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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 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 \$ 29,181,247 including grants of \$) (Revenue \$ 47,248,368)

INSTRUCTION 2730 STUDENTS IN UNDERGRADUATE CLASSES, 872 STUDENTS IN GRADUATE CLASSES, 868 STUDENTS GRADUATED IN 2012-2013 SCHOOL YEAR

4b

(Code) (Expenses \$ 7,268,060 including grants of \$) (Revenue \$ 6,689,719)

AUXILIARY HOUSING AUXILIARY ENTERPRISES STUDENT HOUSING IS THE MAJOR AUXILIARY ENTERPRISE LIVING QUARTERS WERE PROVIDED TO 1078 STUDENTS IN THE RESIDENCE HALLS

4c

(Code) (Expenses \$ 13,277,293 including grants of \$) (Revenue \$ 5,013,110)

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

(Code) (Expenses \$ 4,399,239 including grants of \$) (Revenue \$ 817,253)

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

4d

Other program services (Describe in Schedule O)

(Expenses \$ 4,399,239 including grants of \$) (Revenue \$ 817,253)

4e














Total program service expenses

54,125,839

Form 990 (2012)

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	390			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1			
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	1,619			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			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 as charitable contributions?	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				
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. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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 this 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 , 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	►ROBERT L ZIMLICH VP FOR ADMIN & FINANCE 2001 NEWBURG ROAD LOUISVILLE, KY (502) 272-8261

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,718,394	0	430,057

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 40

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
FW OWENS COMPANY 331 BOXLEY AVENUE LOUISVILLE KY 40209	BUILDING CONTRACTOR	2,378,490
DOE ANDERSON 620 WEST MAIN STREET LOUISVILLE KY 40202	ADVERTISING	682,995
ROYALL AND COMPANY 1920 EAST PARHAM ROAD RICHMOND VA 23228	RECRUITING CONSULTANTS	611,564
FACILITIES MANAGEMENT SERVICES 4400 BISHOP LANE 108 LOUISVILLE KY 40218	CLEANING SERVICES	513,556
CLARK & RIGGS PRINTING INC 1705 W JEFFERSON ST LOUISVILLE KY 40203	PRINTING SERVICES	467,059

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 ►36

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	92,699		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	286,459		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,399,183		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		8,778,341		
Program Service Revenue	2a	TUITION AND FEES	Business Code 900099	47,248,368	47,248,368	
	b	AUXILIARY ENTERPRISES-HOUSING	900099	5,064,125	5,064,125	
	c	FOOD REVENUE	900099	1,434,589	1,434,589	
	d	CAMPUS STORE	900099	176,019	176,019	
	e	MEMBERSHIP DUES	900099	17,142	17,142	
	f	All other program service revenue		5,013,110	5,013,110	
	g	Total. Add lines 2a-2f		58,953,353		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,628,425		
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real 125,487	(ii) Personal		
b		Less rental expenses	16,250			
c		Rental income or (loss)	109,237			
d		Net rental income or (loss)	109,237			109,237
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ 92,699 of contributions reported on line 1c) See Part IV, line 18	a 323,391			
b		Less direct expenses	b 206,736			
c		Net income or (loss) from fundraising events	116,655			116,655
9a		Gross income from gaming activities See Part IV, line 19	a 675			
b		Less direct expenses	b 291			
c		Net income or (loss) from gaming activities	384			384
10a		Gross sales of inventory, less returns and allowances	a 35,496			
b		Less cost of goods sold	b 7,009			
c		Net income or (loss) from sales of inventory	28,487	28,487		
Miscellaneous Revenue		Business Code				
11a		OTHER INCOME	531390	391,180	391,180	
b	SPORTS CAMP REVENUE	713990	308,190	308,190		
c	ACADEMIC RELATED PARKING	812930	87,240	87,240		
d	All other revenue					
e	Total. Add lines 11a-11d		786,610			
12	Total revenue. See Instructions		70,401,492	59,768,450	0	1,854,701

Part IX

Statement of Functional Expenses

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

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

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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.				
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.	2,252,034	847,013	1,158,304	246,717
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	29,753,368	25,786,128	2,399,627	1,567,613
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,117,604	1,797,585	186,616	133,403
9	Other employee benefits.	5,223,576	4,273,516	711,845	238,215
10	Payroll taxes.	2,082,044	1,797,355	177,581	107,108
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	178,457		177,557	900
c	Accounting.	49,475		49,475	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,133,010	904,441	63,154	165,415
12	Advertising and promotion.	755,674	335,911	36,681	383,082
13	Office expenses.	2,923,889	2,292,583	548,803	82,503
14	Information technology.	1,242,391	516,179	670,813	55,399
15	Royalties.				
16	Occupancy.	1,599,183	1,597,356	1,827	
17	Travel.	1,397,602	1,271,051	100,167	26,384
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	183,480	117,805	56,503	9,172
20	Interest.	3,574,685	3,490,302	67,313	17,070
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,173,216	3,721,551	360,296	91,369
23	Insurance.	386,622	329,849	56,773	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	OTHER EXPENSES-PLANT	2,496,957	2,030,896	358,600	107,461
b	OTHER MISCELLANEOUS EXP	2,326,371	1,198,227	1,075,353	52,791
c	OTHER EXPENSES -PRINTIN	1,001,583	751,464	81,942	168,177
d	MEALS	971,053	648,623	211,859	110,571
e	All other expenses	569,923	418,004	132,005	19,914
25	Total functional expenses. Add lines 1 through 24e.	66,392,197	54,125,839	8,683,094	3,583,264
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		14,652,107	1	12,408,342
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		6,803,886	3	8,210,802
	4	Accounts receivable, net		2,087,147	4	1,919,553
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		113,400	8	109,003
	9	Prepaid expenses and deferred charges		2,812,941	9	2,301,873
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	156,892,732		
	b	Less accumulated depreciation	10b	45,811,058	10c	111,081,674
	11	Investments—publicly traded securities		29,369,209	11	32,949,546
	12	Investments—other securities See Part IV, line 11		13,855,009	12	15,699,119
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,538,559	15	3,665,273
	16	Total assets. Add lines 1 through 15 (must equal line 34)		180,930,123	16	188,345,185
Liabilities	17	Accounts payable and accrued expenses		5,055,401	17	4,470,965
	18	Grants payable			18	
	19	Deferred revenue		2,181,929	19	2,810,336
	20	Tax-exempt bond liabilities		70,240,000	20	69,015,800
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		58,471	23	8,553
	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		2,971,938	25	2,893,302
	26	Total liabilities. Add lines 17 through 25		80,507,739	26	79,198,956
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		59,426,197	27	60,861,529
	28	Temporarily restricted net assets		11,151,784	28	16,586,280
	29	Permanently restricted net assets		29,844,403	29	31,698,420
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		100,422,384	33	109,146,229
	34	Total liabilities and net assets/fund balances		180,930,123	34	188,345,185

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,401,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,392,197
3	Revenue less expenses Subtract line 2 from line 1	3	4,009,295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,422,384
5	Net unrealized gains (losses) on investments	5	4,714,550
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,146,229

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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

Additional Data

Software ID:

Software Version:

EIN: 61-0482955

Name: BELLARMINE UNIVERSITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH J MCGOWAN PRESIDENT	40 00	X		X				675,664	0	83,189
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
MICHAEL HOBBS TRUSTEE	2 00	X						0	0	0
LYNN JARRELL SR 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
MICHAEL MCCALLISTER TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA GERWING HAMPTON TRUSTEE	2 00	X						0	0	0
DORIS TEGART PROVOST	40 00			X				213,247	0	30,241
FRED W RHODES VP ACADEMIC AFFAIRS & STUD	40 00			X				193,950	0	32,416
ROBERT L ZIMLICH VP ADMINISTRATION & FINANC	40 00			X				182,993	0	51,165
GLENN KOSSE VP DEVELOPMENT & ALUMNI RE	40 00			X				194,164	0	33,190
HUNT HELM VP COMMUNICATIONS & PUBLIC	40 00			X				152,483	0	22,944
SEAN RYAN VP ENROLLMENT MANAGEMENT	40 00			X				159,844	0	28,031
CAROLE PFEFFER VP ACADEMIC AFFAIRS	40 00			X				126,304	0	18,141
DANIEL BAUER DEAN OF SCH OF BUS	40 00					X		162,914	0	28,963
MICHAEL MATTEI DEAN OF SCH OF BUS	40 00					X		157,834	0	29,399
ROBERT COOTER DEAN OF SCH OF EDUCATION	40 00					X		155,798	0	20,293
SCOTT DAVENPORT HEAD COACH - MEN'S BASKETB	40 00					X		201,834	0	25,266
SCOTT WIEGANDT DIRECTOR OF ATHLETICS	40 00					X		141,365	0	26,819

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

2012

Open to Public
Inspection

Name of the organization BELLARMINE UNIVERSITY	Employer identification number 61-0482955
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input checked="" type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated</div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?</div>
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

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

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

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

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

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

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization BELLARMINE UNIVERSITY	Employer identification number 61-0482955
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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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

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

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance | 38,574,903 | 41,225,490 | 32,783,101 | 28,175,218 | 34,726,715 |
| b Contributions | 1,140,935 | 1,062,421 | 3,089,001 | 1,166,090 | 1,877,606 |
| c Net investment earnings, gains, and losses | 5,913,542 | -2,009,908 | 6,948,188 | 4,993,873 | -6,933,303 |
| d Grants or scholarships | 1,028,552 | 935,819 | 927,679 | 914,780 | 897,153 |
| e Other expenditures for facilities and programs | 509,501 | 444,787 | 407,934 | 378,414 | 371,294 |
| f Administrative expenses | 338,447 | 322,494 | 259,187 | 258,886 | 227,353 |
| g End of year balance | 43,752,880 | 38,574,903 | 41,225,490 | 32,783,101 | 28,175,218 |
- 2

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

a

Board designated or quasi-endowment

21 650 %

b

Permanent endowment

78 350 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No
- 4

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

Part VI

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

- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 3,528,618 | | 3,528,618 |
| b Buildings | | 114,502,252 | 27,687,124 | 86,815,128 |
| c Leasehold improvements | | | | |
| d Equipment | | 15,762,752 | 10,237,611 | 5,525,141 |
| e Other | | 23,099,110 | 7,886,323 | 15,212,787 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 111,081,674 |

Part XI					Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements				1	74,921,483	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12						
a	Net unrealized gains on investments	2a	4,714,550				
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII)	2d	230,286				
e	Add lines 2a through 2d				2e	4,944,836	
3	Subtract line 2e from line 1				3	69,976,647	
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 XIII)	4b	424,845				
c	Add lines 4a and 4b						
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	70,401,492	
Part XII					Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements				1	66,197,638	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIII)	2d	230,286				
e	Add lines 2a through 2d				2e	230,286	
3	Subtract line 2e from line 1				3	65,967,352	
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 XIII)	4b	424,845				
c	Add lines 4a and 4b						
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	66,392,197	
Part XIII					Supplemental Information		

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

Identifier	Return Reference	Explanation
	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, LINE 2	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. GAAP REQUIRES THE UNIVERSITY TO EVALUATE TAX POSITIONS TAKEN BY THE UNIVERSITY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE UNIVERSITY HAS TAKEN ANY UNCERTAIN TAX POSITIONS. THE UNIVERSITY HAS ANALYZED THE TAX POSITIONS TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) 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 WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) THAT SHOULD BE REFLECTED IN THE FINANCIAL STATEMENTS. THE UNIVERSITY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE UNIVERSITY BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX YEARS PRIOR TO MAY 31, 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES, SPECIAL EVENTS, AND COST OF GOODS SOLD 230,286
PART XI, LINE 4B - OTHER ADJUSTMENTS		SPORTS CAMP REVENUE 308,190. ATHLETIC TEAM FUND RAISING 116,655.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES, SPECIAL EVENTS, AND COST OF GOODS SOLD 230,286
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPORTS CAMP REVENUE NETTED AGAINST EXPENSE 308,190. ATHLETIC TEAM FUND RAISING NETTED AGAINST EXPENSE 116,655.
		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 308,190 AND ATHLETIC TEAM FUND RAISING OF 116,655 NETTED AGAINST EXPENSE IN THE AUDITED STATEMENTS, AND SHOWN AS REVENUE ON THE 990.

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

2012

Open to Public
Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number

61-0482955

Part I

- 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?
- 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?
- 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

- 4** Does the organization maintain the following?
- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5** Does the organization discriminate by race in any way with respect to
- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?
- b** Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III 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, TEACHER EDUCATION ASSISTANCE FOR COLLEGE AND HIGHER EDUCATION GRANTS PROGRAM, AND THE FEDERAL TEACH GRANT PROGRAM. THE UNIVERSITY COMPLIES WITH THE ANNUAL SINGLE AUDIT REQUIREMENTS, FILINGS WITH THE FEDERAL AUDITING CLEARINGHOUSE AND THE DEPARTMENT OF EDUCATION FILINGS.

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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	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. Part II can be duplicated if additional space is needed.

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

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

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

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

[illegible]

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MADRID, SPAIN	0	0	PROGRAM SERVICES	33 STUDY ABROAD STUDENTS, MBA 720	
PARIS, FRANCE	0	0	PROGRAM SERVICES	28 STUDY ABROAD STUDENTS, MBA 720	
EUROPE	0	0	PROGRAM SERVICES	4 STUDY ABROAD STUDENTS, BA 410	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AUSTRALIA	0	0	PROGRAM SERVICES	7 STUDENTS - PT FIELD EXPERIENCE SERVICE LEARNING	
LONDON	0	0	PROGRAM SERVICES	8 STUDY ABROAD STUDENTS, CCSA IDC 301	
IRELAND	0	0	PROGRAM SERVICES	6 STUDY ABROAD STUDENTS, CCSA	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
AUSTRIA-BREGENZ	0	0	PROGRAM SERVICES	2 STUDY ABROAD STUDENTS, KIIS	
CHINA	0	0	PROGRAM SERVICES	1 STUCY ABROAD STUDENT, KIIS ART 342	
BERLIN	0	0	PROGRAM SERVICES	3 STUDY ABROAD STUDENTS, KIIS	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
GREECE	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, KIIS	
ITALY	0	0	PROGRAM SERVICES	8 STUDY ABROAD STUDENTS, KIIS IDC 301	
INSTANBUL	0	0	PROGRAM SERVICES	2 STUDY ABROAD STUDENTS, KIIS	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MEXICO	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, KIIS	
PRAGUE	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, KIIS	
PARIS, FRANCE	0	0	PROGRAM SERVICES	4 STUDY ABROAD STUDENTS, KIIS IDC 301	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
SPAIN	0	0	PROGRAM SERVICES	4 STUDY ABROAD STUDENTS, KIIS SPAN 420	
ECUADOR	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, KIIS	
BARCELONA	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, PSYC 409	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CATTOLICA, ITALY	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
CUHK, CHINA	0	0	PROGRAM SERVICES	2 STUDY ABROAD STUDENTS	
HELSINKI	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
NMMU, SOUTH AFRICA	0	0	PROGRAM SERVICES	3 STUDY ABROAD STUDENTS, NURS	
FREMANTLE, AUSTRALIA	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, NURS	
RHODES, SOUTH AFRICA	0	0	PROGRAM SERVICES	2 STUDY ABROAD STUDENTS, ART	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
ROEHAMPTON, ENGLAND	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, PSYC	
SYDNEY, AUSTRALIA	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, NURS	
TUEBINGEN, GERMANY	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, FLIS (GERM)	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
ULSTER, NORTHERN IRELAND	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, PSYC	
USFQ, ECUADOR	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT, BIO	
WESTER AUSTRALIA, AUSTRALIA	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
LINKOPING UNIVERSITY, SWEDEN TEACHING PLACEMENT	0	0	PROGRAM SERVICES	3 STUDY ABROAD STUDENTS	
MALARDALEN UNIVERSITY, SWEDEN	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
RITSUMEIKAN, JAPAN	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
UNIVERSITE' FRANCHE-COMTE', FRANCE	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
UNIVERSITE' LILLE, FRANCE	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
UNIVERSITE' NANTES, FRANCE	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
UNIVERSITY OF BULGARIA, BULGARIA	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
UNIVERSITY OF CHESTER, ENGLAND	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
UNIVERSITY OF EASTERN FINLAND JOENSUU, FINLAND	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
UNIVERSITY OF WESTERN SYNDEY, AUSTRALIA	0	0	PROGRAM SERVICES	1 STUDY ABROAD STUDENT	
INDIA	0	0	PROGRAM SERVICES	6 STUDY ABROAD STUDENTS VARIOUS WINTER UNDERGRADUATE PROGRAMS	
INDIA	0	0	PROGRAM SERVICES	12 STUDY ABROAD STUDENTS, MBA 720	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
INDIA	0	0	PROGRAM SERVICES	10 STUDY ABROAD STUDENTS, MAS 569 01	
LONDON, DUBLIN	0	0	PROGRAM SERVICES	2 STUDY ABROAD STUDENTS	
CENTRAL EUROPE	0	0	PROGRAM SERVICES	15 STUDY ABROAD STUDENTS, MUSIC	

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
BAHAMAS	0	0	PROGRAM SERVICES	30 STUDY ABROAD STUDENTS, BIOL 225/226	
GUATEMALA	0	0	PROGRAM SERVICES	20 STUDY ABROAD STUDENTS, NONCREDIT SERVICE LEARNING	

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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 <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>KNIGHT OF KNIGHTS</u> (event type)	<u>DESIGNER SHOW HOUSE</u> (event type)	<u>2</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	155,875	112,118	148,097
	2	Less Contributions . . .	10,861	74,768	7,070
	3	Gross income (line 1 minus line 2)	145,014	37,350	141,027
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .	59,351	21,605	80,956
	8	Entertainment			
	9	Other direct expenses .	85,663	37,350	2,767
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					416,090
					92,699
					323,391
					125,780
					(206,736)
					116,655

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		675	675
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .		291	291
	6	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			
					291
					384

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 _____

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	

14 Enter 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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ CONNIE HURLEY

Gaming manager compensation ▶ \$

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

Identifier	Return Reference	Explanation
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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

2012

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 appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a		No
		4b		No
		4c		No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		No
		5b		No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		No
		6b		No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	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.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOSEPH J MCGOWAN	(i) (ii)	354,311 0	244,084 0	77,269 0	25,000 0	58,189 0	758,853 0	50,000 0
DORIS TEGART	(i) (ii)	200,948 0	0 0	12,299 0	21,909 0	8,332 0	243,488 0	0 0
FRED W RHODES	(i) (ii)	180,735 0	0 0	13,215 0	18,829 0	13,587 0	226,366 0	0 0
ROBERT L ZIMLICH	(i) (ii)	172,899 0	0 0	10,094 0	19,389 0	31,776 0	234,158 0	0 0
GLENN KOSSE	(i) (ii)	176,908 0	0 0	17,256 0	20,164 0	13,026 0	227,354 0	0 0
HUNT HELM	(i) (ii)	136,123 0	0 0	16,360 0	14,513 0	8,431 0	175,427 0	0 0
SEAN RYAN	(i) (ii)	152,106 0	0 0	7,738 0	15,230 0	12,801 0	187,875 0	0 0
DANIEL BAUER	(i) (ii)	154,545 0	0 0	8,369 0	16,120 0	12,843 0	191,877 0	0 0
MICHAEL MATTEI	(i) (ii)	134,449 0	0 0	23,385 0	16,535 0	12,864 0	187,233 0	0 0
ROBERT COOTER	(i) (ii)	134,641 0	0 0	21,157 0	15,623 0	4,670 0	176,091 0	0 0
SCOTT DAVENPORT	(i) (ii)	122,552 0	57,100 0	22,182 0	15,295 0	9,971 0	227,100 0	0 0
SCOTT WIEGANDT	(i) (ii)	115,244 0	15,000 0	11,121 0	12,606 0	14,213 0	168,184 0	0 0

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	1,015,000		14,060,000		930,000		249,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	28,104,783		15,791,047		18,250,355		7,100,000	
4	Gross proceeds in reserve funds	2,661,450				1,338,035			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	363,752		140,951		251,401		149,050	
8	Credit enhancement from proceeds	130,273		130,273					
9	Working capital expenditures from proceeds	45,318		4,157		10,875			
10	Capital expenditures from proceeds	13,726,216				16,648,927		6,950,950	
11	Other spent proceeds	11,305,415		15,515,666					
12	Other unspent proceeds	2,632				1,117			
13	Year of substantial completion	2010		2010		2011		2012	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			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	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			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 of bond-financed property?		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	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V

Procedures To Undertake Corrective Action

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

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 C - 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, 2013, WAS \$1,338,115 AND \$2,663,393 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, 2013 WAS \$6,851,000 AND \$5,789,000, FOR SHIVELY BONDS AND AUDUBON PARK BONDS RESPECTIVELY BOND B AND C (ENTITY 2), CITY OF SHIVELY, KY AND CITY OF AUDUBON PARK, KY IN NOVEMBER 2012,THE UNIVERSITY ISSUED \$5,160,000 OF CITY OF SHIVELY, KENTUCKY, COLLEGE REVENUE REFUNDING BONDS, SERIES 2012 (SHIVELY 2012 BONDS) AND \$7,190,000 OF CITY OF AUDUBON PARK, KENTUCKY, COLLEGE REVENUE REFUNDING BONDS, SERIES 2012 (AUDUBON PARK 2012 BONDS) TOGETHER REFERRED TO AS THE BELLARMINE UNIVERSITY INCORPORATED PROJECT OF WHICH THE MAJORITY WAS USED TO REFUND LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT, COLLEGE REFUNDING AND IMPROVEMENT REVENUE BOND SERIES 2008 B AND THE REMAINDER WAS USED TO COVER BOND ISSUANCE COSTS THE BONDS ARE VARIABLE RATE, TAX EXEMPT, BANK QUALIFIED, WITH A TERM OF NINETEEN YEARS THE BONDS BEAR INTEREST AT A RATE DETERMINED ON A BASIS EQUAL TO 65% OF THE ONE MONTH LIBOR RATE PLUS 2 50%, PLUS AN ADDITIONAL 25% THE OUTSTANDING BALANCE OF THE BONDS PAYABLE AT MAY 31, 2013 WAS \$4,968,320 AND \$7,622,480 FOR SHIVELY 2012 BONDS AND AUDUBON PARK 2012 BONDS RESPECTIVELY
990, SCHEDULE K, PART II, PROCEEDS	SUPPLEMENTAL INFORMATION ON PROCEEDS	LINE 3A ISSUE PRICE (27,230,000) LESS NET OID (538,862) PLUS INVESTMENT EARNINGS (1,413,645) EQUALS TOTAL PROCEEDS OF ISSUE (28,104,783) LINE 3B ISSUE PRICE (14,060,000) PLUS INVESTMENT EARNINGS (1,731,047) EQUALS TOTAL PROCEEDS OF ISSUE (15,791,047) LINE 3C ISSUE PRICE (18,500,000) LESS NET OID (258,902) PLUS INVESTMENT EARNINGS (9,257) EQUALS TOTAL PROCEEDS OF ISSUE (18,250,355) LINE 3A LINE 3B LINE 3C 27,230,000 14,060,000 18,500,000 - 538,862 0 - 258,902 +1,413,645 +1,731,047 +9,257 =28,104,783 =15,791,047 =18,250,355 SCHEDULE K, PART III, PRIVATE BUSINESS USE #9 WE ARE IN THE PROCESS OF DEVELOPING POLICIES AND PROCEDURES TO BE COMPLETED DURING THE NEXT REPORTING PERIOD
SCHEDULE K, PART IV, ARBITRAGE	SUPPLEMENTAL INFORMATION ON ARBITRAGE	LINE 2C, BOND COLUMN A THE REBATE COMPUTATION WAS PERFORMED ON 8/8/2013 BY FROST BROWN TODD, PLLC ATTORNEYS AT LAW LINE 7 WE ARE IN THE PROCESS OF DEVELOPING POLICIES AND PROCEDURES TO BE COMPLETED DURING THE ENXT REPORTING PERIOD SCHEDULE K, PART V, PROCEDURES WE ARE IN THE PROCESS OF DEVELOPING POLICIES AND PROCEDURES TO BE COMPLETED DURING THE NEXT REPORTING PERIOD

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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
B	CITY OF SHIVELY KY COLLEGE REFUNDING BONDS	61-6001912	NONEAVAIL	11-27-2012	5,161,000	REFUNDING		X		X		X
C	CITY OF AUDUBON PARK KY COLLEGE REFUNDING BONDS	61-6001777	NONEAVAIL	11-08-2012	7,910,000	REFUNDING		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	211,000		191,680		287,520			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	6,000,000		5,160,000		7,910,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	71,700		29,252		23,567			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	14,353		14,353					
10	Capital expenditures from proceeds	5,928,300		12,828					
11	Other spent proceeds	5,103,567		5,103,567		7,886,433			
12	Other unspent proceeds								
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X	X		X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		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		
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	Does the bond issue meet the private security or payment test?	X		X		X			
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V

Procedures To Undertake Corrective Action

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

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization BELLARMINE UNIVERSITY	Employer identification number 61-0482955
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NICK CAROSI	CURRENT UNIVERSITY TRUSTEE	171,400	LEASEHOLD IMPROVEMENTS GIFTED \$171,400 TOWARD COST OF ARCHWAY BUILT AT THE ENTRANCE TO THE UNIVERSITY MR CAROSI'S EMPLOYER (ARBAN & CAROSI INC) HAS THE AGREEMENT TO FABRICATE THE ARCHWAY		No
(2)					No
(3) C EDWARD GLASSCOCK	CURRENT UNIVERSITY TRUSTEE	84,131	LEGAL SERVICES 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 \$84,131 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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
BELLARMINE UNIVERSITY

Employer identification number
61-0482955

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	24,914	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				
PRINTING				
25 Other ► (SERVICES)	X	2	7,951	MARKET VALUE
26 Other ► (CAMERAS)	X	2	10,791	MARKET VALUE
LEASEHOLD				
27 Other ► (IMPROVEMENTS)	X	1	171,400	MARKET VALUE
28 Other ► (MISCELLANEOUS)	X	8	9,839	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

2

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

Yes

No

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

No

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

No

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

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

Identifier	Return Reference	Explanation
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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization BELLARMINE UNIVERSITY	Employer identification number 61-0482955
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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 TRUSTEE, IS A DIRECTOR AT REPUBLIC BANK & TRUST CO FROST, BROWN TODD LLC PROVIDES LEGAL SERVICES EXCEEDING \$10,000 FOR REPUBLIC BANK ED GLASSCOCK, CURRENT TRUSTEE, IS THE CHAIRMAN-EMERITUS AND A MEMBER OF FROST, BROWN TODD LLC 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 19 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
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

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

2012

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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHARITABLE REMAINDER UNITRUST		KY					No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

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.

[illegible]

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	
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