statement)

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		Exempt Organization				eturn 1	OMB No 1545-0047					
Form <b>990</b> -T	For cale	and proxy t) endar year 2019 or other tax year be	ax under sectors ax und		· · · · · · · · · · · · · · · · · · ·	) 1004 , <b>20</b> 20	2019					
Department of the Treasury		► Go to www.irs.gov/Form					Open to Rublic Inspection for					
Internal Revenue Service	▶Do	not enter SSN numbers on this fo	rm as it may be made	public	if your organization i	is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed		Name of organization (	box if name changed	and see	instructions)		loyer identification number					
B Exempt under section	Print	The <u>Cath</u> olic Unive:	rsity of Ame	<u>rica</u>		(Empi	loyees' trust, see instructions)					
∑ 501( c )√3 )	or	Number, street, and room or suite	no If a P O box, see in	nstructio	ons		196583					
— 408(e) — 220(e)	Туре	620-Michigan-Avenue			ated business activity code							
☐ 408A ☐ 530(a)		City or town, state or province, cou	(See	instructions)								
529(a)	<u> </u>	Washington, DC 200	52300	00								
C Book value of all assets at end of year												
852,122,048	G CI	neck organization type 🕨 🔯	501(c) corporati	on	☐ 501(c) trust	☐ 401(a)	trust					
H Enter the numbe	r of the o	organization's unrelated trade	es or businesses.	3	De	scribe the or	nly (or first) unrelated					
		Partnership Investment										
	-	at the end of the previous se	entence, complete	Parts	s I and II, complet	e a Schedule	M for each additional					
		omplete Parts III–V.					<u>-</u>					
		e corporation a subsidiary in an			nt-subsidiary contro	lled group? .	. ▶ 🗌 Yes 🗓 No					
		and identifying number of the	parent corporation	on. 🚩			<del></del>					
		► Robert M. Specter			<del></del>		2 319-5606					
		e or Business Income	······································		(A) Income	(B) Expense	os (C) Net					
1a Gross receipt						•						
<b>b</b> Less returns			<b>c</b> Balance ►	1c	0.00							
	-	Schedule A, line 7)		2	0.00							
•		t line 2 from line 1c	3_	0.00		0.00						
		,		4a	150,051		150,051.00					
• •		4797, Part II, line 17) (attach	Form 4797) .	4b	20,901		20,901.00					
c Capital loss of				4c			0.00					
5 Income (loss	) from	a partnership or an S cor	poration (attach			. /	I					

. . . . . . . . . . . . . . Stmt.1.

7 0.00 Unrelated debt-financed income (Schedule E) . . . . . . . 0.00 8 interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 0.00 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 0.00 Exploited exempt activity income (Schedule I) . . . . . . . . 11 0.00 11 Advertising income (Schedule J) . . . . . . 12 Other income (See instructions; attach schedule) . 12/ 0.00 <del>/</del>13 0.00 278,325.00 278,325.00 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule/K) 14 15 Salaries and wages . . . . . . . . . . . . . 15 16 16 Repairs and maintenance 17 17 Bad debts . . 18 18 Interest (attach schedule) (see instructions). 2,657 19 20 Depreciation (attach Form 4562) . . 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 0.00 22 22 23 23 Contributions to deferred compensation plans Employee benefit programs . . . . . 24 24 25 Excess exempt expenses (Schedule I) 25 26 26 Excess readership costs (Schedule J) 27 9<u>,630</u> 27 Other deductions (attach schedule) . 28 12,287.00 28 Total deductions. Add lines 14 through 27 . . . OGDEN, UT Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 266,038.00% 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 instructions) . . . . . . . . . . . . . . . . . . 30 31 266,038.00 Unrelated business taxable income. Subtract line 30 from line 29

107,373

5

6

107,373.00

0.00

	0-т (2019						ا	Page <b>2</b>
Part		Total Unrelated Business Taxable Income						
32 ′	Total o	of unrelated business taxable income computed from all unrelated trade	es or businesses	(see				
	instruc	ctions)			32		284	,803
33	Àmour	nts paid for disallowed fringes			33			
34	Charita	nts paid for disallowed fringes	mt 3		34			
35	Total u	unrelated business taxable income before pre-2018 NOLs and specific de	duction. Subtract	line	·			
	34 from	m the sum of lines 32 and 33		رب	7 35		284	<u>, 8</u> 03
36		ction for net operating loss arising in tax years beginning before J						<u>, 0 0 0</u>
		ctions)			36		284	,803
37		of unrelated business taxable income before specific deduction. Subtract li		~				0700
 		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38			<u> </u>
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is			ــــــــــــــــــــــــــــــــــــــ			
		he smaller of zero or line 37			39		(	0.00
Part		ax Computation		<u> </u>	1 33 1		·····	<u> </u>
40		izations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<b></b>	40			0.00
41		<b>Taxable at Trust Rates.</b> See instructions for tax computations.			40			J.00
71		nount on line 39 from: Tax rate schedule or Schedule D (Form 19			44			
40		<del></del>	•		41			
42	-	tax. See instructions			42			
43		ative minimum tax (trusts only)			43			
44		Noncompliant Facility Income. See instructions			44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		<u>·</u>	45			<u>0.00</u>
		ax and Payments						
46a	_	n tax credit (corporations attach Form 1118; trusts attach Form 1116).	46a		4			
b		credits (see instructions)	46b		_   _ , _			
C		al business credit. Attach Form 3800 (see instructions)	46c					
d		for prior year minimum tax (attach Form 8801 or 8827)	46d					
е		credits. Add lines 46a through 46d			46e			0.00
47		ct line 46e from line 45			47			0.00
48		exes, Check if from: Form 4255 🗌 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 0	•		48			
49		tax. Add lines 47 and 48 (see instructions)			49		(	0.00
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k	ĺl	•	50			
51a	-	ents: A 2018 overpayment credited to 2019	51a		-			
b		estimated tax payments	51b		-			
C		eposited with Form 8868	51c		<b>-                                     </b>			
d		n organizations: Tax paid or withheld at source (see instructions)	51d	_	-			
e	Backup	p withholding (see instructions)	51e		<b>-∤Basak</b>			
f		for small employer health insurance premiums (attach Form 8941)	51f					
g		credits, adjustments, and payments:   Form 2439	_					
_			<b>51g</b> 0	.00				
52		payments. Add lines 51a through 51g		_:	52			0.00
53		ited tax penalty (see instructions). Check if Form 2220 is attached		Ц	53			
54		ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe		<b>•</b>	54			0.00
	•	ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	•		55			0.00
56		ne amount of line 55 you want Credited to 2020 estimated tax	Refunde	<u>d</u> ▶	56			0.00
Part \		statements Regarding Certain Activities and Other Information	<u> </u>				V 1	<u> </u>
		time during the 2019 calendar year, did the organization have an interest				''''' L	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes,"						•
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ento	er the name of the	e tore	ign cour	ונרץ		
	here >						Х	
		the tax year, did the organization receive a distribution from, or was it the grantor of	r, or transferor to, a	toreig	gn trust?	.		<u> X</u>
		," see instructions for other forms the organization may have to file.						
_59	Enter th	he amount of tax-exempt interest received or accrued during the tax year	<b>▶ \$</b>	- h c - '	<b>af </b>			- j
Cian	Under	penalties of perjury, I declare that I have examined this return, including accompanying schedules are correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	od statements, and to the preparer has any knowle	e dest dae 🟴	or my know	/leage a	ina beli	er, it is
Sign		1Ctros O The	,		May the IR			
Here			nce/Treasurer		with the pro (see instruct			
	Signati	ure of officer Date Title				<del></del> -	_	==
Paid		Print/Type preparer's name  Preparer's signature  Yary Townsta	Date		k 🗌 if	PTI		<b>.</b>
Prepa	arer	Mary Torrecta	3/10/21		employed		0847	
Use C		Firm's name ▶ Grant Thornton LLP			s EIN ► 3 6			
		Firm's address ▶ 1000 Wilson Blvd, Suite 1400, Arlington	, VA 22209	P <u>hon</u>	eno 703	84		

_		2
Pag	е	J

	30-1 (2013)												rage 9
Sche	dule A—Cost of Goods	Sold. Ent	ter m	ethod o	f inven	tory v	aluation 🕨						
1	Inventory at beginning of ye	ear	1			6		at end of year		6			
2	Purchases	. <u>L</u> :	2			7		oods sold. Subtract					
3	Cost of labor	· · ·	3					e 5. Enter here and in F					
4a	Additional section 263A								L	7_		(	0.00
	(attach schedule)	. 4	la			8		les of section 263A (				Yes	No
b	Other costs (attach schedu	ile) <u>4</u>	lb _					roduced or acquired					
5	Total. Add lines 1 through		5		0.00			anization?					
	dule C—Rent Income (F	rom.Rea	al Pro	perty a	nd Pe	rsona	I-Property	Leased With Real F	rope	erty)			
<del></del>	instructions)												
1. Desci	nption of property												
(1)													
(2)													
(3)													
(4)				<u> </u>				· · · · · · · · · · · · · · · · · · ·					
	2.	Rent receive	od or ac	crued				_					
	m personal property (if the percenta personal property is more than 10% more than 50%)		perce	entage of re	ent for pe	rsonal pr	perty (if the operty exceeds ofit or income)	3(a) Deductions dire in columns 2(a)					10
(1)					-			<del></del>					
(2)													-
(3)							·-						
(4)								-				-	
Total			Total					(h) Total deductions					
here ar	al income. Add totals of columing on page 1, Part I, line 6, colum	mn (A)		<b>&gt;</b>				(b) Total deductions Enter here and on pa Part I, line 6, column	ge 1,				
Sche	dule E—Unrelated Debt-	-Finance	d Inc	come (se	ee instr	uctions	s)						
_	1. Description of debt-fine	anced prope	erty				come from or debt-financed	3. Deductions directly debt-fir (a) Straight line depreciation	nanced	prope			
						pro	perty	(attach schedule)	0"		ttach sc		
(1)													
(2)													
(3)						_							
(4)													
al	Amount of average acquisition debt on or locable to debt-financed roperty (attach schedule)	debt-fina	allocable	e to roperty		4 dı	olumn vided olumn 5	7. Gross income reportab (column 2 × column 6)			ocable d n 6 × tota 3(a) and	ıl of colu	
(1)							%						
(2)							%						
(3)							%						
(4)							%						
								Enter here and on page Part I, line 7, column (A			ere and line 7, d		
Totals	ividends-received deductions					•	•						
								•					

Sche	dule F—Interest, Ann	uities,	Royalties,				<b>janizations</b> (se	e instru	ctions)		
	•			Exempt	Controlled	Organizations			<del></del> -		
	Name of controlled organization		. Employer ication number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's grant	controlling	conn	eductions directly ected with income in column 5	
(1)											
(2)											
(3)									<u> </u>		
(4)		<u> </u>								<del> </del>	
None	xempt Controlled Organiz	zations					<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	7. Taxable Income		Net unrelated incoss) (see instruct			otal of specified yments made	10. Part of column included in the corganization's gr	controlling	connected with income in		
(1)											
(2)											
(3)											
(4)		l							ļ		
							Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter	columns 6 and 11. here and on page 1, , line 8, column (B)	
Totals			C - C 4		· (=)(7) (0)	<del> </del>	Tation (see				
Sche	edule G—Investment I	Incom	e of a Sect	on 501		or (17) Organi Deductions				otal deductions	
	1. Description of income		2. Amount of			4. Set-aside (attach sched		and set-asides (col 3 plus col 4)			
<u>(1)</u>									_		
(2)	<u> </u>					<u></u>					
(3)											
(4)			Enter here and	on nogo 1					Enter he	ere and on page 1,	
Totals	<b>3</b>		Part I, line 9, c	olumn (A)	''					ine 9, column (B).	
Sche	edule I—Exploited Exe	empt A	Activity Inco	me, Ot	her Than	Advertising In	icome (see inst	ructions	s)		
	1. Description of exploited activi	ıty	2. Gross unrelated business incor from trade o business	3. Expenses directly connected with		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				<del></del>		·					
(2)	<del></del>		-								
(3)											
(4)											
Totals		<b>•</b>	Enter here and page 1, Part line 10, col (A	l bad	here and on ge 1, Part I, 10, col (B)		•		•	Enter here and on page 1, Part II, line 25	
	dule J—Advertising I	ncom	e (see instruc	tions)		·					
Par					Consoli	dated Basis					
	1. Name of penodical	-	2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	1	dership ests	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				<del></del>			·	<u> </u>			
(2)			<del></del>					<u> </u>		i	
(3)											
(4)	<del></del>		<u> </u>								
	(carry to Part II, line (5))	<b>&gt;</b>									
								-		om <b>990-T</b> (2019)	

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 5. Circulation 6. Readership 3. Direct 2 minus col 3) If 1. Name of periodical advertising minus column 5, but ıncome costs advertising costs not more than ıncome a gain, compute cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, on page 1, page 1, Part I, Part II, line 26. line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business % (1) % (2) % (3)

Form 990-T (2019)

%

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2019 or other tax year beginning May 1, 2019, and ending April, 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

The Catholic University of America

Employer identification number

53-0196583

Unrelated Business Activity Code (see instructions) 541800

Describe the unrelated trade or business. Sponsorship—Income

De	scribe the unrelated trade or business Sponsorship-In	come			
Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	0		
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) Stmt. 5.	12	19,000		19,000
13	Total. Combine lines 3 through 12	13	19,000	0	19,000

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

			<del></del>
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	<u>1</u> 7	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	0
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	235
28	Total deductions. Add lines 14 through 27	28	235
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	18,765
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	18,765

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning Max 1 , 2019, and ending April , 20 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3). 501(c)(3) Organizations Only

Name of the organization

Employer Identification number

The Catholic University of America 53-0196583

Unrelated Business Activity Code (see instructions) ► 532000

1a Gro	Unrelated Trade or Business Inc	ome		1			
<b>b</b> Less	no receipte or color			(A) Income	(B) Expenses	(C) Net	
	ss receipts or sales						7
2 Cos	returns and allowances	<b>c</b> Balance ▶	1c	l l			į
£ 003	t of goods sold (Schedule A, line 7) .	<del></del>	2				Ī
3 Gro	ss profit. Subtract line 2 from line 1c .		3	0			
4a Cap	ital gain net income (attach Schedule	D)	4a				
<b>b</b> Net	gain (loss) (Form 4797, Part II, line 17)	(attach Form 4797)	4b				
<b>c</b> Cap	ital loss deduction for trusts		4c				_
	me (loss) from a partnership or an S o						
state	ement)		5				
6 Ren	t income (Schedule C)		6				
7 Unre	elated debt-financed income (Schedul	e E)	7				_
	rest, annuities, royalties, and rents from Inization (Schedule F)		8				
	stment income of a section 501(c)(7), anization (Schedule G)		9				_
<b>10</b> Expl	loited exempt activity income (Schedu	le I)	10				_
11 Adv	ertising income (Schedule J)		11				
	er income (See instructions; attach sched		12	1,962,621		1,962,621	_
13 Tota	al. Combine lines 3 through 12	<u> </u>	13	1,962,621	0	1,962,621	_

# Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	419,085
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	240,148
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	1,982,907
28	Total deductions. Add lines 14 through 27		2,642,140
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	(679,519)
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
_	instructions)	30	
<u>3</u> 1	Unrelated business taxable income. Subtract line 30 from line 29	31	(679,519)

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

## **SCHEDULE D** (Form 1120).

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name Employer Identification number The Catholic University of America 53-0196583 Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ► TYes X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Part I Short-Term Capital Gains and Losses (See instructions.) See Instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949. leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 8,372 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 7 8,372.00 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 141,679 20,901 11 Enter gain from Form 4797, line 7 or 9. 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions (see instructions) . 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 162,580.00 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 8,372.00 17 162,580.00 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . 18 170,952.00 Note: If losses exceed gains, see Capital Losses in the instructions.

# 8949

## **Sales and Other Dispositions of Capital Assets**

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. Attachment Sequence No. 12A

OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer Identification number

53-0196583

The Catholic University of America

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I \_\_Short-Term.-Transactions involving capital assets you held-1 year or less are generally short-term (see instructions). For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X	(C) Short-term transactions	not reported	l to you on F	orm 1099-B				
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the <b>Note</b> below	If you enter an enter a co See the sepa	any, to gain or loss amount in column (g), ode in column (f), arate instructions.	(h) Gain or (loss). Subtract column (e)
	(Example 100 sh XYZ Co )	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) In the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
hort	Term Capital Gain	Various	Various	8,372	Stmt 1		<u> </u>	8,372.00
-	<del></del>					_		
_								
neg Sch	als. Add the amounts in columns ative amounts) Enter each tota edule D, line 1b (if Box A above	al here and incl is checked), lin	ude on your le 2 (if Box B	8.372.00	0.00	ężu in		8,372.00

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019) Attachment Sequence No 12A Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side Social security number or taxpayer identification number The Catholic University of America 53-0196583 Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see Part II instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box, If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box, If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss.

•	(a) Description of property (Example 100 sh XYZ Co)	nert v	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis. See the <b>Note</b> below	enter a co See the sepa	ode in column (f) arate instructions.	(n) Gain or (loss). Subtract column (e)	
	(Exam	nple 100 sh X	/Z Co )	(Mo , day, yr )	disposed of (Mo., day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Long	Term	Capital	Gain	Various	Various	141,679	Stmt 1			141,679.00
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	<u>_</u>									
ne	gative am	nounts) Enter	each tota	(d), (e), (g), and here and inclusive schecked) lin	lude on your					

141,679.00 Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

above is checked), or line 10 (if Box F above is checked)▶

0.00

141,679.00

# 4562

Department of the Treasury

## Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 2019

Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates Identifying number |Conference/Facilities Rentals The Catholic University of America 53-0196583 Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 \_2 Total cost of section 179 property placed in service (see instructions) . . . . . . 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property 6 (b) Cost (business use only) (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . . . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . . . . . 240,148 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction (business/investment use only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property MM S/L 39 yrs. i Nonresidential real MM Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L **b** 12-year 30 yrs. MM S/L c 30-year MM S/L d 40-year 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 240,148.00 23 For assets shown above and placed in service during the current year, enter the 

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EIN: 53-0196583

Tax Year Beginning May 01, 2019 and Ending April 30, 2020

STATEMENT 1

FORM 990-T Part I, Line 5 Schedule D and Form 4797

## Partnership Investment Income

Short Term Capital Gain	Long Term Capital Gain	1231 Gain	Ordinary Income	Total Partnership Investment Income
(Loss)	(Loss)	(Loss)	(Loss)	<del></del>
8,372	141,679	20,901	107,373	278,325

# THE CATHOLIC UNIVERSITY OF AMERICA EIN: 53-0196583 Tax Year Beginning May 01, 2019 and Ending April 30, 2020 FORM 990-T STATEMENT 2 PART II, LINE 27 - OTHER DEDUCTIONS

9,630

9,630

**Tax Preparation Fees** 

Total

FORM 990-T

STATEMENT 3

PART III, LINE 34 - Charitable Contribution Deduction

Charitable Contribution Deduction Carry Over

Balance at					
the Beginning of the Year	Year Used	Deduction During the Year	Charitable Contribution Converted to NOL	Expiring This Year	Remaining Amount
22,795					22,795
12,431					12,431
20,549					20,549
5,115					5,115
3,655					3,655
181					181
\$64,726		\$0	\$0	\$0	\$64,726
	of the Year  22,795  12,431  20,549  5,115  3,655  181	the Beginning of the Year Used  22,795  12,431  20,549  5,115  3,655  181	the Beginning of the Year Used During the Year  22,795  12,431  20,549  5,115  3,655  181	the Beginning of the Year Used During the Year Converted to NOL  22,795  12,431  20,549  5,115  3,655	the Beginning of the Year Used During the Year Converted to NOL This Year  22,795  12,431  20,549  5,115  3,655

Sum of amount used in year (2019)

EIN: 53-0196583

Tax Year Beginning May 01, 2019 and Ending April 30, 2020

FORM 990-T STATEMENT 4

## PART III, LINE 36 - NET OPERATING LOSS DEDUCTION

Operating loss carryforward for tax years beginning before January 1, 2018

Year Originated	Original Amount	Charitable Contribution Converted to NOL	Year Used	Amount Used	Remaining Amount
2010	\$793,174		2013	\$44,880	
	<b>*</b> · · · · · · · · · · · · · · · · · · ·		2014	\$160,870	
			2015	\$452,551	
			2017	\$104,602	
			2018	\$30,271	
2011	\$204,884		2018	\$204,884	
2015		\$45,255	2018	\$45,255	
2016	\$535,548		2018	\$7,006	
				\$284,803	\$243,739
2017					
2018					
	\$1,533,606	\$45,255		\$1,335,122	\$243,739

Sum of amount used in year (2019)

\$284,803

## PART I, LINE 12 - OTHER INCOME

## **DESCRIPTION**

Sales Partner Sponsorship **Total** 

19,000

## **PART II, LINE 27 - OTHER DEDUCTIONS**

**Online Payment Collection Fees** 

235

EIN: 53-0196583

Tax Year Beginning May 01, 2019 and Ending April 30, 2020

FORM 990-T STATEMENT 6

## PART I, LINE 12 - OTHER INCOME

## **DESCRIPTION**

Conferences and Summer Programs	1,636,999
Campus Housing for Interns	238,880
Athletics Facilities Rentals	86,742

Total 1,962,621

EIN: 53-0196583

Tax Year Beginning May 01, 2019 and Ending April 30, 2020

FORM 990-T

STATEMENT 7

## **PART II, LINE 27 - OTHER DEDUCTIONS**

## **DESCRIPTION**

Advertising	122
Audio/Video Conferencing Services	1,063
Bank Fees	35,177
Catering	485
Computer Hardware	4,761
Drycleaning	4,060
Education & Training	24
Equip & Technon Svc	1,571
Filing Fees	1,673
Furn & Equip < \$5,000	10,888
Guest Meals	970,345
Insurance	23,961
Interdept'l Charges	6,700
Laundry Services	12,474
Materials & Supplies	33,709
Memberships	9,499
Other Operational Expenses	334,721
Postage and Freight	40
Professional Development	701
Rentals	8,941
Repairs & Maintenance	454,735
Security Services	37,553
Software Purchase	28,518
Travel & Entertainment	795
Utilities	392
<del></del>	

**Total Expenses** 

1,982,907