAL DANIEL N DINARDO	2									
BOARD OF TRUSTEES	0	✓						0	0	0
CARDINAL TIMOTHY M DOLAN	2									
BOARD OF TRUSTEES	0	✓						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			
SISTER JANET EISNER SND BOARD OF TRUSTEES	2 0	✓						0	0	0
BISHOP KEVIN J FARRELL BOARD OF TRUSTEES THROUGH 6/7/16	2 0	✓						0	0	0
BISHOP DANIEL E FLORES BOARD OF TRUSTEES	2 0	✓						0	0	0
ARCHBISHOP JOSE H GOMEZ BOARD OF TRUSTEES	2 0	✓						0	0	0
ARCHBISHOP WILTON D GREGORY BOARD OF TRUSTEES	2 0	✓						0	0	0
FRANK J HANNA III BOARD OF TRUSTEES EFF. 9/26/16	2 0	✓						0	0	0
STEPHEN J KANEB BOARD OF TRUSTEES	2 0	✓						0	0	0
ARCHBISHOP JOSEPH E KURTZ BOARD OF TRUSTEES	2 0	✓						0	0	0
LEONARD A LEO BOARD OF TRUSTEES EFF. 9/26/16	2 0	✓						0	0	0
ARCHBISHOP JEROME E LISTECKI BOARD OF TRUSTEES THROUGH 6/7/16	2 0	✓						0	0	0
ARCHBISHOP WILLIAM E LORI BOARD OF TRUSTEES	2 0	✓						0	0	0
BISHOP PAUL S LOVERDE BOARD OF TRUSTEES	2 0	✓						0	0	0
BISHOP GREGORY J MANSOUR BOARD OF TRUSTEES	2 0	✓						0	0	0
BISHOP ROBERT J MCMANUS BOARD OF TRUSTEES	2 0	✓						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			
MICHAEL J MILLETTE	2									
BOARD OF TRUSTEES	0	✓						0	0	0
JEFFREY R MORELAND	2									
BOARD OF TRUSTEES EFF. 9/26/16	0	✓						0	0	0
JAMES MOYE	2									
BOARD OF TRUSTEES	0	✓						0	0	0
MARK A MURRAY	2									
BOARD OF TRUSTEES	0	✓						0	0	0
ARCHBISHOP JOHN C NIENSTEDT	2									
BOARD OF TRUSTEES THROUGH 6/6/16	0	✓						0	0	0
ANNE E O'DONNELL MD	2									
BOARD OF TRUSTEES	0	✓						0	0	0
BISHOP THOMAS J OLMSTED	2									
BOARD OF TRUSTEES	0	✓						0	0	0
CARDINAL SEAN P O'MALLEY OFM CAP	2									
BOARD OF TRUSTEES	0	✓						0	0	0
BISHOP JOSEPH A PEPE	2									
BOARD OF TRUSTEES	0	✓						0	0	0
NEIL J RAUENHORST	2									
BOARD OF TRUSTEES THROUGH 12/13/16	0	✓						0	0	0
E JEFFREY ROSSI ESQ	2									
BOARD OF TRUSTEES	0	✓						0	0	0
MONSIGNOR WALTER R ROSSI	2									
BOARD OF TRUSTEES	0	✓						0	0	0
CATHARINE MURRAY RYAN	2									
BOARD OF TRUSTEES	0	✓						0	0	0
TIMOTHY C SHEVE	2									
BOARD OF TRUSTEES	0	✓						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			
ENRIQUE SEGURA	2									
BOARD OF TRUSTEES	0	✓						0	0	0
VICTOR P SMITH ESQ	2									
BOARD OF TRUSTEES	0	✓						0	0	0
ANTHONY R TERSIGNI	2									
BOARD OF TRUSTEES THROUGH 6/7/16	0	✓						0	0	0
CARDINAL JOSEPH TOBIN	2									
BOARD OF TRUSTEES EFF. 12/13/16	0	✓						0	0	0
BISHOP THOMAS J TOBIN	2									
BOARD OF TRUSTEES	0	✓						0	0	0
MONSIGNOR PETER J VAGHI	2									
BOARD OF TRUSTEES	0	✓						0	0	0
MICHAEL P WARSAW	2									
BOARD OF TRUSTEES	0	✓						0	0	0
ARCHBISHOP THOMAS G WENSKI	2									
BOARD OF TRUSTEES	0	✓						0	0	0
ANTHONY A WILLIAMS ESQ	2									
BOARD OF TRUSTEES THROUGH 6/6/16	0	✓						0	0	0
CAROLYN Y WOO	2									
BOARD OF TRUSTEES	0	✓						0	0	0
CARDINAL DONALD W WUERL	2									
BOARD OF TRUSTEES	0	✓						0	0	0
ROBERT M SPECTER	40									
VP FOR FINANCE/TREASURER	2.00			✓				442,867	0	13,158
FRANK G PERSICO	40									
VP UNIVERSITY RELATIONS & CHIEF OF STAFF	0			✓				393,489	0	29,575
ANDREW V ABELA	40									
PROVOST	2.00				✓			401,787	0	43,473

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			
CHRISTOPHER P LYDON	40									
VP FOR ENROLLMENT MGT & MKTG	1				✓			255,645	0	27,084
SCOTT P REMBOLD	40									
VP INSTITUTIONAL ADVANCEMENT	0				✓			421,210	0	43,558
MICHAEL S ALLEN	40									
VP OF STUDENT AFFAIRS	0				✓			258,701	0	42,504
DANIEL ATTRIDGE	40									
DEAN AND PROFESSOR OF LAW	0					✓		290,224	0	38,658
IAN L PEGG	40									
PHYSICS DIRECTOR VSL AND PROFESSOR	0					✓		403,148	0	34,571
CHARLES C NGUYEN	40									
DEAN SCHOOL OF ENGINEERING	0					✓		249,604	0	41,845
LAWRENCE J MORRIS	40									
GENERAL COUNSEL	1					✓		218,425	0	23,783
MARIN R SCORDATO	40									
LAW SCHOOL PROFESSOR/ASSOC DEAN	0					✓		216,251	0	23,881
JAMES F BRENNAN	40									
FORMER PROVOST RESIGNED 9/23/14	0						✓	148,914	0	20,990
LAWRENCE R POOS	40									
FORMER DEAN ARTS/SCIENCE RESIGNED 9/1/14	0						✓	119,103	0	13,026
VERYL V MILES	40									
FORMER DEAN OF LAW SCHOOL	0						✓	163,234	0	32,867
1b Sub-total								4,631,447	0	469,524
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,631,447	0	469,524

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 **188**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ✓
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ✓
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ✓

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
DELTAK EDU LLC, 1415 WEST 22ND ST, SUITE 400, OAK BROOK, IL 60523	ONLINE COURSE MGMT	2,611,718
PATNER CONSTRUCTION INC, 2860 STUART DRIVE, FALLS CHURCH, VA 22042	CONSTRUCTION	1,337,682
RICOH AMERICAS CORPORATION, 5 DEDRICK PLACE, WEST CALDWELL, NJ 07006	MANAGEMENT SERVICES	910,807
MERLINO CONSTRUCTION GROUP LLC, 318 7TH STREET NE, WASHINGTON, DC 20002	CONSTRUCTION SERVICES	831,059
MARK G ANDERSON CONSULTANTS, 730 11TH STREET NW 4TH FLOOR, WASHINGTON, DC 20004	CONSTRUCTION MGMT	765,226
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 69		

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 5,493				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 1,934				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 30,997,970				
	g	Noncash contributions included in lines 1a-1f: \$	6,075,390				
	h	Total. Add lines 1a-1f	▶ 31,005,397				
Program Service Revenue	Business Code						
	2a	Tuition	611600	208,707,289	208,707,289	0	0
	b	Federal and Private Grants	541700	24,884,429	24,884,429	0	0
	c	Housing	721310	18,292,711	18,292,711	0	0
	d	Food Service	722210	12,074,195	12,074,195	0	0
	e	BookStore	451211	378,341	378,341	0	0
	f	All other program service revenue .		5,047,752	3,662,333	1,385,419	0
	g	Total. Add lines 2a-2f	▶ 269,384,717				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 2,780,692	0	-59,398	2,840,090	
	4	Income from investment of tax-exempt bond proceeds ▶	449	0	0	449	
	5	Royalties	▶ 199,169	0	0	199,169	
	6a	Gross rents	(i) Real	(ii) Personal			
			134,388	0			
			b Less: rental expenses	0	0		
			c Rental income or (loss)	134,388	0		
	d	Net rental income or (loss)	▶ 134,388	0	0	134,388	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			84,700,172	16,781			
			b Less: cost or other basis and sales expenses .	76,450,799	0		
			c Gain or (loss)	8,249,373	16,781		
	d	Net gain or (loss)	▶ 8,266,154	0	0	8,266,154	
	8a	Gross income from fundraising events (not including \$ 1,934 of contributions reported on line 1c). See Part IV, line 18	a	21,202			
			b Less: direct expenses	b 20,883			
			c Net income or (loss) from fundraising events . ▶	319		0	319
	9a	Gross income from gaming activities. See Part IV, line 19	a				
			b Less: direct expenses	b			
			c Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances	a	1,033,656			
b Less: cost of goods sold			b 271,896				
c Net income or (loss) from sales of inventory . . ▶			761,760	0	0	761,760	
Miscellaneous Revenue			Business Code				
11a	Non Academic Registration Fees	900099	18,631	18,631	0	0	
b	Interest Income - Students	900099	535,320	535,320	0	0	
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d	▶ 553,951					
12	Total revenue. See instructions.	▶ 313,086,996	268,553,249	1,326,021	12,202,329		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	85,830,285	85,830,285		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,061,718	390,842	2,187,614	483,262
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	109,537,153	95,173,604	10,992,206	3,371,343
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,416,192	6,373,941	827,014	215,237
9 Other employee benefits	11,101,159	10,207,146	647,007	247,006
10 Payroll taxes	7,020,692	5,924,657	859,110	236,925
11 Fees for services (non-employees):				
a Management	11,665,598	11,630,998	34,450	150
b Legal	630,878	343,755	287,123	
c Accounting	675,774	1,356	674,418	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	164,234			164,234
f Investment management fees	926,574	0	926,574	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,050,252	8,233,159	2,477,330	339,763
12 Advertising and promotion	985,224	944,205	37,368	3,651
13 Office expenses	12,125,230	9,829,515	1,629,338	666,377
14 Information technology	1,034,168	443,769	493,748	96,651
15 Royalties	609,915	336,323	239,157	34,435
16 Occupancy	15,046,383	11,547,128	3,498,084	1,171
17 Travel	3,875,041	3,473,905	252,451	148,685
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	639,794	475,074	145,981	18,739
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,556,146	12,556,146		
23 Insurance	24,493	25,471	-978	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>Honoraria/Editorial/Freelance Services</u>	2,297,198	2,271,970	23,478	1,750
b <u>Entertainment/Catering/Guest Meals</u>	3,776,093	3,000,316	255,082	520,695
c <u>Memberships</u>	694,001	407,202	272,274	14,525
d <u>Doubtful Account Expenses</u>	1,363,242	52,212	1,311,030	0
e All other expenses	7,400,015	4,846,358	2,551,191	2,466
25 Total functional expenses. Add lines 1 through 24e	311,507,452	274,319,337	30,621,050	6,567,065
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	25,914,548	1	21,033,645
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	27,722,966	3	31,895,737
	4 Accounts receivable, net	9,761,608	4	8,023,034
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	7,574,121	7	7,454,452
	8 Inventories for sale or use	759,062	8	759,464
	9 Prepaid expenses and deferred charges	4,704,942	9	3,880,795
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 432,626,669		
	b Less: accumulated depreciation	10b 234,486,143	10c	198,140,526
	11 Investments—publicly traded securities	82,291,641	11	76,482,623
	12 Investments—other securities. See Part IV, line 11	252,680,912	12	285,682,349
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,463,726	15	5,007,326
16 Total assets. Add lines 1 through 15 (must equal line 34)	605,134,994	16	638,359,951	
Liabilities	17 Accounts payable and accrued expenses	24,889,873	17	30,664,120
	18 Grants payable	0	18	0
	19 Deferred revenue	8,893,361	19	8,194,533
	20 Tax-exempt bond liabilities	94,548,427	20	90,792,563
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,549,593	23	1,233,790
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,638,583	25	17,164,120
	26 Total liabilities. Add lines 17 through 25	146,519,837	26	148,049,126
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	268,626,356	27	284,474,880
	28 Temporarily restricted net assets	94,985,147	28	105,990,947
	29 Permanently restricted net assets	95,003,654	29	99,844,998
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	458,615,157	33	490,310,825
	34 Total liabilities and net assets/fund balances	605,134,994	34	638,359,951

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	313,086,996
2	Total expenses (must equal Part IX, column (A), line 25)	2	311,507,452
3	Revenue less expenses. Subtract line 2 from line 1	3	1,579,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	458,615,157
5	Net unrealized gains (losses) on investments	5	21,744,097
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	8,372,027
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	490,310,825

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016**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)(vi).** (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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,725,209	22,249,386	23,372,349	33,492,311	31,005,397	124,844,652
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	14,725,209	22,249,386	23,372,349	33,492,311	31,005,397	124,844,652
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,045,513
6 Public support. Subtract line 5 from line 4						118,799,139

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	14,725,209	22,249,386	23,372,349	33,492,311	31,005,397	124,844,652
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,688,081	3,150,367	3,115,472	3,383,864	3,114,698	15,452,482
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,300,017	1,721,500	1,736,891	1,557,370	1,608,809	7,924,587
11 Total support. Add lines 7 through 10						148,221,721
12 Gross receipts from related activities, etc. (see instructions)					12	1,368,631,442
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	80.15 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	75.46 %
16a 33⅓% support test—2016. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33⅓% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33⅓% support tests—2016. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support tests—2015. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a 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 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 Part VI when and how the organization made the determination.</i>		
c 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 Part VI what controls the organization put in place to ensure such use.</i>		
4a 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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 Part VI 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>		
5a 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 Part VI, 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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 Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
8 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>		
9a 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 Part VI.</i>		
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 Part VI.</i>		
c 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 Part VI.</i>		
10a 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 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI 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.		
2 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 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 Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Part VI 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 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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 Part VI .			
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 Part VI the role played by the organization in this regard.			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013 . . .			
c	Excess from 2014 . . .			
d	Excess from 2015 . . .			
e	Excess from 2016 . . .			

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 7,924,587 IS COMPRISED OF THE FOLLOWING: NONACADEMIC
REGISTRATION FEES 290,444; INTEREST INCOME STUDENTS 2,406,170; GROSS INCOME FROM FUNDRAISING EVENTS 488,709;
GROSS SALES OF INVENTORY 4,656,025; CHANGE IN ESTIMATES - CARO 62,104; AND OTHER 21,135.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**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.	Held at the End 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 8/17/06, 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 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 MONEY MARKET FUNDS AND TEMPORARY INVESTMENTS	8,636,322	End-of-Year Market Value
(A) OTHER LEVEL 2 & 3 INVESTMENTS	214,745,576	End-of-Year Market Value
(B) REAL ESTATE	34,410,550	End-of-Year Market Value
(C) LIMITED PARTNERSHIP & PRIVATE EQUITY	24,161,078	End-of-Year Market Value
(D) VENTURE CAPITAL	3,728,823	End-of-Year Market Value
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	285,682,349	

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)		
Total. (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)	
Total. (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		
(2) ASSET RETIREMENT OBLIGATIONS	8,704,398	
(3) REFUNDABLE ADVANCES FROM THE US GOV	6,852,238	
(4) SPLIT-INTEREST AGREEMENTS	1,508,420	
(5) AGENCY LIABILITY	99,064	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	17,164,120	

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.

1	Total revenue, gains, and other support per audited financial statements	1	248,087,445
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	21,744,097
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	292,779
e	Add lines 2a through 2d	2e	22,036,876
3	Subtract line 2e from line 1	3	226,050,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	926,574
b	Other (Describe in Part XIII.)	4b	86,109,853
c	Add lines 4a and 4b	4c	87,036,427
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	313,086,996

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.

1	Total expenses and losses per audited financial statements	1	224,763,044
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	292,779
e	Add lines 2a through 2d	2e	292,779
3	Subtract line 2e from line 1	3	224,470,265
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	926,574
b	Other (Describe in Part XIII.)	4b	86,110,613
c	Add lines 4a and 4b	4c	87,037,187
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	311,507,452

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 - COLLECTIONS - THE UNIVERSITY HAS ELECTED NOT TO CAPITALIZE THE COST OR VALUE OF ITS COLLECTION OF WORKS OF ART, HISTORICAL TREASURES, AND SIMILAR ASSETS. THERE WERE NO DEACCESSIONS DURING THE YEAR.

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.

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

Part XIII - Supplemental Information (Continued)

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 \$271,896 + GOLF OUTING EXPENSE \$20,883

Schedule D, Part XI, Line 4b - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS \$85,830,285 + UNITRUST PAYMENTS \$47,169 + STUDENT LOAN PROGRAM COLLECTION FEES \$40,136 + LOSS ON DISPOSAL OF EQUIPMENT \$193,023 - ASSET TRANSFER \$760.

Schedule D, Part XII, Line 2d - COST OF GOODS SOLD \$271,896 + GOLF OUTING EXPENSE \$20,883

Schedule D, Part XII, Line 4b - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS \$85,830,285 + UNITRUST PAYMENTS \$47,169 + STUDENT LOAN PROGRAM COLLECTION FEES \$40,136 + LOSS ON DISPOSAL OF EQUIPMENT \$193,023.

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.**► **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

THE CATHOLIC UNIVERSITY OF AMERICA

Employer identification number

53-0196583**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>THE UNIVERSITY INCLUDES ITS RACIALLY NONDISCRIMINATORY POLICY IN THE ADMISSIONS</u> <u>VIEW-BOOK, STUDENT APPLICATION, THE INFORMATION PACKET PROVIDED TO STUDENTS AFTER</u> <u>ADMISSION, AND IN THE FINANCIAL AID GUIDE.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c 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"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Schedule E (Form 990 or 990-EZ) 2016

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

**Open to Public
Inspection**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
► **Attach to Form 990.**

► **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

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	32	Program Services	GLOBAL EDUCATION	2,486,268
(2) Europe (including Iceland and C	0	0	Conducting Board Meetings		69,009
(3) Europe (including Iceland and C	0	0	Speaking at Seminars or Co		29,134
(4) Europe (including Iceland and C	0	0	Fundraising		3,198
(5) South America	0	0	Speaking at Seminars or Co	GLOBAL EDUCATION	5,908
(6) South America	0	0	Program Services	GLOBAL EDUCATION	1,898
(7) Central America and the Caribb	0	0	Program Services	STUDENT MISSION TRIP	8,638
(8) Central America and the Caribb	0	0	Program Services	GLOBAL EDUCATION	69,731
(9) Middle East and North Africa	0	0	Program Services	GLOBAL EDUCATION	860
(10) North America (including Cana	0	1	Program Services	GLOBAL EDUCATION	10,400
(11) North America (including Cana	0	0	Speaking at Seminars or Co		253
(12) East Asia and the Pacific	0	1	Program Services	GLOBAL EDUCATION	10,941
(13) Sub-Saharan Africa	0	0	Program Services	GLOBAL EDUCATION	1,065
(14) Europe (including Iceland and C	0	0	Investments		406,321
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	34			3,103,624

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **▲**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" 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)							

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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; do not 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; do not 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 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.

Area with horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <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			
1 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				169,560	182,253	-12,693

- 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 GOLF OUTING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	23,136			23,136
	2 Less: Contributions	1,934			1,934
	3 Gross income (line 1 minus line 2)	21,202			21,202
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	16,069			16,069
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	4,814			4,814
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				20,883
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				319

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law 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: \$164,234; EXPENSE REIMBURSEMENTS: \$26,549 THE STETLER COMPANY - THE UNIVERSITY PAYS BOTH FEES AND EXPENSES TO THIS SERVICE PROVIDER. THE SERVICE PROVIDER SEPARATELY STATES ITS PRINTING EXPENSES FOR REIMBURSEMENT. TOTAL FEES: \$18,019; TOTAL PRINTING EXPENSES \$666.

Schedule G, Part IV, Statement 1

THE CATHOLIC UNIVERSITY OF AMERICA

Form: Schedule G (2016)

EIN: 53-0196583

Page: 1

Part I, Line 2b

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 PROGRAM	No	169,560	164,234	5,326
THE STELTER COMPANY 10435 NEW YORK AVENUE DES MOINES, IA 50322	PLANNED GIVING NEWSLETTER AND DIGITAL MARKETING PLATFORM	No	0	18,019	-18,019
Total:			169,560	182,253	-12,693

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)

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.

Department of the Treasury
Internal Revenue Service
Name of the organization

THE CATHOLIC UNIVERSITY OF AMERICA

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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)							
(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 ☐
- 3 Enter total number of other organizations listed in the line 1 table ☐

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

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 1					
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 Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	UNIVERSITY-SPONSORED SCHOLARSHIPS	4844	69,280,591	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	DONOR-SPONSORED SCHOLARSHIPS	469	4,509,358	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	UNIVERSITY-SPONSORED NEED BASED GRANTS	1114	9,700,537	0
Method of valuation				
Desc. of Non-Cash Asst.				
Type of grant	FEDERAL AND STATE GRANTS	534	2,339,799	0
Method of valuation				
Desc. of Non-Cash Asst.				

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CATHOLIC UNIVERSITY OF AMERICA

PUBLIC DISCLOSURE COPY

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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

53-0196583

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b ✓	
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?	2 ✓	
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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.	4a 4b 4c	✓ ✓ ✓
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.	5a 5b	✓ ✓
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.	6a 6b	✓ ✓
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	7 ✓	
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	8	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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) 516,400	(ii) 115,000	(iii) 17,445	26,500	14,051	689,396	0
	(ii)	0	0	0	0	0	0	0
2	ANDREW V ABELA, PROVOST	(i) 400,821	(ii) 0	(iii) 966	26,500	16,973	445,260	0
	(ii)	0	0	0	0	0	0	0
3	ROBERT M SPECTER, VP FOR FINANCE/TREASURER	(i) 389,921	(ii) 51,166	(iii) 1,780	167	12,992	456,026	0
	(ii)	0	0	0	0	0	0	0
4	FRANK G PERSICO, VP UNIVERSITY RELATIONS & CHIEF OF STAFF	(i) 346,684	(ii) 43,000	(iii) 3,805	26,500	3,075	423,064	0
	(ii)	0	0	0	0	0	0	0
5	CHRISTOPHER P LYDON, VP FOR ENROLLMENT MGT & MKTG	(i) 247,445	(ii) 0	(iii) 8,200	24,790	2,294	282,729	0
	(ii)	0	0	0	0	0	0	0
6	SCOTT P REMBOLD, VP INSTITUTIONAL ADVANCEMENT	(i) 366,238	(ii) 46,875	(iii) 8,097	26,500	17,058	464,768	0
	(ii)	0	0	0	0	0	0	0
7	MICHAEL S ALLEN, VP OF STUDENT AFFAIRS	(i) 258,361	(ii) 0	(iii) 340	26,500	16,004	301,205	0
	(ii)	0	0	0	0	0	0	0
8	DANIEL ATTRIDGE, DEAN AND PROFESSOR OF LAW	(i) 288,244	(ii) 0	(iii) 1,980	26,500	12,158	328,882	0
	(ii)	0	0	0	0	0	0	0
9	IAN L PEGG, PHYSICS DIRECTOR VSL AND PROFESSOR	(i) 401,322	(ii) 0	(iii) 1,826	26,500	12,158	441,806	0
	(ii)	0	0	0	0	0	0	0
10	CHARLES C NGUYEN, DEAN SCHOOL OF ENGINEERING	(i) 248,026	(ii) 0	(iii) 1,578	25,665	16,181	291,450	0
	(ii)	0	0	0	0	0	0	0
11	LAWRENCE J MORRIS, GENERAL COUNSEL	(i) 217,110	(ii) 0	(iii) 1,315	21,756	2,027	242,208	0
	(ii)	0	0	0	0	0	0	0
12	MARIN R SCORDATO, LAW SCHOOL PROFESSOR/ASSOC DEAN	(i) 215,379	(ii) 0	(iii) 872	21,848	0	238,099	0
	(ii)	0	0	0	0	0	0	0
13	JAMES F BRENNAN, FORMER PROVOST RESIGNED 9/23/14	(i) 147,740	(ii) 0	(iii) 1,174	15,015	5,975	169,904	0
	(ii)	0	0	0	0	0	0	0
14	VERYL V MILES, FORMER DEAN OF LAW SCHOOL	(i) 162,252	(ii) 0	(iii) 982	17,311	15,556	196,101	0
	(ii)	0	0	0	0	0	0	0
15								
	(i)							
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 OF THE PRESIDENT. THESE PAYMENTS ARE MADE IN ACCORDANCE WITH GENERAL UNIVERSITY COMPENSATION POLICIES. REIMBURSEMENT OF COMPANION TRAVEL IS RARE AND REQUIRES VICE PRESIDENT OR PRESIDENT APPROVAL. THE REIMBURSEMENT IS TAXABLE TO THE EMPLOYEE UNLESS THE EMPLOYEE CAN DEMONSTRATE THE COMPANION PROVIDED A SIGNIFICANT AND NON-CLERICAL/NON-INCIDENTAL ROLE. THE UNIVERSITY REIMBURSED COMPANION TRAVEL FOR CERTAIN TRIPS MADE BY THE PRESIDENT'S WIFE. THE TOTAL REIMBURSED AMOUNT FOR TAX YEAR 2016 WAS \$1,542. ALL TRIPS WERE INCLUDED IN TAXABLE EARNINGS FOR THE PRESIDENT, MR. JOHN GARVEY, IN THE APPROPRIATE TAX YEAR.

Schedule J, Part I, Line 7 - NON-FIXED PAYMENTS WERE MADE TO THE PRESIDENT AND VP OF INSTITUTIONAL ADVANCEMENT. THESE BONUS PAYMENTS WERE BASED ON SATISFACTION OF PERFORMANCE TARGETS. THE PRESIDENT'S BONUS IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE BONUS OF THE VP OF INSTITUTIONAL ADVANCEMENT IS APPROVED BY THE PRESIDENT.

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**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
A	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	District of Columbia Refunding Revenue Bonds Series 2015	53-6001131	0000000000	12/09/2015	35,065,000	PARTIAL REFUNDING OF SERIES 2007 BOND		✓		✓		✓
C	District of Columbia Refunding Revenue Bond Series 2017	53-6001131	0000000000	03/31/2017	27,555,000	Partial Refunding of 2007 Series Bonds		✓		✓		✓
D												

Employer identification number
53-0196583

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.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

PUBLIC DISCLOSURE COPY

Part II Proceeds

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired		0		0		0		0
2	Amount of bonds legally defeased		0		0		0		0
3	Total proceeds of issue		39,061,164		35,065,000		27,555,000		
4	Gross proceeds in reserve funds		0		0		0		0
5	Capitalized interest from proceeds		0		0		0		0
6	Proceeds in refunding escrows		0		35,520,296		0		0
7	Issuance costs from proceeds		539,585		682,220		440,041		
8	Credit enhancement from proceeds		0		0		0		0
9	Working capital expenditures from proceeds		0		0		0		0
10	Capital expenditures from proceeds		0		0		0		0
11	Other spent proceeds		38,521,579		0		27,114,959		
12	Other unspent proceeds		0		0		0		0
13	Year of substantial completion	2010		2009		2009			

14	Were the bonds issued as part of a current refunding issue?	✓			✓			Yes	No
15	Were the bonds issued as part of an advance refunding issue?		✓	✓		✓			
16	Has the final allocation of proceeds been made?	✓		✓		✓			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓			

Part III Private Business Use

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

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

Cat. No. 50193E

Schedule K (Form 990) 2016

OMB No. 1545-0047

2016

Open to Public Inspection

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

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Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

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	✓		528	Market Value
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	69	6,025,978	Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>CHROMATOGRAPH</u>)	✓	1	28,071	MARKET VALUE
26 Other ▶ (<u>MUSIC COLLECTION</u>)	✓	1	9,600	MARKET VALUE
27 Other ▶ (<u>EVENT DONATIONS</u>)	✓	5	6,213	COST
28 Other ▶ (<u>PIANO</u>)	✓	1	5,000	MARKET VALUE

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

	Yes	No
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?		✓
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?	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
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 IN THIS COLUMN IDENTIFY THE NUMBER OF CONTRIBUTIONS MADE FOR EACH CATEGORY OF NON-CASH CONTRIBUTIONS.

Area with horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**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 6,076, OF WHICH 3,241 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 6,076, OF WHICH 3,241 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.

Form 990, Part XI, Line 9 - MARKET VALUE ADJUSTMENT - FARONE FOUNDATION ENDOWMENT 8,371,267; ASSET TRANSFER 760

Schedule O, Statement 1

THE CATHOLIC UNIVERSITY OF AMERICA

Form: Form 990 (2016)

EIN: 53-0196583

Page: 2

Part III, Line 4d

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	AUXILIARY SERVICES: UNIVERSITY DORMITORIES CONSIST OF 17 RESIDENCE HALLS WHICH PROVIDE LIVING QUARTERS FOR 1,885 STUDENTS. OCCUPANCY RATE AS OF FALL 2016 WAS 92.4%. THE UNIVERSITY ALSO PROVIDES RECREATIONAL FACILITIES, DINING SERVICES, PARKING, AND OTHER SELF-SUPPORTING FACULTY, STAFF AND STUDENT SERVICES.	28,082,409	0	31,299,198
Total:		28,082,409	0	31,299,198

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 (52-1284 620 MICHIGAN AVE NE, WASHINGTON, DC 20064	SUPPORT UNIV PROGRAMS	DC	501(C)(3)	12 TYPE I	THE CATHOLIC UNIVERSITY OF	✓	
(2) ALBERT E FARONE & ANGELA T FARONE FOUNDATION (16-091 620 MICHIGAN AVE NE, WASHINGTON, DC 20064	TO PROVIDE SCHOLARSHIPS	NY	501(C)(3)	12 TYPE I	THE CATHOLIC UNIVERSITY OF	✓	
(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) 2016

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 AGREEMENT, NEW YORK, NY 10001	SPLIT INTEREST AGREEMENT	NY	N/A	T					✓
(2) CHARITABLE REMAINDER TRUST (1) _____ SPLIT INTEREST AGREEMENT, WASHINGTON, DC 20001	SPLIT INTEREST AGREEMENT	DC	N/A	T					✓
(3) CHARITABLE REMAINDER TRUST (1) _____ SPLIT INTEREST AGREEMENT, FAIRFAX, VA 22030	SPLIT INTEREST AGREEMENT	VA	N/A	T					✓
(4) CHARITABLE REMAINDER TRUST (2) _____ SPLIT INTEREST AGREEMENT, BETHESDA, MD 20814	SPLIT INTEREST AGREEMENT	MD	THE CATHOLIC UNIVERSITY	T				✓	
(5) CHARITABLE REMAINDER TRUST (3) _____ SPLIT INTEREST AGREEMENT, WASHINGTON, DC 20001	SPLIT INTEREST AGREEMENT	DC	THE CATHOLIC UNIVERSITY	T				✓	
(6) CHARITABLE PERPETUAL TRUST (1) _____ SPLIT INTEREST AGREEMENT, BALTIMORE, MD 21201	SPLIT INTEREST AGREEMENT	MD	N/A	T					✓
(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?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

See [Schedule R, Part VII, Statement 2](#)

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).....													

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
Name and EIN	CHARITABLE PERPETUAL TRUST (2)			No
Address	SPLIT INTEREST AGREEMENT DAYTON, OH 45402			
Primary activity	SPLIT INTEREST AGREEMENT			
State or foreign country	OH			
Direct controlling entity	N/A			
Type of entity	T			
Name and EIN	CHARITABLE PERPETUAL TRUST (1)			No
Address	SPLIT INTEREST AGREEMENT GREENVILLE, SC 29601			
Primary activity	SPLIT INTEREST AGREEMENT			
State or foreign country	SC			
Direct controlling entity	N/A			
Type of entity	T			

Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	ALBERT E FARONE & ANGELA T FARONE FOUNDATION	655,500
Transaction type	c	
Method of determining amt. involved	SCHOLARSHIPS AWARDED TO UNIVERSITY STUDENTS	
Name	ALBERT E FARONE & ANGELA T FARONE FOUNDATION	600,650
Transaction type	q	
Method of determining amt. involved	REIMBURSEMENT FOR PAYMENT OF EXPENSE	