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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 06-01-2011 and ending 05-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BELLARMINE UNIVERSITY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2001 NEWBURG ROAD

City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40205

D Employer identification number
61-0482955

E Telephone number
(502) 272-8261

G Gross receipts $ 62,857,664

F Name and address of principal officer
ROBERT L ZIMLICH
2001 NEWBURG ROAD
LOUISVILLE, KY 40205

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BELLARMINE EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
POST-SECONDARY EDUCATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,567
6	Total number of volunteers (estimate if necessary)	**6**	458
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	15,378
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,135,569	5,128,051
	9 Program service revenue (Part VIII, line 2g)	51,362,055	56,050,611
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,812,223	652,828
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	378,271	706,186
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,688,118	62,537,676
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	220,869	34,843
	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)	35,644,115	38,625,253
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶4,324,199		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,508,788	22,957,954
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	56,373,772	61,618,050
	19 Revenue less expenses Subtract line 18 from line 12	3,314,346	919,626

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	177,314,689	180,930,123
	21 Total liabilities (Part X, line 26)	75,349,749	80,507,739
	22 Net assets or fund balances Subtract line 21 from line 20	101,964,940	100,422,384

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

****** | 2013-04-15
Signature of officer | Date

ROBERT L ZIMLICH VP FOR ADMIN & FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

BELLARMINE UNIVERSITY EDUCATES STUDENTS THROUGH UNDERGRADUATE AND GRADUATE PROGRAMS IN THE LIBERAL ARTS AND PROFESSIONAL STUDIES THE UNIVERSITY IS AN INDEPENDENT CATHOLIC UNIVERSITY SERVING THE REGION, NATION, AND WORLD THROUGH POST-SECONDARY EDUCATION

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 and section 4947(a)(1) trusts 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 $ 27,242,784 including grants of $) (Revenue $ 44,767,838)

INSTRUCTION 2640 STUDENTS IN UNDERGRADUATE CLASSES, 792 STUDENTS IN GRADUATE CLASSES, 871 STUDENTS GRADUATED IN 2011-2012 SCHOOL YEAR

4b (Code) (Expenses $ 6,774,451 including grants of $) (Revenue $ 6,663,142)

AUXILIARY HOUSING AUXILIARY ENTERPRISES STUDENT HOUSING IS THE MAJOR AUXILIARY ENTERPRISE LIVING QUARTERS WERE PROVIDED TO 1055 STUDENTS IN THE RESIDENCE HALLS

4c (Code) (Expenses $ 12,594,323 including grants of $) (Revenue $ 4,659,233)

STUDENT SERVICES, STUDENT AFFAIRS OFFICE, ADMISSIONS AND ENROLLMENT SERVICES,REGISTRARS OFFICE, HEALTH AND COUNSELING SERVICES, ATHLETICS AND RECREATION

(Code) (Expenses $ 2,417,628 including grants of $) (Revenue $ 502,603)

ACADEMIC SUPPORT, LIBRARY AND COMPUTER TECHNOLOGY SERVICES, SUPPORT FOR THE FOUR ACADEMIC DIVISIONS

4d Other program services (Describe in Schedule O)

(Expenses $ 2,417,628 including grants of $) (Revenue $ 502,603)

4e Total program service expenses ▶ $ 49,029,186

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	566		
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	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,567		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
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 or securities account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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?			6a		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the 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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶ KY , MA , WA , AZ , AK , NH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROBERT L ZIMLICH VP FOR ADMIN & FINANCE
2001 NEWBURG ROAD
LOUISVILLE,KY 40205
(502) 272-8261

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,527,807	0	463,462

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 ▶ 27

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

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
FW OWENS COMPANY 331 BOXLEY AVENUE LOUISVILLE, KY 40209	BUILDING CONTRACTOR	3,494,044
DOE ANDERSON 620 WEST MAIN STREET LOUISVILLE, KY 40202	ADVERTISING	913,121
SOUTHEAST SERVICE CORP 1845 MIDPARK ROAD 201 KNOXVILLE, TN 37921	CLEANING SERVICES	814,884
ROYALL AND COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 23228	RECRUITING CONSULTANTS	640,821
WESCO DISTRIBUTION INC 3419 BASHFORD AVE CT LOUISVILLE, KY 40218	EQUIPMENT & PARTS SUPPLIER	600,615

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 ▶ 5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 165,729				
	d Related organizations	1d				
	e Government grants (contributions)	1e 266,024				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,696,298				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		5,128,051			
Program Service Revenue		Business Code				
	2a TUITION AND FEES	900099	44,767,838	44,767,838		
	b AUXLIARY ENTERPRISES-H	900099	5,028,444	5,028,444		
	c FOOD REVENUE	900099	1,412,441	1,412,441		
	d CAMPUS STORE	900099	182,655	182,655		
	e					
	f All other program service revenue		4,659,233	4,659,233		
	g **Total.** Add lines 2a–2f		56,050,611			
	3 Investment income (including dividends, interest and other similar amounts)		652,828			652,828
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real / (ii) Personal				
	6a Gross rents	124,109				
	b Less rental expenses	29,279				
	c Rental income or (loss)	94,830				
	d Net rental income or (loss)		94,830			94,830
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
Other Revenue	8a Gross income from fundraising events (not including $ 165,729 of contributions reported on line 1c) See Part IV, line 18 a 303,631					
	b Less direct expenses b 250,442					
	c Net income or (loss) from fundraising events		53,189			53,189
	9a Gross income from gaming activities See Part IV, line 19 a 638					
	b Less direct expenses b 54					
	c Net income or (loss) from gaming activities		584			584
	10a Gross sales of inventory, less returns and allowances a 98,444					
	b Less cost of goods sold b 40,213					
	c Net income or (loss) from sales of inventory		58,231	58,231		
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	531390	261,295	261,295		
	b SPORTS CAMP REVENUE	713990	222,679	222,679		
	c MEMBERSHIP DUES	713940	15,378		15,378	
	d All other revenue					
	e **Total.** Add lines 11a–11d		499,352			
	12 **Total revenue.** See Instructions		62,537,676	56,592,816	15,378	801,431

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) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	34,843	34,843		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,252,684	853,698	1,169,202	229,784
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	27,590,057	22,941,692	2,930,178	1,718,187
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,034,081	1,657,599	231,311	145,171
9	Other employee benefits	4,798,441	3,615,754	894,195	288,492
10	Payroll taxes	1,949,990	1,651,637	185,824	112,529
11	Fees for services (non-employees)				
a	Management				
b	Legal	139,128		139,128	
c	Accounting	48,650		48,650	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,035,221	755,445	79,581	200,195
12	Advertising and promotion	938,312	260,119	31,859	646,334
13	Office expenses	2,707,404	1,776,607	806,780	124,017
14	Information technology	904,041	381,808	493,193	29,040
15	Royalties . .				
16	Occupancy	1,902,579	1,853,287	49,292	
17	Travel	1,456,391	1,327,829	104,920	23,642
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	185,685	183,875	1,810	
20	Interest	3,688,403	3,608,420	64,204	15,779
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,138,786	3,687,659	360,074	91,053
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	OTHER EXPENSES-PLANT	2,215,083	1,395,154	643,401	176,528
b	OTHER EXPENSES -	1,509,597	1,758,931	-394,820	145,486
c	PRINTING	1,021,884	718,605	111,281	191,998
d	MEALS	960,485	585,174	195,647	179,664
e					
f	All other expenses	106,305	-18,950	118,955	6,300
25	**Total functional expenses.** Add lines 1 through 24f	61,618,050	49,029,186	8,264,665	4,324,199
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		13,576,316	1	14,652,107
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		6,649,983	3	6,803,886
	4	Accounts receivable, net		1,709,516	4	2,087,147
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		88,132	8	113,400
	9	Prepaid expenses and deferred charges		2,527,971	9	2,812,941
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 149,335,707			
	b	Less accumulated depreciation	10b 41,637,842	103,960,100	10c	107,697,865
	11	Investments—publicly traded securities		32,446,453	11	29,369,209
	12	Investments—other securities See Part IV, line 11		13,549,798	12	13,855,009
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,806,420	15	3,538,559
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		177,314,689	16	180,930,123
Liabilities	17	Accounts payable and accrued expenses		5,051,562	17	5,055,401
	18	Grants payable			18	
	19	Deferred revenue		1,737,839	19	2,181,929
	20	Tax-exempt bond liabilities		65,481,700	20	70,240,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		132,481	23	58,471
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,946,167	25	2,971,938
	26	**Total liabilities.** Add lines 17 through 25		75,349,749	26	80,507,739
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		58,886,776	27	59,426,197
	28	Temporarily restricted net assets		14,531,538	28	11,151,784
	29	Permanently restricted net assets		28,546,626	29	29,844,403
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		101,964,940	33	100,422,384
	34	Total liabilities and net assets/fund balances		177,314,689	34	180,930,123

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,537,676
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,618,050
3	Revenue less expenses Subtract line 2 from line 1	3	919,626
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	101,964,940
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,462,182
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	100,422,384

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ 13,340

(ii) Assets included in Form 990, Part X ▶ $ 13,340

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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIV

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	41,225,490	32,783,101	28,175,218	34,726,715	
b	Contributions	1,062,421	3,089,001	1,166,090	1,877,606	
c	Investment earnings or losses	-2,009,908	6,948,188	4,993,873	-6,933,303	
d	Grants or scholarships	935,819	927,679	914,780	897,153	
e	Other expenditures for facilities and programs	444,787	407,934	378,414	371,294	
f	Administrative expenses	322,494	259,187	258,886	227,353	
g	End of year balance	38,574,903	41,225,490	32,783,101	28,175,218	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 21 510 %
- b Permanent endowment ▶ 78 490 %
- c Term endowment ▶

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,508,618		3,508,618
b Buildings		108,739,977	24,883,900	83,856,077
c Leasehold improvements				
d Equipment		14,724,068	9,454,626	5,269,442
e Other		22,363,044	7,299,316	15,063,728
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				107,697,865

Part VII Investments—Other Securities. 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	396,467	F
(3) Other		
(A) OTHER ENDOWMENT SECURITIES	5,785,893	F
(B) GLOBAL HEDGED EQUITY	3,667,707	F
(C) ABSOLUTE RETURN HEDGE FUND	1,153,405	F
(D) DISTRESSED DEBT	1,308,471	F
(E) PRIVATE EQUITY	1,543,066	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	13,855,009	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY OBLIGATIONS	1,077,742
U S ADVANCES FOR STUDENT LOANS	791,159
INTEREST RATE SWAP	1,103,037
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,971,938

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,537,676
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,618,050
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	919,626
4	Net unrealized gains (losses) on investments	4	-2,462,182
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-2,462,182
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,542,556

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

1	Total revenue, gains, and other support per audited financial statements			1	60,107,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,462,182		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	319,987		
e	Add lines **2a** through **2d**			2e	-2,142,195
3	Subtract line **2e** from line **1**			3	62,249,420
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			
b	Other (Describe in Part XIV)	4b	288,256		
c	Add lines **4a** and **4b**			4c	288,256
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	62,537,676

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

1	Total expenses and losses per audited financial statements			1	61,649,781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	319,987		
e	Add lines **2a** through **2d**			2e	319,987
3	Subtract line **2e** from line **1**			3	61,329,794
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			
b	Other (Describe in Part XIV)	4b	288,256		
c	Add lines **4a** and **4b**			4c	288,256
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	61,618,050

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE HISTORICAL TREASURES OF THE UNIVERSITY CONSIST OF OVER 50,000 ITEMS OF THOMAS MERTON INCLUDING WRITINGS, DRAWINGS, PHOTOGRAPHS, PERSONAL POSSESSIONS, AND OTHER MERTON ARTIFACTS THEY ARE KEPT IN THE THOMAS MERTON CENTER LOCATED IN THE UNIVERISTY LIBRARY BUILDING THE MERTON CENTER IS USED FOR SCHOLARLY RESEARCH ON THOMAS MERTON,A WORLD CONTEMPLATIVE AND WRITER IN ADDITION TO THE MERTON TREASURES, THE UNIVERSITY HAS NUMEROUS DOROTHY DAY TREASURES DOROTHY DAY WAS A NOTED TWENTIETH CENTURY CATHOLIC SOCIAL ACTIVIST AND THINKER AMONG THE TREASURES OF THE UNIVERSITY ARE 136 ORIGINAL LETTERS FROM DOROTHY DAY, FOUR SIGNED BOOKS BY DOROTHY DAY, HUNDREDS OF EARLY CATHOLIC WORKER PHOTOS AND 523 CATHOLIC WORKER NEWSPAPERS, MOSTLY COMPLETE FROM THE FIRST ISSUE, 1933 THROUGH 1990 THESE MATERIALS ARE NOW AVAILABLE FOR CONSULTATION BY RESEARCHERS VISITING THE THOMAS MERTON CENTER AT BELLARMINE UNIVERSITY WHO ARE INTERESTED IN THE LIFE AND WORK OF DOROTHY DAY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE UNIVERSITY HAS ADOPTED INVESTMENT AND SPENDING POLICIES, APPROVED BY THE BOARD OF TRUSTEES, FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO SUPPORT CURRENT AND FUTURE UNIVERSITY NEEDS, WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THESE ENDOWMENT ASSETS OVER THE LONG-TERM, AND TO BUILD CAPITAL FOR FUTURE USE THE UNIVERSITY'S SPENDING AND INVESTMENT POLICIES WORK TOGETHER TO ACHIEVE THIS OBJECTIVE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	PURSUANT TO A DETERMINATION BY THE INTERNAL REVENUE SERVICE, THE UNIVERSITY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE UNIVERSITY GENERALLY ADOPTED THE PROVISIONS OF FASB ASC 740-10 RELATING TO UNCERTAINTY OF INCOME TAXES ON JUNE 1, 2009 THE IMPLEMENTATION INCLUDED EVALUATING THE TAX POSITIONS TAKEN ON ALL INCOME TAX RETURNS THAT REMAIN OPEN TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES THE UNIVERSITY DOES NOT BELIEVE THAT THERE ARE ANY UNCERTAIN TAX POSITIONS ON THOSE RETURNS THAT MEET THE REQUIREMENT OF FASB ASC 740-10 AND THEREFORE, SHOULD BE REFLECTED IN THE FINANCIAL STATEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES, SPECIAL EVENTS, AND COST OF GOODS SOLD 319,987
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPORTS CAMP REVENUE 222,678 ATHLETIC TEAM FUND RAISING 65,578
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES, SPECIAL EVENTS, AND COST OF GOODS SOLD 319,987
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SPORTS CAMP REVENUE NETTED AGAINST EXPENSE 222,678 ATHLETIC TEAM FUND RAISING NETTED AGAINST EXPENSE 65,578
		SCHEDULE D, PAGE 4, PART XII, LINE 2D-RENTAL EXPENSES, SPECIAL EVENTS EXPENSE AND COST OF GOODS SOLD WHICH WERE NETTED AGAINST THE REVENUE ACCOUNTS FOR PRESENTATION ON THE 990, BUT INCLUDED AS EXPENSE ON THE AUDITED STATEMENTS (SEE EXPLANATION SCHEDULE D, PAGE 4, PART XIII, LINE 2D BELOW) SCHEDULE D, PAGE 4, PART XII, LINE 4B-SPORTS CAMP REVENUE AND ATHLETIC TEAM FUND RAISING NETTED AGAINST EXPENSES IN THE AUDITED STATEMENTS BUT SHOWN AS INCOME ON THE 990 SCHEDULE D, PAGE 4, PART XIII, LINE 2D-RENTAL EXPENSES, SPECIAL EVENTS EXPENSE AND COST OF GOODS SOLD WHICH WERE NETTED AGAINST THE REVENUE ACCOUNTS FOR PRESENTATION ON THE 990, BUT INCLUDED AS EXPENSE ON THE AUDITED STATEMENTS SCHEDULE D, PAGE 4, PART XIII, LINE 4B, REPRESENTS SPORTS CAMP REVENUE OF 118,911 AND ATHLETIC TEAM FUND RAISING OF 65,578 NETTED AGAINST EXPENSE IN THE AUDITED STATEMENTS, AND SHOWN AS REVENUE ON THE 990

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to 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	7	Yes	

Part II Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE POLICY IS WRITTEN IN ALL OF THE PUBLICATIONS OF THE UNIVERSITY ALSO THE POLICY IS BROADCAST THROUGHOUT THE YEAR IN NUMEROUS PUBLIC PUBLICATIONS INCLUDING LOCAL NEWSPAPERS, PROMOTIONAL MATERIALS AND OTHER STUDENT BROCHURES
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	BELLARMINE UNIVERSITY PARTICIPATES IN THE FOLLOWING FINANCIAL AID PROGRAMS FEDERAL PELL GRANT PROGRAM, FEDERAL WORK STUDY PROGRAM, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT PROGRAM, FEDERAL PERKINS LOAN PROGRAM, FEDERAL DIRECT LOAN PROGRAM, NATIONAL SCIENCE AND MATHMATICS ACCESS TO RETAIN TALENT GRANT PROGRAM, ACADEMIC COMPETITIVENESS GRANT PROGRAM, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANTS PROGRAM, THE FEDERAL TEACH GRANT PROGRAM, AND ADVANCE EDUCATION NURSING TRAINEESHIPS THE UNIVERSITY COMPLIES WITH THE ANNUAL SINGLE AUDIT REQUIREMENTS, FILINGS WITH THE FEDERAL AUDITING CLEARINGHOUSE AND THE DEPARTMENT OF EDUCATION FILINGS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
PARIS	0	0	PROGRAM SERVICES	MBA720 INTERNATIONAL MANAGEMENT	
MADRID	0	0	PROGRAM SERVICES	MBA720 INTERNATIONAL MANAGEMENT	
LONDON	0	0	PROGRAM SERVICES	INTERDISCIPLINARY COURSE IDC301	
SOUTH AFRICA	0	0	PROGRAM SERVICES	INTERDISCIPLINARY COURSE IDC301-05	
EUROPE	0	0	PROGRAM SERVICES	INTERDISCIPLINARY COURSE - BSNS IN EUROPE	
AUSTRALIA	0	0	PROGRAM SERVICES	PHYSICAL THERAPY FIELD EXPERIENCE	
INDIA	0	0	PROGRAM SERVICES	INTERNATIONAL SPIRITUALITY	
BELIZE	0	0	PROGRAM SERVICES	BIOLOGY FIELD EXPERIENCE	
GUATEMALA	0	0	PROGRAM SERVICES	SERVICE LEARNING	
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
		BELLARMINE UNIVERSITY PROVIDES VARIOUS OPPORTUNITIES OUTSIDE OF THE UNITED STATED TO ITS STUDENTS AND FACULTY THESE OPPORTUNITIES INCLUDE SERVICE LEARNING AND COURSES FOR CREDIT THESE STUDENTS AND FACULTY ARE RESIDENTS OF THE UNITED STATES AND TRAVEL OUTSIDE THE UNITED STATES TO PARTAKE OF THE PROGRAM SERVICES OPPORTUNITIES OFFERED ABROAD BY THE UNIVERSITY BELLARMINE DOES NOT MAINTAIN OFFICES OR A BASE OF OPERATIONS OF ANY KIND OUTSIDE OF THE UNITED STATES THE INTERDISCIPLINARY COURSES LISTED IN PART I INCLUDE COURSES IN INTERNATIONAL BUSINESS AND STUDIES OF VARIOUS CULTURES STUDENTS, FACULTY, AND STAFF TRAVELLING ABROAD FOR PROGRAM SERVICES AND SERVICE LEARNING CLINICS ARE REQUIRED TO PAY FOR ALL TRAVEL AND RELATED EXPENSES PRIOR TO TRAVELLING ABROAD LASTLY, BELLARMINE STUDENTS PARTICIPATING IN IDC STUDY ABROAD CLASSES MAY RECEIVE TUITION SCHOLARSHIPS WHILE TRAVELLING ABROAD, HOWEVER THESE SCHOLARSHIPS ARE POSTED DIRECTLY TO THE STUDENT'S ACCOUNT AND OPERATE IN THE SAME MANNER AS IF THE STUDENT WERE STUDYING AT THE UNIVERSITY

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(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**			
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 KNIGHT OF KNIGHTS (event type)	(b) Event #2 DESIGNER SHOW HOUSE (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	167,500	97,399	204,461	469,360
	2 Less Charitable contributions	0	52,370	113,359	165,729
	3 Gross income (line 1 minus line 2)	167,500	45,029	91,102	303,631
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	60,717			60,717
	8 Entertainment				
	9 Other direct expenses	119,173	45,029	25,524	189,726
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(250,443)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				53,188

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			638	638
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			54	54
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(54)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				584

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

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

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

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	100 000 %
b	An outside facility	**13b**	0 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ RESTRICTED FUND ACCOUNTANT SUPERVIS

Address ▶ 2001 NEWBURG ROAD
LOUISVILLE,KY 40205

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ CONNIE HURLEY

Gaming manager compensation ▶ $ 2,500

Description of services provided ▶ WORKS TO ENSURE THAT THE UNIVERSITY COMPLIES WITH ALL APPLICABLE GAMING LAWS

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

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

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

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

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

Identifier	Return Reference	Explanation
		THE UNIVERSITY HAS A DIRECTOR OF SPONSORED PROGRAMS AND A RESTRICTED FUNDS ACCOUNTANT THAT MONITOR ALL GRANTS AND RESTRICTED FUND ACTIVITY FOR THE UNIVERSITY THE DIRECTOR OF SPONSORED PROGRAMS REPORTS TO THE ASSISTANT VICE-PRESIDENT FOR ACADEMIC AFFAIRS THE RESTRICTED FUNDS ACCOUNTANT REPORTS TO THE ACCOUNTING OFFICER, WHO REPORTS TO THE ASSISTANT VICE-PRESIDENT FOR ADMINISTRATION AND FINANCE WITHIN THE UNIVERSITY BUSINESS OFFICE THESE EMPLOYEES ARE RESPONSIBLE FOR WORKING WITH THE VARIOUS DEPARTMENTS WHOSE DEPARTMENT, FACULTY, AND STUDENTS WERE RECIPIENTS OF SUCH GRANTS FOR THE FISCAL YEAR THERE WERE TEN SUCH GRANTS, ALL OF WHICH WERE MONITORED BY ACADEMIC AFFAIRS AND THE BUSINESS OFFICE, AS WELL AS FACULTY FROM THE RESPECTIVE DEPARTMENTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 61-0482955
Name: BELLARMINE UNIVERSITY

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

(a) Type of grant or assistance	**(b)**Number of recipients	**(c)**Amount of cash grant	**(d)**Amount of non-cash assistance	**(e)**Method of valuation (book, FMV, appraisal, other)	**(f)**Description of non-cash assistance
US DEPT OF EDUCATION - UNIVERSITY OF LOUISVILLE, IMPROVING EDUCATION 20-3506	1	8,585			
NATIONAL HEART LUNG AND BLOOD INSTITUTE - UNIVERSITY OF KENTUCKY, INTERVENTION FOR PROMOTING SMOKE-FREE POLICY IN RURAL KY 20-3507	1	4,136			
AIKCU - SENATE BILL 1 FOR SCHOOL OF EDUCATION 20-3509	15	298			
FOUNDATION FOR A HEALTHY KY - DIABETES RESEARCH 20-4004	1	808			
AMERICAN ASSN OF COLLEGES OF NURSING - THROUGH SCHOOL OF NURSING - YEAR 2 & 3 20-4005/4007	9	5,549			
PALEONTOLOGICAL SOCIETY EDUCATION OUTREACH - THROUGH SCHOOL OF ARTS & SCIENCE (CHEMISTRY & PHYSICS DEPT) 20-4022	18	1,010			
WHAS STUDENT ASSESSMENT CLINIC - THROUGH SCHOOL OF EDUCATION 20-4041/4042	36	13,724			
KENTUCKY COUNCIL ON ECONOMIC EDUCATION - THROUGH SCHOOL OF EDUCATION 20-4043	72	400			
METRO PARKS BRIGHTSIDE NEIGHBORHOOD - THROUGHT CENTER ENVIRONMENTAL STUDIES 20-4071	1	33			
GREAT LAKES VALLEY CONFERENCE - THROUGH STUDENT SERVICES 20-4083	2	300			

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH J MCGOWAN	(i)	317,221	166,685	71,860	74,500	55,773	686,039	50,000
	(ii)	0	0	0	0	0	0	0
(2) DORIS TEGART	(i)	197,323	0	12,020	21,483	7,687	238,513	0
	(ii)	0	0	0	0	0	0	0
(3) FRED W RHODES	(i)	177,555	0	10,273	18,460	13,240	219,528	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT L ZIMLICH	(i)	163,663	0	9,593	18,460	28,389	220,105	0
	(ii)	0	0	0	0	0	0	0
(5) GLENN KOSSE	(i)	175,061	0	16,827	19,771	11,968	223,627	0
	(ii)	0	0	0	0	0	0	0
(6) HUNT HELM	(i)	131,519	0	7,577	14,226	17,010	170,332	0
	(ii)	0	0	0	0	0	0	0
(7) SEAN RYAN	(i)	134,798	0	7,581	14,930	11,748	169,057	0
	(ii)	0	0	0	0	0	0	0
(8) DANIEL BAUER	(i)	154,643	0	8,093	15,806	11,788	190,330	0
	(ii)	0	0	0	0	0	0	0
(9) MICHAEL MATTEI	(i)	129,872	0	22,850	16,213	11,810	180,745	0
	(ii)	0	0	0	0	0	0	0
(10) ROBERT COOTER	(i)	160,186	0	11,931	17,421	4,872	194,410	0
	(ii)	0	0	0	0	0	0	0
(11) SCOTT DAVENPORT	(i)	168,521	0	22,398	13,088	11,666	215,673	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 7	THE EXECUTIVE COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE ON AN ANNUAL BASIS THE EXECUTIVE COMMITTEE OF THE BOARD ESTABLISHES CRITERIA TO BE USED DURING THE NEXT FISCAL YEAR TO ESTABLISH THE GOALS THE PRESIDENT MUST MEET OR EXCEED IN ORDER TO QUALIFY FOR ANY BONUS THE GOALS ARE ESTABLISHED BASED UPON THE VISION AND THE MISSION OF THE UNIVERSITY DURING THE FISCAL YEAR 2011-2012, THE BOARD OF TRUSTEES PERFORMED A FORMAL SALARY AND BENEFITS REVIEW OF THE PRESIDENT'S TOTAL COMPENSATION PACKAGE USING AN INDEPEDENT OUTSIDE CONSULTANT

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUJEFFCOMETRO GOVERNMENT	61-6001862	NONEAVAIL	07-10-2008	27,230,000	REFUNDING & CAP IMPROVE		X		X		X
B	LOUJEFFCOMETRO GOVERNMENT	61-6001862	NONEAVAIL	07-10-2008	14,060,000	REFUNDING		X		X		X
C	LOUJEFFCOMETRO GOVERNMENT	61-6001862	NONEAVAIL	12-16-2009	18,500,000	CAPITAL IMPROVEMENTS		X		X		X
D	CITY OF SHIVELY KY COLLEGE IMPROVEMENT BONDS	61-6001912	NONEAVAIL	04-20-2011	7,100,000	CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	745,000	1,070,000	610,000	122,000
2	Amount of bonds defeased				
3	Total proceeds of issue	15,311,407	12,990,000	16,627,198	6,748,810
4	Gross proceeds in reserve funds	2,668,086		1,338,091	
5	Capitalized interest from proceeds	361,524		774,895	86,740
6	Proceeds in refunding escrow	10,067,808	13,817,161		
7	Issuance costs from proceeds	744,261	157,788	487,907	142,450
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	13,394,218		17,115,105	6,891,260
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2011	2012

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X			X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K BONDS ALL BONDS	ADDITIONAL INFORMATION TO SUPPORT BOND INFORMATION REPORTED ON SCHEDULE K	BONDS A AND B - LOUISVILLE JEFFERSON COUNTY METRO GOVERNMENT UNDER THE 2009 AND 2008 INDENTURES, A DEBT SERVICE RESERVE FUND HAS BEEN ESTABLISHED FOR THE BONDS AND IS REQUIRED TO BE MAINTAINED AMOUNTS IN THE DEBT SERVICE RESERVE FUND MAY BE INVESTED BY THE UNIVERSITY ONLY IN INVESTMENT SECURITIES THE MARKET VALUE OF THOSE SECURITIES AT MAY 31, 2012, WAS $1,338,091 AND $2,668,086 FOR THE SERIES 2009 AND 2008 BONDS RESPECTIVELY BONDS A AND B - ADDITIONAL INFORMATION IN JULY 2008, THE UNIVERSITY ISSUED $41,290,000 OF LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT, COLLEGE REFUNDING AND IMPROVEMENT REVENUE BONDS, SERIES 2008 A & B (BELLARMINE UNIVERSITY PROJECTS) OF WHICH $23,884,969 WAS USED FOR THE PURPOSE OF DEFEASING THE COUNTY OF JEFFERSON, KENTUCKY, COLLEGE REVENUE BONDS, SERIES 2006, AND THE REMAINDER WAS USED TO PROVIDE FUNDS TO BUILD A 146 BED RESIDENCE HALL, TO BUILD AN ADDITION TO A CLASSROOM BUILDING, AND TO RENOVATE AN OFFICE BUILDING BOND C - LOUISVILLE JEFFERSON COUNTY METRO GOVERNMENT IN DECEMBER 2009, THE UNIVERSITY ISSUED $18,500,000 OF LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT, COLLEGE IMPROVEMENT REVENUE BONDS, SERIES 2009 (BELLARMINE UNIVERSITY INCORPORATED PROJECT) OF WHICH THE MAJORITY WAS USED TO PROVIDE FUNDS TO BUILD A 119 BED RESIDENCE HALL, TO BUILD A SUBSTANTIAL ADDITION TO THE MAIN DINING HALL, RENOVATE AND EXPAND THE CAFE', AND ADD 276 SURFACE PARKING SPACES ON CAMPUS THE TERM OF THE BOND ISSUE IS THIRTY YEARS BOND D AND A (ENTITY 2) - CITY OF SHIVELY, KY AND CITY OF AUDUBON PARK, KY IN APRIL 2011, THE UNIVERSITY ISSUED $7,100,000 OF CITY OF SHIVELY, KENTUCKY COLLEGE IMPROVEMENT REVENUE BONDS, SERIES 2011 (SHIVELY BONDS) AND IN MAY 2011, THE UNIVERSITY ISSUED $6,000,000 OF CITY OF AUDUBON PARK, KENTUCKY, COLLEGE IMPROVEMENT REVENUE BONDS, SERIES 2011 (AUDUBON PARK BONDS) TOGETHER REFERRED TO AS THE BELLARMINE UNIVERSITY INCORPORATED PROJECT OF WHICH THE MAJORITY WAS USED TO PROVIDE FUNDS TO BUILD A 129 BED RESIDENCE HALL, TO BUILD AN ARBORETA IN THE CENTER OF THE RESIDENCE HALL COMPLEX, AND TO MAKE SUBSTANTIAL REPAIRS TO THE SPORTS RECREATION AND FITNESS CENTER IN APRIL 2011, THE UNIVERSITY ENTERED INTO A TEN YEAR SWAP AGREEMENT ON THE $7,100,000 OF SHIVELY BONDS FIXING THE INTEREST RATE ON THESE BONDS AT 4 34% AND ON THE $6,000,000 OF AUDUBON PARK BONDS TO BE EFFECTIVE MARCH 2012 FIXING THE INTEREST RATE ON THESE BONDS AT 4 74% THE OUTSTANDING BALANCE OF THE BONDS PAYABLE AT MAY 31, 2012 WAS $6,978,000 AND $5,897,000, FOR SHIVELY BONDS AND AUDUBON PARK BONDS RESPECTIVELY LINE 3, SCHEDULE K REPRESENTS THE 5/31/2012 OUTSTANDING DEBT LESS AMOUNT SET ASIDE FOR PROCEEDS OF REFUNDING ESCROWS, INTEREST AND BOND COSTS LINE 10, SCHEDULE K REPRESENTS THE 5/31/2012 OUTSTANDING DEBT LESS AMOUNT SET ASIDE FOR PROCEEDS OF REFUNDING ESCROWS AND CAPITALIZED INTEREST

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF AUDUBON PARK KY COLLEGE IMPROVEMENT BONDS	61-6001777	NONEAVAIL	05-11-2011	6,000,000	CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	103,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	5,830,820			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	66,180			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	5,897,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1) NICK CAROSI	CURRENT UNIVERSITY TRUSTEE	100,000	GIFTED $100,000 TOWARD COST OF ARCHWAY TO BE BUILT AT THE ENTRANCE TO THE UNIVERSITY MR CAROSI'S EMPLOYER (ARBAN & CAROSI INC) HAS AN AGREEMENT TO FABRICATE THE ARCHWAY		No
(2) JOHN FLYNN	FORMER UNIVERSITY TRUSTEE	182,006	32,755 GIFT IN KIND VIA COMPANY 'TAYLOR AVENUE LLC' - LEASEHOLD IMPROVEMENTS AT 1961 BISHOPS LANE, LOUISVILLE, KY THE UNIVERSITY ALSO HAS A FIVE YEAR LEASE ON THE 1961 BISHOPS LANE PROPERTY WHICH IS OWNED BY TAYLOR AVENUE LLC THE UNIVERSITY CONTRACTS WITH FLYNN BROTHERS CONTRACTING FOR VARIOUS UNIVERSITY PROJECTS THE PROJECTS ARE AWARDED THROUGH A COMPETITIVE BID PROCESS THE UNIVERSITY PAID FLYNN BROTHERS CONTRACTING 149,251 FOR SUCH SERVICES DURING THE PERIOD COVERED BY THIS RETURN		No
(3) C EDWARD GLASSCOCK	CURRENT UNIVERSITY TRUSTEE	11,768	C EDWARD GLASSCOCK IS CHAIRMAN EMERITUS AND A MEMBER OF FROST BROWN TODD ATTORNEYS FROST BROWN TODD IS PAID FOR PERFORMING LEGAL SERVICES FOR BELLARMINE UNIVERSITY FROST BROWN TODD IS NOT THE ONLY LAW FIRM UTILIZED BY THE UNIVERSITY MR GLASSCOCK WAS NOT THE ATTORNEY WHO PERFORMED THE SERVICES FOR WHICH FROST BROWN TODD WAS PAID DURING THE FISCAL YEAR THE LAW FIRM WAS PAID $11,768 FOR THE PERIOD COVERED BY THIS RETURN		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	5	120,285	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 ▶ (PRINTING SERVICES)	X	1	6,851	MARKET VALUE
26	Other ▶ (LEASEHOLDIMPRV -FLYNN)	X	1	32,755	MARKET VALUE
27	Other ▶ (THOMAS MERTON COLLECTION)	X	2	13,340	MARKET VALUE
28	Other ▶ (MISCELLANEOUS)	X	8	9,095	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

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

Part II

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

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE UNIVERSITY HAS A WRITTEN GIFT ACCEPTANCE POLICY FOR THE REVIEW OF ANY NON-STANDARD CONTRIBUTIONS THE POLICY REQUIRES THAT PRIOR TO ACCEPTING NON-STANDARD GIFTS THAT THE DEVELOPMENT OFFICERS REVIEW THE NEED OF THE UNIVERSITY FOR SUCH GIFT AND DISCUSS THE GIFT WITH THE AREA VICE-PRESIDENT OR DEAN OF THE DEPARTMENT TO DETERMINE THAT THE GIFT FALLS WITHIN THE UNIVERSITY'S MISSION AND VISION FINAL APPROVAL OF THE GIFT IS MADE BY THE VICE-PRESIDENT FOR ADMINISTRATION AND FINANCE OR VICE-PRESIDENT FOR DEVELOPMENT AND ALUMNI RELATIONS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	STEVE TRAGER, CURRENT TRUSTEE, IS THE CEO OF REPUBLIC BANK & TRUST CO , AND W PATRICK MULLOY, II, CURRENT TRUSTTE, IS A DIRECTOR AT REPUBLIC BANK & TRUST CO DR MCGOWAN, PRESIDENT AND CEO OF BELLARMINE UNIVERSITY, WAS ELECTED TO THE BOARD OF TRUSTEES FOR NORTON HEALTHCARE IN APRIL 2011 TO SERVE A 3 YEAR TERM MR RUSS COX, CURRENT TRUSTEE, IS THE EXECUTIVE VICE-PRESIDENT AND COO OF NORTON HEALTHCARE MR MIKE MCCALLISTER, CURRENT TRUSTEE, IS THE CHAIRMAN OF THE BOARD FOR HUMANA HEALTHCARE INC THE UNIVERSITY, THROUGH A COMPETITIVE BID PROCESS, OFFERS HUMANA HEALTH INSURANCE TO ITS EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS PREPARED BY INTERNAL STAFF AND REVIEWED IN DETAIL BY THE ASSISTANT VICE-PRESIDENT FOR ADMINISTRATION AND FINANCE. THE AVP IS AN ATTORNEY AND CPA WITH 18 YEARS OF TAX EXPERIENCE. THE REVIEW IS COMPLETED IN SEVERAL STAGES IN ORDER TO PROCESS ALL THE INFORMATION THOROUGHLY. CONTINUING EDUCATION ON TAX REQUIREMENTS IS PROVIDED TO THOSE INVOLVED WITH THE PREPARATION AND REVIEW OF THE 990. THE RETURN IS GIVEN TO THE AUDIT COMMITTEE. THE AUDIT COMMITTEE REVIEWS AND DISCUSSES THE RETURN. THE AUDIT COMMITTEE REPORTS INFORMATION REGARDING THE 990 TO THE FULL BOARD PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION SENDS ITS CONFLICT OF INTEREST POLICY TO ALL BOARD MEMBERS ANNUALLY THE VP FOR ADMINISTRATION AND FINANCE MONITORS THAT ALL MEMBERS RETURN A SIGNED COPY INDICATING THEY HAVE REVIEWED THE POLICY AND LISTED ANY POTENTIAL CONFLICTS ADDITIONALLY, ALL EMPLOYEES RECEIVE A UNIVERSITY HANDBOOK AND SIGN ACKNOWLEDGMENT INDICATING SUCH RECEIPT THE CONFLICT OF INTEREST POLICY IS LOCATED WITHIN THE STAFF HANDBOOK LASTLY, THE ORGANIZATION MAINTAINS A TELEPHONE LINE IN WHICH EMPLOYEES CAN CONFIDENTIALLY REPORT ANYTHING THAT THEY DEEM AS INAPPROPRIATE WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO FRAUD, HARASSEMENT, DISCRIMINATION, CONFLICT OF INTEREST OR MISAPPROPRIATION OF UNIVERSITY FUNDS OR ASSETS THE CONFIDENTIAL LINE IS (502)272-7535

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENTIAL CONTRACT AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE PRESIDENT'S SALARY ON A YEARLY BASIS, INCLUDING BASE COMPENSATION, BONUS AND FRINGE BENEFITS THE PRESIDENTIAL CONTRACT AND COMPENSATION COMMITTEE EVALUATES THE COMPENSATION OF THE PRESIDENT BASED ON ESTABLISHED GOALS AND DISCUSSES AND APPROVES THE NEW SALARY ON AN ANNUAL BASIS THE UNIVERSITY AND THE PRESIDENT ARE BOUND BY A CONTRACT THE CONTRACT IS NEGOTITATED AND REVIEWED BY THE PRESIDENTIAL CONTRACT AND COMPENSATION COMMITTEE OF THE BOARD AS PART OF THE EVALUATION PROCESS USED BY THE PRESIDENTIAL CONTRACT AND COMPENSATION COMMITTEE OF THE BOARD, MARKET DATA, SALARY SURVEYS OF SIMILAR INSTITUTIONS AND OTHER RELEVANT INFORMATION ARE REVIEWED IN CONJUNCTION WITH THE PRESIDENT'S REPORT ON ACCOMPLISHMENTS AND PROPOSED GOALS ALL EMPLOYEES, OTHER THAN THE PRESIDENT, ARE EVALUATED BY THEIR IMMEDIATE SUPERVISOR ON AN ANNUAL BASIS THE VICE-PRESIDENTS OF THE UNIVERSITY ARE EVALUATED BY THE PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE UNIVERSITY MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST DURING THE REGULAR BUSINESS HOURS OF THE UNIVERSITY THE FORM 990 IS AVAILABLE ON GUIDESTAR FOR PUBLIC INSPECTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES AVAILABLE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC UPON REQUEST DURING THE REGULAR BUSINESS HOURS OF THE UNIVERSITY THE FORM 990 IS AVAILABLE ON GUIDESTAR FOR PUBLIC INSPECTION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,462,182

Identifier	Return Reference	Explanation
FINANCIAL STATEMENT OVERSIGHT	PART XII, LINE 2C	THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT HAS NOT CHANGED SINCE THE LAST FISCAL YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" 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 organization	
						Yes	No
(1) CHARITABLE REMAINDER UNITRUST		KY					No

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 61-0482955
Name: BELLARMINE UNIVERSITY

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

4d. Other program services

(Code) (Expenses $ 2,417,628 including grants of $) (Revenue $ 502,603)

ACADEMIC SUPPORT, LIBRARY AND COMPUTER TECHNOLOGY SERVICES, SUPPORT FOR THE FOUR ACADEMIC DIVISIONS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOSEPH J MCGOWAN PRESIDENT	40 00	X		X				555,766	0	130,273
NICK CAROSI TRUSTEE	2 00	X						0	0	0
JOSEPH P CLAYTON TRUSTEE	2 00	X						0	0	0
RUSS COX TRUSTEE	2 00	X						0	0	0
SHARON DES JARLAIS TRUSTEE	2 00	X						0	0	0
JAMES R ALLEN TRUSTEE	2 00	X						0	0	0
JOHN LANSING TRUSTEE	2 00	X						0	0	0
C EDWARD GLASSCOCK TRUSTEE	2 00	X						0	0	0
GJ HART TRUSTEE	2 00	X						0	0	0
MICHAEL HOBBS TRUSTEE	2 00	X						0	0	0
LYNN JARRELL TRUSTEE	2 00	X						0	0	0
REV JOSEPH E KURTZ DD TRUSTEE	2 00	X						0	0	0
MICHAEL J MACKIN TRUSTEE	2 00	X						0	0	0
ELIZABETH MONTGOMERY TRUSTEE	2 00	X						0	0	0
STEPHEN G MULLINS TRUSTEE	2 00	X						0	0	0
WPATRICK MULLOY TRUSTEE	2 00	X						0	0	0
STEVE TRAGER TRUSTEE	2 00	X						0	0	0
JOE REAGAN TRUSTEE	2 00	X						0	0	0
T W SAMUELS TRUSTEE	2 00	X						0	0	0
LEONARD M SPALDING TRUSTEE	2 00	X						0	0	0
MARION A SWOPE MD TRUSTEE	2 00	X						0	0	0
TOM L THOMAS TRUSTEE	2 00	X						0	0	0
DOUG WHYTE TRUSTEE	2 00	X						0	0	0
ANGELA MASON TRUSTEE	2 00	X						0	0	0
DONALD BERG TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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 MCCALLISTER TRUSTEE	2 00	X						0	0	0
DORIS TEGART PROVOST	40 00			X				209,343	0	29,170
FRED W RHODES VP ACADEMIC AFFAIRS & STUD	40 00			X				187,828	0	31,700
ROBERT L ZIMLICH VP ADMINISTRATION & FINANC	40 00			X				173,256	0	46,849
GLENN KOSSE VP DEVELOPMENT & ALUMNI RE	40 00			X				191,888	0	31,739
HUNT HELM VP COMMUNICATIONS & PUBLIC	40 00			X				139,096	0	31,236
SEAN RYAN VP ENROLLMENT MANAGEMENT	40 00			X				142,379	0	26,678
CAROLE PFEFFER VP ACADEMIC AFFAIRS	40 00			X				118,382	0	16,940
DANIEL BAUER DEAN OF SCH OF BUS	40 00					X		162,736	0	27,594
MICHAEL MATTEI DEAN OF SCH OF BUS	40 00					X		152,722	0	28,023
ROBERT COOTER DEAN OF SCH OF EDUCATION	40 00					X		172,117	0	22,293
SCOTT DAVENPORT HEAD COACH - MEN'S BASKETBALL	40 00					X		190,919	0	24,754
MIKE RYAN PROFESSOR - BSNS ADMIN DEPT	40 00					X		131,375	0	16,213