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DLN: 93493108011187

OMB No 1545-0047

Department of the Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at <u>www IRS qov/foim990</u>

Open to Public Inspection

A F	or the 2015 ca	alendar year, or tax year begi	nning 06-01-2015 , and ending 05-31-201	6				
B Ch	eck if applicable	C Name of organization BELMONT UNIVERSITY		D Emp	loyer iden	tification number		
	ddress change	BEENONT ONIVERSIT			62-0	0465076		
_	ame change nitial return	Doing business as			-			
 - -					_ E Telep	hone numb	er	
_	/terminated nended return	Number and street (or P O box 1900 BELMONT BLVD	r if mail is not delivered to street address) Room/sui	te	(615	5)460-60	000	
M _P	pplication pending	City or town, state or province, NASHVILLE, TN 37212	country, and ZIP or foreign postal code		G Gross	receipts \$	324,556,761	
		F Name and address of pri	ncıpal officer	H(a) Is t	his a grou	ın return 1		
		Robert Fisher 1900 BELMONT BLVD			ordinates	-	☐ Yes 🔽	
		NASHVILLE, TN 37212		N с н(ь) А ге		dınates		
I Tā	x-exempt status	501(c)(3) 501(c)()	◀ (insert no) 4947(a)(1) or 527	incl	uded?		□Yes □ No	
J W	/ebsite: ► WV	WW BELMONT EDU			no," attac oup exem	•	see instructions) ber ►	
K For	m of organizatior	n ✓ Corporation	sociation Other ►	L Year of	formation	1951 M 9	State of legal domicile TN	
Pa	rt I Sum	ımary						
	1 Briefly de	scribe the organization's mis	sion or most significant activities					
			TE, COEDUCATIONAL INSTITUTION FO DES AN ACADEMICALLY CHALLENGING					
au		TEACHING UNIVERSITIES RISTIAN COMMUNITY OF L	BRINGING TOGETHER THE BEST OF LIB	ERAL ARTS	S AND PR	OFESSIC	NAL EDUCATION	
Š	INACH	RISTIAN COMMONITY OF L	EARNING AND SERVICE					
eII.								
Governance	2 Check th	his hox ▶ □ if the organizatio	n discontinued its operations or disposed o	of more than	25% of i	ts net as	sets	
	- Gricek di	ms box F m the organization	maiscontinued its operations of disposed (or more char	. 23 70 01 1		, (1)	
Activities &	3 Number	of voting members of the gov	erning body (Part VI, line 1a)		-	3	34	
Ţ.			ers of the governing body (Part VI, line 1b)			4	33	
AC		• •	ın calendar year 2015 (Part V, line 2a) .			5	3,557	
		mber of volunteers (estimate		6	140			
		related business revenue from			7a 7b	656,651		
	D Net diller	ated business taxable income	e from Form 990-T, line 34		ior Year	1 70	Current Year	
	8 Contributions and grants (Part VIII, line 1h)			-	12,911	.229	35,735,488	
enua	9 Program service revenue (Part VIII, line 2g)				237,951,286		255,851,227	
ΨŏΛι	10 Inves	tment income (Part VIII, col	umn (A), lines 3, 4, and 7d)		5,337	,490	4,079,462	
Ray	11 Other	r revenue (Part VIII, column		5,596,194		6,312,838		
	12 Total 12)	revenue—add lines 8 through	261,796,199		301,979,015			
	13 Grant	s and similar amounts paid (F	Part IX, column (A), lines 1-3)		38,827	,843	44,677,577	
	14 Benef	fits paid to or for members (Pa	art IX, column (A), line 4)			0		
ς,	15 Saları 5–10		loyee benefits (Part IX, column (A), lines		95,642	101,218,353		
Expenses		•	t IX, column (A), line 11e)				0	
ă	b Total f	undraising expenses (Part IX, colum	n (D), line 25) ▶2,867,946					
ш	17 Other	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		52,372,518 58,3			
	18 Total	expenses Add lines 13-17	(must equal Part IX, column (A), line 25)		186,842	204,285,973		
(5)	19 Rever	nue less expenses Subtract I	74,953	8,834	97,693,042			
Net Assets or Fund Balances				Beginning	of Curren	t Year	End of Year	
Sset	20 Total	assets (Part X, line 16) .			743,948	3,726	770,745,163	
A P	21 Total	liabilities (Part X, line 26) .			193,660	,940	130,330,479	
		ssets or fund balances Subtr	550,287	7,786	640,414,684			
D-		nature Block			.1			
		periury, i declare that i have	examined this return, including accompan				•	
Unde my k	•	belief, it is true, correct, and	complete Declaration of preparer (other th					
Unde my k	nowledge and	belief, it is true, correct, and nowledge	complete Declaration of preparer (other th		2017-04-18			
Unde my k prepa	nowledge and arer has any k	belief, it is true, correct, and nowledge	complete Declaration of preparer (other th		2017-04-18 Date			
Unde my k prepa	nowledge and arer has any k *** Sign *** Sign ***	belief, it is true, correct, and nowledge *** nature of officer VEN T LASLEY VP of Finance and Op						
Unde my k prepa	nowledge and arer has any k 1 2 STE' Typ	belief, it is true, correct, and chowledge *** hature of officer VEN T LASLEY VP of Finance and Ope or print name and title	erations					
Unde my k preps Sigi Her	nowledge and arer has any k 1 2 3 5 Type	belief, it is true, correct, and nowledge *** nature of officer VEN T LASLEY VP of Finance and Op	erations	ate C	Date	PTIN P005207	729	
Unde my k preps Sigu Her	nowledge and arer has any k Sign E Typi d	belief, it is true, correct, and nowledge *** hature of officer VEN T LASLEY VP of Finance and Ope or print name and title Print/Type preparer's name	erations Preparer's signature Rachel Spurlock	ate C	Date	PTIN P005207		
Sign Her Pre	nowledge and arer has any k ne STE' Type d parer	belief, it is true, correct, and nowledge *** hature of officer VEN T LASLEY VP of Finance and Ope or print name and title Print/Type preparer's name Rachel Spurlock	erations Preparer's signature Rachel Spurlock H LLP	ate C	Date heck if elf-employe	PTIN P005207 d 35-092168	0	

√Yes No

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	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? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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>	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
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</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Yes

Nο

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24d

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28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Pai	rt IV	Checklist of Required Schedules (continued
21	Did th	organization report more than \$5,000 of grants or oth

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1^7 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial Did the organization provide a grant or other assistance to an officer, and a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 💆 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆫ
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 9,45	, —	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
		"		
С	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	. 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Yes	
-	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gif were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	to 7c		No
d	file Form 8282?	70		NO
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	1S 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions fo 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			
С	Enter the amount of reserves on hand	_		
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		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.			or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI					<u>[</u>
Se	ction 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	34			
	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	33			
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?					
3	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? .					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?					No
6	Did the organization have members or stockholders?					
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	a The governing body?					
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	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					
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	even	ue Cod	e.)
					Yes	No
					T	

10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **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 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . 14 Yes 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 ${f b}$ Other officers or key employees of the organization 15b Nο 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 **16**a Νo **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 7 List the States with which a copy of this Form 990 is required to be filed▶

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

- ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year

 20. State the name, address, and telephone number of the person who possesses the organization's books and reco
- O State the name, address, and telephone number of the person who possesses the organization's books and records
 ►DAVID RUNYAN 1900 BELMONT BLVD NASHVILLE, TN 37212 (615) 460-6788

Part VII

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

ITT VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	ets to Part VII, S		١.		<u> </u> - -	P		5,184,702	0	543,566
d Total (add lines 1b and 1c) 2 Total number of individuals (\$100,000 of reportable com	including but not	limited	to the	se I	ıste	d abov	e) wl			543,566

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? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5	Yes	

Section B. Independent Contractors

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
R C MATHEWS CONTRACTOR LLC	PRIMARY GENERAL CONTRACTOR	14,719,847
PO BOX 24687 NASHVILLE, TN 37202		
SODEXO	FOOD SERVICE VENDOR	10,020,632
SOBLAG	TOOD SERVICE VENDOR	10,020,032
1900 BELMONT BLVD		
NASHVILLE, TN 37212		
SYNERGY BUSINESS ENVIRONMENTS	OFFICE FURNITURE	1,039,314
		, ,
800 6TH AVENUE SOUTH		
SUITE 200		
NASHVILLE, TN 37203		
RT LONDON FURNITURE	RESIDENCE HALL FURNITURE	877,428
1642 BROADWAY AVE NW		
SUITE 100		
GRAND RAPIDS, MI 49504		
MULTI-MEDIA MASTERS INC	RECORDING EQUIPMENT	869,357
5217 LINBAR DRIVE		
SUITE 308		
NASHVILLE, TN 37211		
	\b = = d = #b =	
2 Total number of independent contractors (including but not limited to those listed above)) wno received more than	

Yes No

orm 99	0 (20	15)						Page 9
Part V	Ш	Statement o	f Revenue					_
		Check If Schedu	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
ant unt	b	Membership du	es 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations 1d					
i, Gi mila	е	Government grants		1,266,815				
ons Si	f	All other contribution	ons, gifts, grants, and 1f	34,468,673				
outi her	•	sımılar amounts no	ot included above			ļ		
ıtril I Ot	g	Noncash contribution 1a-1f \$	ons included in lines					
Cor	h	Total. Add lines	s 1a-1f		35,735,488			
				Business Code				
ખાન	2a	Tuition and Fees -	Instruction	611710	220,596,074	220,596,074		
Program Service Revenue	b	Residence Halls - S	Student Services	611710	21,833,393	21,833,393		
4Ce	С	BOOKSTORE SALES	5	451211	4,811,704	4,811,704		
Serv	d	Conferences/semir	nars/workshops	611710	4,056,518	4,056,518		
an	e	Study Abroad - Ins		611710	2,703,641	2,703,641		
ıbo.	f	All other progra	am service revenue		1,849,897	1,849,897	0	0
4	g	Total. Add lines	s 2a-2f		255,851,227			
	3		ome (including dividend ar amounts)		5,368,671			5,368,671
	4		stment of tax-exempt bond	-				
	5	Royalties		•	339,694			339,694
			(I) Real 626,856	(II) Personal				
	6a	Gross rents	626,636					
	ь	Less rental expenses	95,926					
	с	Rental income or (loss)	530,930	0				
	d		me or (loss)		530,930			530,930
		(i) Securities		(II) O ther				
	7a	Gross amount from sales of assets other than inventory	20,223,169	19,939				
	b	Less cost or other basis and sales expenses	21,531,435	882				
	с	Gain or (loss)	-1,308,266	19,057	1 200 200			1 200 200
ne	d 8a	Gross income f events (not inc			-1,289,209			-1,289,209
Other Revenue		\$of contributions See Part IV , lin						
the	ь	less directer	a penses b	6,401				
ō			(loss) from fundraising	-	6,401			6,401
	9a		rom gaming activities	·				
	b c		penses b	vities				
	10a	Gross sales of returns and allo	owances .	•				
	L	Lana L. C	a l	1,049,639				
		_	oods sold . . b (loss) from sales of inve	949,503 entory ►	100,136			100,136
	_	Miscellaneous	· · ·	Business Code				
	11a	Cafeteria		722210	4,066,523	4,066,523		
	b	Curb Events Ce	enter	711300	784,127	612,503	171,624	
	С	Ocean Way Mu	sıc Studio	711300	485,027		485,027	
	d	All other reven	ue		0	0	0	0

5,335,677

260,530,253

301,979,015

Total revenue. See Instructions .

656,651

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)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	44,651,428	44,651,428		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15				
_	and 16	26,149	26,149		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	4,153,350	1,017,649	2,873,178	262,523
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	78,895,430	70,031,571	7,327,888	1,535,971
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,423,459	2,154,610	225,928	42,921
9	Other employee benefits	10,233,391	1,020,123	8,780,506	432,762
10	Payroll taxes				
		5,512,723	4,726,216	668,369	118,138
11	Fees for services (non-employees)				
a	Management	40.003		40.003	
b	Legal	40,902		40,902	
c d	Accounting	95,750		95,750	
e e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	137,773		137,773	
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	137,773		137,773	
9	amount, list line 11g expenses on Schedule O)	4,605,558	3,901,677	550,335	153,546
12	Advertising and promotion	1,510,811	319,123	1,191,291	397
13	Office expenses	2,024,852	1,500,892	443,931	80,029
14	Information technology	448,329	326,841	118,617	2,871
15	Royalties				
16	Occupancy	7,491,483	6,991,490	499,993	
17	Travel	6,381,398	6,202,136	158,810	20,452
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,396	20,995	4,401	
20	Interest	1,394,513	1,394,513		
21	Payments to affiliates	11.716.060		146 176	
22	Depreciation, depletion, and amortization	11,746,862	11,300,386	446,476	
23 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)	1,044,373	903,411	140,962	
а	Dues & Subscriptions	4,468,399	3,125,160	1,334,558	8,681
b	BOOKSTORE SALES	3,508,919	3,508,919		
c	Repairs & Maintenance	4,092,972	3,724,122	368,490	360
d	Small Equipment & Supplies	4,232,870	3,920,168	298,030	14,672
е	All other expenses	5,138,883	4,944,260	0	194,623
25	Total functional expenses. Add lines 1 through 24e	204,285,973	175,711,839	25,706,188	2,867,946
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

7,130

43,254,904

33,261,625

1,230,520

1,645,416

970,446

386,123

561,116,667

115,501,946

13 370 386

770,745,163

14,634,515

8,807,179

96,130,477

246,126

7,965,973

2,546,209

130,330,479

510,034,613

32,022,105

98,357,966

640,414,684

770,745,163 Form 990 (2015)

(A)

Beginning of year

5,680

41,112,609

16,720,413

1,223,953

1,707,560

1,010,239

546,454,776

129.633.845

5,792,452

743,948,726

23,848,627

8,454,736

174,004

5,262,380

2.880.858

193,660,940

444,846,369

38,065,772

67,375,645

550.287.786

743,948,726

153,040,335

674 542 113

113,425,446

287,199

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Net Assets or Fund Balances

Form 990 (2015)

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

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

(Ва	lance	Sheet	

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets

Cash-non-interest-bearing

Savings and temporary cash investments

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Total liabilities.Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Pledges and grants receivable, net .

Accounts receivable, net . .

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

Revenue less expenses Subtract line 2 from line 1 . .

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

Net unrealized gains (losses) on investments . .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

a response or note to	any	line	e in	this	Ра	rt X	I		
column (A), line 12)									
column (A). line 25)									

2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

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550,287,786 -8,061,244 8 495,100

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Page **12**

301,979,015

204,285,973

97,693,042

640,414,684

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

Software ID: 15000238

Software Version: 2015v3.0

EIN: 62-0465076

Name: BELMONT UNIVERSITY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Institutional Trustee or director		(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				
Marty Dickens Chairman	3 0	х		х				0	0	0
Gordon Inman	10									
Vice Chair		×		х				0	0	0
Joe Russell	1 0	х		х					0	0
Secretary		^		^				0	U	U
Harry Allen Trustee	1 0	х						0	0	0
Lee Beaman	1 0									
Trustee		×						0	0	0
John Ferguson	1 0	x						0	0	0
Trustee		^						0	U	U
Dan Foutch	1 0	x						0	0	0
Trustee		^						0	U	0
Cordia Harrington	1 0	×						0	0	0
Trustee		_ ^						0	0	0
Steve Hewlett	1 0	×						0	0	0
Trustee		_ ^						0	0	0
Damon Hınınger	1 0	×						0	0	0
Trustee		^								

							fficers, Direc ent Contract		s, Key Emplo
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore t ss pe	han ersoi icer a	not one n is and	,	(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
Jim Holleman Trustee (Through 12/31/2015)	1 0	x					0	0	o
Steve Horrell Trustee (Through 12/31/2015)	1 0	x					0	0	o
Larry Kloess Trustee	1 0	x					0	0	0
Klay Kelley Trustee	1 0	х					0	0	o
R Milton Johnson Trustee (Through 12/31/2015)	1 0	×					0	0	0
Todd Jones Trustee	1 0	×					0	0	0
Ron Knox Trustee	1 0	x					0	0	0
Bill Lee Trustee	1 0	х					0	0	O
Cynthia Leu Trustee	1 0	x					0	0	O
Drew Maddux Trustee	1 0	х					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation (W-2/1099-(W-2/1099for related director/trustee) from the organizations MISC) MISC) organization Former er elimentor Office emplovee Highest compensated individual trustee below and related In strtutic nal Trust⊷⊷ dotted line) organizations employee 1.0 Bruce Maxwell Х 0 0 Trustee Carolyn 10 McAfee Χ 0 0 Trustee Rebecca 10 **MCKELVEY** Castaneda Х 0 Trustee 10 Andrea Overby Х 0 0 Trustee 10 Ben L Rechter Х 0 0 Trustee Jon Roebuck 10 Trustee Х 0 0 (Through 12/31/2015) Barbara Massey 10 Rogers Х 0 0 Trustee (Through 12/31/2015) 10 Anne Russell 0 0 Х Trustee 10 Dana Sherrard 0 Х 0 Trustee 10 Claire Tucker Х Trustee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related	Average hours per week (list any hours for related Average Position (do not check more than one box, unless person is both an officer and a director/trustee)		: k	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the				
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
Michael W Smith Trustee	1 0	×						0	0	o	
Randy Smith	1 0	×						0	0	O	
Larry Thrailkill Trustee	1 0	×						0	0	o	
Troy Tomlinson Trustee	1 0	x						0	0	0	
Terry Turner Trustee (Through 12/31/2015)	1 0	x						0	0	О	
Paul Walker Trustee	1 0	×						0	0	0	
Bob Whisenant Trustee	1 0	×						0	0	0	
Jim Wilkerson Trustee	1 0	×						0	0	0	
Jim Wright Trustee	1 0	×						0	0	o	
Mark Wright Trustee	1 0	×						0	0	o	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emplo **Compensated Employees, and Independent Contractors** (A) (B) (C) (D) (E) (F) Name and Average Position (do not check Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Officer Officer Former or director key employee emplovee Highest compensated Individual trustee below Institutional Trustee and related dotted line) organizations 40.0 Robert Fisher Х 1,024,766 0 48,148 President 40 0 Thomas Burns Х 326.194 0 31.612 Provost Steven Lasley 40 0 Х 296,235 0 31,866 VP of Finance and Operations Jason Rogers 40 0 VP of Х 235,623 0 38,012 Administration & University Counsel Clifton Perry 40 0 Moulds Х 223,995 0 30,217 VP of University Advancement Paula Gill 40 0 Vice President Х 200,472 0 19,852 Institutional Effectiveness Susan West 40 0 Х 193,255 0 32,287 VP/Chief of Staff Todd Lake 40.0 0 28,725 Х 119,631 VP of Spiritual Development Alberto 40 0 Gonzales 0 Х 360,414 32,116 Dean 40 0 James Raines 291,635 27,410 Dean

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employe Compensated Employees, and Independent Contractors (C) (A) (B) (D) (E) (F) Reportable Name and Average Position (do not check Reportable Estimated Title hours per more than one box. compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Former Officer X O emplovee Highest compensated Individual trustee helow Institutional Trustee and related dotted line) organizations employee 40.0 Philip Johnston Х 265,676 26,265 Dean Richard Byrd 40 0 110,644 Х 846,018 Men's Basketball Coach Jeffrey Cornwall 40 0 217,537 25,399 Х Director-Center for Entreprenuership Cameron M 40.0 Newbauer 197,955 27,486 Х Woman's Basketball Coach 40 0 D Lee Warren 192,996 15.822 Х 0 Professor Douglas Jay 40 0 Howard Х 192,300 17,705

Professor

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE A

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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

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

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

OMB No 1545-004 Open to Public Inspection

DLN: 93493108011187

Employer identification number

62-0465076

Internal Revenue Service Name of the organization BELMONT UNIVERSITY

(Form 990 or

990EZ)

Part I

✓

1

2

3

Treasury

Department of the

www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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

	•••							
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	015	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	6,877,911	11,392,268	10,352,914	12,911,229	3:	5,735,488	77,269,810
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	6,877,911	11,392,268	10,352,914	12,911,229	3.	5,735,488	77,269,810
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)							8,082,120
6	Public support. Subtract line 5 from line 4							69,187,690
S	ection B. Total Support							
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 20	15	(f) Total
•	fiscal year beginning in) 🕨							
7	Amounts from line 4	6,877,911	11,392,268	10,352,914	12,911,229	35	,735,488	77,269,810
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,059,891	2,204,389	2,134,759	5,821,308	6	i,335,221	18,555,568
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	755,436	670,749	1,067,866	1,126,281	1	,056,040	4,676,372
11	Total support. Add lines 7 through 10							100,501,750
12	Gross receipts from related activi	ties, etc (see ins	tructions)			12		1,102,167,424
13	First five years.If the Form 990 is	for the organizat	ion's first, second	, third, fourth, or f	ifth tax year as a			
	check this box and stop here							, ,
S	ection C. Computation of Pu	blic Support	Percentage				•	
14	Public support percentage for 201	.5 (line 6, column	(f) divided by line	11, column (f))		14		68 84 %
15	Public support percentage for 201	.4 Schedule A , Pa	art II, line 14			15		65 81 %
16a	33 1/3% support test—2015. If the	e organization did	not check the box	on line 13, and l	ine 14 is 33 1/3%	or more	, check	this box
	and stop here. The organization quality 33 1/3% support test—2014.If the	ualifies as a public	cly supported orga	nızatıon				▶ 🗸
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organizin Part VI how the organization me	t—2015. If the org ation meets the fa	anization did not d acts-and-circums	theck a box on lin tances test, chec	k this box and st	op here. I	Explain	
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organize Explain in Part VI how the organize	anızatıon meets ti	he "facts-and-cırc	umstances" test,	, check this box a	nd stop l	nere.	•
18	supported organization Private foundation. If the organiza	tion did not checl	k a box on line 13	, 16a, 16b, 17a, c	or 17b, check this	box and	see	▶┌
	instructions							▶□

Part III Support 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
9	A mounts 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 Add lines 10a and 10b						
C	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

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Section	n R	Tyne	T Si	innorting	Orga	nization	_

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

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

а	2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.			

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

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

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			-
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

Return Reference Explanation Schedule A Part II Line 10 Other DESCRIPTION - FUNDRAISING REVENUE COLUMN A - 3407 0 COLUMN B - 6843 0 COLUMN

Schedule A, Part II, Line 10 Other Income

C - 8592 0, COLUMN D - 11971 0, COLUMN E - 6401 0, COLUMN F - 37214 0, DESCRIPTION - GROSS SALES OF INVENTORY, COLUMN A - 752029 0, COLUMN B - 663906 0, COLUMN C - 1059274 0, COLUMN D - 1114310 0, COLUMN E - 1049639 0, COLUMN F - 4639158 0,

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493108011187

Employer identification number

62-0465076

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

BELMONT UNIVERSITY

Service

2

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations
 Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

3	Volunteer hours								
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).					
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	▶	\$				
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 >	\$				
3	If the organization incurred a s	☐ Yes ☐ No							
4 a	Was a correction made?				☐ Yes ☐ No				
b	If "Yes," describe in Part IV								
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).				
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$				
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ▶	\$				
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$				
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No				
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to organization made payments. For each organization listed, enter the amount paid from the filing organization's fundamount of political contributions received that were promptly and directly delivered to a separate political organization separate segregated fund or a political action committee (PAC). If additional space is needed, provide information								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
2									
3									
4									
5									
6									
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	-EZ. (Cat No 50084S Schedule C (F	orm 990 or 990-EZ) 2015				

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi			
c	Total lobbying expenditures (add lines $1a$ and			
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines			
f	Lobbying nontaxable amount Enter the amoun			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
Lobbying Expe	nditures During	4-Year Avera	ging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
Lobbying nontaxable amount							
Lobbying ceiling amount (150% of line 2a, column(e))							
Total lobbying expenditures							
Grassroots nontaxable amount							
Grassroots ceiling amount (150% of line 2d, column (e))							
Grassroots lobbying expenditures							
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))		

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	ТОИ			<u> </u>	age I
For e	filed Form 5768 (election under section 501(h)). each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
<u>actıv</u>		.,	No	·	A mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes				
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				12,2
j	Total Add lines 1c through 1i					12,2
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	5 01 (c)(5),	or s		
	West and also tally all (000) are seen all the described by the large seen as		1	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
_	Current year	2a				
a	Carryover from last year	2b				
		2c				
a b c	Total					
a b	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
a b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
a b c 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3 4 5				

Return Reference Schedule C, Part II-B, Line 1	Explanation
Schodule C Part II-B Line 1	DELMONT UNIVERGITY DATE DUEG TO TENNEGGE INDEPENDENT COLLEGES AND
•	BELMONT UNIVERSITY PAID DUES TO TENNESSEE INDEPENDENT COLLEGES AND UNIVERSITIES ASSOCIATION IN THE AMOUNT OF \$61,309 A PORTION OF THE DUES IN THE AMOUNT OF \$12,262 WAS SPENT ON LOBBYING ACTIVITY
, ,	BELMONT UNIVERSITY PAID DUES TO TENNESSEE INDEPENDENT COLLEGES AND UNIVERSITIES ASSOCIATION IN THE AMOUNT OF \$61,309 A PORTION OF THE DUES IN THE AMOUNT OF \$12,262 WAS SPENT ON LOBBYING ACTIVITY

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DLN: 93493108011187

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Open to Public Inspection

Naı	al Revenue Service me of the organization MONT UNIVERSITY				loyer identification number
Pa	rt I Organizations Maintaining Donor Complete if the organization answere			Funds	or Accounts.
	Complete in the organization unioners	(a) Donor advised fund			Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t				sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				
Pa	rt III Conservation Easements. Comple	ete if the organization	answered "Yes	" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organization (check all	l that apply)		
	Preservation of land for public use (e.g., recreeducation)	eation or	– Preservation o	of an histor	rically important land area
	Protection of natural habitat	, 	_		ed historic structure
	Preservation of open space	·			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	ition contribution	ın the form	n of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme			2b	
c d	Number of conservation easements on a certified Number of conservation easements included in (c		` '	2c	
u	historic structure listed in the National Register	e) acquired after 0/17/00	o, and not on a	2d	
3	Number of conservation easements modified, train	nsferred, released, exting	guished, or termin	ated by th	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is loc	ated ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ring, inspection, h	nandling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of vi	iolations, and enfo	orcing cons	servation easements during the
	^				
7	A mount of expenses incurred in monitoring, insperior \$	ecting, nanding of violation	ons, and emorem	g conserva	ition easements during the year
В	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^2$	ne 2(d) above satisfy the	e requirements of	section 17	′0(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the org			
ar	t III Organizations Maintaining Collect Complete if the organization answere	tions of Art, Histor			ner Similar Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not assets held for public ex	to report in its re khibition, education	venue stat on, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to r assets held for public ex	report in its reven	ue statem	ent and balance sheet
(i) Revenue included on Form 990, Part VIII, line 1	L		> \$	0
	i) Assets included in Form 990, Part X				384,150
2	If the organization received or held works of art, h	nistorical treasures, or ot	ther sımılar asset		
	following amounts required to be reported under S				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	***	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar	Asset	s	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other re	,	of the following tha	it are a significant u	se of it	:s	
а	✓	Public exhibition		d L Lc	an or exchange pr	ograms			
b	✓	Scholarly research		e	ther				
c	V	Preservation for future generations							
4	•	de a description of the organizatior		xplain how they fur	ther the organizati	on's exempt purpos	e ın		
5		g the year, did the organization sol s to be sold to raise funds rather tl					ae [✓ No	
Par	t IV	Escrow and Custodial Arra		a do pare or the org	amedian's concec	7	:5	V 140	
		Complete if the organization Part X, line 21.					nt on	Forn	n 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	ermediary for contr	ibutions or other a	ssets not	es [✓ No	•
b	If'	'Yes," explain the arrangement in F	art XIII and comple	ete the following ta	ble .	Aı	nount		
c	Ве	gınnıng balance				1c			
d	A d	ditions during the year			_ :	ld			
е	Dis	stributions during the year			<u> </u>	Le			
f		ding balance				1f			
2 a	Did th	ne organization include an amount o	on Form 990, Part X	, line 21, for escro	w or custodial acc	ount liability? 🔽 Y	es [_ No	•
ь	If"Y€	es," explain the arrangement in Par							✓
Pai	rt V	Endowment Funds. Comple					_		
1.	Pogur	aning of year halance	(a)Current year 107,827,318	(b) Prior year 101,828,642	b (c) Two years back 88,433,30		+ • •		ars back 5,832,794
1a	ьegii	nning of year balance	107,827,518	101,020,042	00,433,30	75,709,111	-	/.	3,032,734
b	Cont.	ributions · · · · · · ·	30,991,021	1,776,474	4,827,74	4,100,879)	;	2,724,138
c	Net ii losse	nvestment earnings, gains, and	-3,565,073	6,404,744	10,902,92	12,289,824	ı	-2	2,748,936
d		ts or scholarships	2,654,224	2,182,542	2,335,32	6 1,746,514	ı	:	2,018,885
e		r expenditures for facilities programs							
f	A dmı	nistrative expenses							
g	End o	of year balance	132,599,042	107,827,318	101,828,64	2 88,433,300)	7:	3,789,111
2	Provi	de the estimated percentage of the	current year end ba	ılance (line 1g, col	umn (a)) held as				
а	Board	d designated or quasi-endowment ▶	4 95 %						
b	Perm	anent endowment ▶ 74 18 %							
c	Temp	orarily restricted endowment >	20 87 %						
	Thep	ercentages on lines 2a, 2b, and 2c	should equal 100%	o o					
3a		here endowment funds not in the po	ssession of the orga	anızatıon that are h	ield and administe	red for the	_	1	
	-	iization by irelated organizations				Гз	a(i)	Yes	No No
	` '	elated organizations					a(ii)		No
b		es" on 3a(II), are the related organi			R?		3b		
4	Desc	ribe in Part XIII the intended uses		s endowment funds					
Par	t VI	Land, Buildings, and Equip Complete if the organization		Form 990 Part	IV line 11a Se	a Form 990 Part	Y line	10 د	
		Description of property	answered res to	(a) Cost or other b	(b) basis Cost or other b	Accumulated			value
	_and			(investment	30,343	.066		3(0,343,066
	zuna Buildin	gs			30,343	,			.,5,500
		·			590,141	,848 75,458,2	74	514	1,683,574
c I	_easeh	nold improvements			4,757	,903 2,546,7	37	2	2,211,166
		nent			33,757	,196 25,803,9	34	7	7,953,212
е (Other 				15,542	,100 9,616,4	51		5,925,649
Tota	 I. A dd	Ines 1a through 1e (Column (d) mu	st equal Form 990, Pa	art X, column (B), lır			1		1,116,667
		3 (, , , , , , , , , , , , , , , , , ,	,,		,		D (Fo		90) 2015

	-у	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market value
(2)Closely-held equity interests			
(3) 0 ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.	- 1		
Complete if the organization answere	ed 'Yes' on Form 99		
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Death TV Other Asset			
Part IX Other Assets. Complete if the organizat		Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat (a) Design		Form 990, Part IV, line	: 11d See Form 990, Part X, line 15 (b) Book value
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV , line	
		Form 990, Part IV, line	
		Form 990, Part IV , line	
		Form 990, Part IV , line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
(a) Des	cription		(b) Book value
(a) Des	eription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the org	eription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25.	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	cription e 15) ganization answere (b) Book value 2,546,	209 209	(b) Book value

ched	dule D (Form 990) 2015		
Par	TXI Reconciliation of Revenue per Audited Financial Statements With Rev Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	enue per	Return
L	Total revenue, gains, and other support per audited financial statements	. 1	250,547,024
<u> </u>	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -8,06	51,244	
ь	Donated services and use of facilities	<u> </u>	
c	Recoveries of prior year grants	52,999	
d	Other (Describe in Part XIII)		
		4,143	
е	Add lines 2a through 2d	. 2e	-6,314,102
3	Subtract line 2e from line 1	3	256,861,126
ŀ	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 13	37,773	
b	Other (Describe in Part XIII) 4b 44,98	30,116	
_			45 117 000
c	Add lines 4a and 4b	4c	45,117,889
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		301,979,015
;	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5	301,979,015
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5	301,979,015
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5	301,979,015 er Return.
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses pe	301,979,015 er Return.
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expense of the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	. 5 penses pe	301,979,015 er Return.
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) **XII* Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	. 5 penses pe	301,979,015 er Return.
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	. 5 penses pe	301,979,015 er Return.
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses in the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	. 5 penses pe	301,979,015 er Return.
a b d	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses in the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	penses pe	301,979,015 er Return. 160,420,126
Part a b c d e	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses pe	301,979,015 er Return. 160,420,126
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses pe	301,979,015 er Return. 160,420,126
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses pe	301,979,015 er Return. 160,420,126
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses pe . 1 49,503 2e 3	301,979,015 er Return. 160,420,126
Part	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses pe . 1 49,503 2e 3	301,979,015 er Return. 160,420,126 949,503
Part L 2 a b c d e 3 4 a b	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	. 5 penses per . 1 49,503 2e 377,773 77,577 4c	301,979,015 er Return. 160,420,126 949,503 159,470,623

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

Return Reference	Explanation
collections	THE COLLECTION CONSISTS OF 2 YEMINI SCROLLS FROM THE MID 19TH CENTURY (APPROXIMATELY 150-175 YEARS OLD) THAT WERE GIVEN TO THE UNIVERSITY 5-6 YEARS AGO THEY ARE SYNAGOGUE TORAH SCROLLS, HAND-WRITTEN ON PARCHMENT THEY ARE STORED IN AN ARCHIVE ROOM IN THE LIBRARY, SINCE THEY CANNOT BE KEPT IN FIDELITY HALL BECAUSE OF STEAM HEAT OCCASIONALLY THEY ARE USED IN CLASSES TO SHOW THEM TO STUDENTS AND TALK ABOUT THEIR CHARACTERISTICS AND SIGNIFICANCE THREE REPLICA STATUES WERE PURCHASED BY THE UNIVERSITY AND ARE PLACED THROUGHOUT THE CAMPUS IN AN EFFORT TO HELP THE CAMPUS APPEAR AS IT MAY HAVE LOOKED BACK WHEN THE MANSION WAS ORIGINALLY BUILT ADDITIONALLY, THE UNIVERSITY PURCHASED SEVERAL PIECES OF ART WORK THAT ARE PLACED IN THE GORDON INMAN BUILDING THEY WERE BOUGHT TO ENHANCE THE APPEARANCE OF THE INTERIOR, SINCE THE BUILDING WOULD BE USED FOR VARIOUS GATHERINGS BY THE PRESIDENT AND SENIOR LEADERSHIP A MAJORITY OF THE VALUE OF THE COLLECTION LIES IN THE VALUE OF THE SCROLLS IN FY14, A NEW SCULPTURE WAS COMMISSIONED FOR THE TROUTT THEATER (TOTAL VALUE OF THE COLLECTION ON THE BOOKS EQUALS \$221,650 AND THE VALUE OF THE SCROLLS ON THE BOOKS IS \$162,500)
	Schedule D (Form 990) 2015

Part XIII Supplemental Inf	ormation (continued)
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE STUDENT SCHOLARSHIPS
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The University is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, accordingly, no provision for income taxes has been made in the accompanying consolidated financial statements. The University is not classified as a private foundation. The University files a Form 990 (Return of Organization Exempt from Income Tax) annually. When these returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the tax position taken or the amount of the position that would ultimately be sustained. Examples of tax positions common to universities include such matters as the following the tax exempt status of each entity and various positions relative to potential sources of unrelated business income tax ("UBIT"). UBIT is reported on Form 990-T, as appropriate. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any Tax positions are not offset or aggregated with other positions. Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above would be reflected as a liability for uncertain tax benefits in the accompanying statements of financial position along with any associated interest and penalties that would be payable to the taxing authorities upon examination. As of May 31, 2016 and 2015, there were no uncertain tax positions identified. The University does not expect the total amount of unrecognized tax benefits to significantly change in the next

ociated interest and penalties that of May 31, 2016 and 2015, there t expect the total amount of nonths Forms 990 and 990-T filed nue Service (IRS) up to three years the Forms 990 and 990-T have been filed appropriately Forms 990 and 990-T filed by the University are no longer subject to examination for the fiscal years ended May 31, 2012 and prior. The University would recognize interest and penalties related to unrecognized tax positions in interest and income tax expense, respectively. The University did not recognize or accrue any interest or penalties as of May 31, 2016

Schedule D, Part XI, Line 2(d) Other COST OF GOODS SOLD - 949503 CHANGE IN VALUE OF INTEREST RATE SWAPS - 334649 CHANGE IN VALUE OF SPLIT INTEREST TRUSTS - 109991 revenues in audited financial statements not in form 990 Schedule D, Part XI, Line 4(b) Other SCHOLARSHIPS & FELLOWSHIPS - 44677577 CHANGE IN VALUE OF ANNUITIES - 302539 revenues in form 990 not in audited

financial statements

SCHOLARSHIPS & FELLOWSHIPS - 44677577

and 2015, and for the years then ended Schedule D, Part XII, Line 2(d) Other COST OF GOODS SOLD - 949503

expenses in audited financial statements not in form 990

financial statements

Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited

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Open to Public

Inspection

Schools

SCHEDULE E (Form 990 or 990-EZ)

> ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** BELMONT UNIVERSITY 62-0465076 Part I YES NO 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? Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c \mathbf{d} Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo b Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5**c Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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? Yes 6a h Has the organization's right to such aid ever been revoked or suspended? 6b Νo 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

Return Reference	Explanation
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	THE COLLEGE'S NONDISCRIMINATORY POLICY IS PRINTED IN THE "EMPLOYEE POLICIES AND PROCEDURES" MANUAL AS WELL AS THE STUDENT HANDBOOK

THE PERKINS LOAN PROGRAM IS A CAMPUS-BASED PROGRAM PROVIDING FINANCIAL ASSISTANCE Schedule E. Part I. Line 6(a) FINANCIAL AID OR ASSISTANCE TO ELIGIBLE POST-SECONDARY SCHOOL STUDENTS BASED ON FINANCIAL NEED. THE DEPARTMENT FROM A GOVERNMENT OF EDUCATION PROVIDES FUNDS ALONG WITH THE UNIVERSITY. WHICH ARE USED TO MAKE LOANS

Schedule E (Form 990 or 990EZ) (2015)

Schedule E (Form 990 or 990-EZ) (2015)

Page 2

efile GRAPHIC print - DO NO	T PROCESS	As Filed Dat	:a -	DLN:	93493108011187
SCHEDULE F (Form 990)	tement of	Activities C	Outside the Unite	ed States	OMB No 1545-0047
Denzitment of the Treasury	·	Part IV, line 1 ► Attach to	n answered "Yes" to Form .4b, 15, or 16. o Form 990. nd its instructions is at wi		2015 Open to Public Inspection
Name of the organization BELMONT UNIVERSITY				Employer iden 62-0465076	tification number
Part I General Information Complete if the organ				I	
1 For grantmakers. Does the and other assistance, the grused to award the grants or	antees' eligibil			_	√ Yes No
2 For grantmakers. Describe assistance outside the Unite3 Activites per Region (The follows)	d States				nts and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	· · · · · · · · · · · · · · · · · · ·	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data		region	regiony		
(2)					
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I	0				26,149
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0 the Instructions	for Form 990		No 50082W Sche e	26,149 Jule F (Form 990) 2015

Schedule F (Form 990) 2015

	and EIN (if applicable)	5	dıs burs ement	assistance	assistance	(book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						

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

Page 2

Schedule F (Form 990) 2015	;						Page 3
Part III Grants and				ed States. Complete	ıf the organızatıon a	nswered "Yes" to Forr	n 990, Part IV, line 16.
Part III can b	<u>oe duplicated if additio</u>	nal space is ne	eeded.	T			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTMAKING- STUDY ABROAD	Europe (Including Iceland and Greenland)	22	,	ACCOUNT CREDIT		N/A	N/A
(2) GRANTMAKING- STUDY ABROAD	East Asia and the Pacific	1	400	ACCOUNT CREDIT	0	N/A	N/A
(3) GRANTMAKING- STUDY ABROAD	Middle East and North Africa	2	1,250	ACCOUNT CREDIT	0	N/A	N/A
(4) GRANTMAKING- STUDY ABROAD	South America	2	1,700	ACCOUNT CREDIT	0	N/A	N/A
(5) GRANTMAKING- STUDY ABROAD	Sub-Saharan Africa	2	1,200	ACCOUNT CREDIT	0	N/A	N/A
(6) GRANTMAKING - STUDY ABROAD	North America (Canada & Mexico only)	2	1,500	ACCOUNT CREDIT	0	N/A	N/A
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							+
(16)							+
(17)							+
(18)		+					

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

Old 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, do not file with Form 990)

Νo

Yes

990	Schedule F, Supplemental Inform	iation
	Poturn Poforonco	

Page 5

Return Reterence

Explanation

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Schedule F. Part I. Line 2 Procedures for GRANT RECIPIENTS ARE BEI MONT UNIVERSITY STUDENTS STUDYING ABROAD GRANTS

this part to provide any additional information (see instructions).

ARE OFFSET AGAINST STUDENT TUITION ACCOUNTS.

monitoring use of grant funds

Schedule F (Form 990) 2015

990 Schedule F, Supplemental Information

Return Reference Explanation

Schedule F, Part I, Line 2 PROCEDURES FOR GRANT RECIPIENTS ARE BELMONT UNIVERSITY STUDENTS STUDYING ABROAD GRANTS ARE OFFSET A GAINST STUDENT TUITION ACCOUNTS

Additional Data

Middle East and North

Africa

Software ID: 15000238

Software Version: 2015v3.0

EIN: 62-0465076

Name: BELMONT UNIVERSITY

1,250

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
Europe (Including Iceland and Greenland)	0	0	Grantmakıng		20,099
East Asia and the Pacific	0	0	Grantmaking		400

Grantmaking

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) Activities (f) Total expenditures offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, (s) in region grants to recipients located in the region) 1,700

Grantmaking

1,200

1,500

South America	0	0	Grantmaking	
Sub-Saharan Africa	0	0	Grantmakıng	

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

North America (Canada &

Mexico only)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and C
Governments
Complete if the organize
Department of the
Treasury | Information about Schedule

Internal Revenue Service

Name of the organization

BELMONT UNIVERSITY

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

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

Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493108011187

2015

Open to Public Inspection

Employer identification number

DEEMONT ONLY EXSTIT						62-0465076	
Part I General Informat	ion on Grants an	d Assistance					
Does the organization maintal the selection criteria used to a Describe in Part IV the organization Part II Grants and Other Assistant received more than	award the grants or a ization's procedures stance to Domestic O	ssistance? for monitoring the use rganizations and Dome	of grant funds in the Un	ited States		tance, and orm 990, Part IV, line 21	✓ Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section3 Enter total number of other or							
For Paperwork Reduction Act Notice, s				Cat No 50055P	<u> </u>		le I (Form 990) 2015

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

Schedule I (Form 990) 2015

Explanation THE UNIVERSITY AWARDS GRANTS AND SCHOLARSHIPS TO ENROLLED STUDENTS. GRANTS ARE CREDITED TO THE RECIPIENTS'

Return Reference Schedule I, Part I, Line 2 Procedures for monitoring use of

grant funds

ACCOUNTS FOR TUITION, FEES, ROOM AND BOARD

Compensation Information

OMB No 1545-0047

DLN: 93493108011187

2015

Schedule J (Form 990)

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

reas	rtment of the ury nal Revenue Service	► Information about Schedule J (For	m 990			o Put ectio	
Na	me of the organiz	zation		Employer identificati	on nur	nber	
DEL	MONT UNIVERSITY			62-0465076			
Pa	rt I Questi	ons Regarding Compensation		-			
						Yes	No
1a				ny of the following to or for a person listed on Form ide any relevant information regarding these items			
	First-clas	s or charter travel		Housing allowance or residence for personal use			
	Travel for	companions		Payments for business use of personal residence			
	Tax idemi	nification and gross-up payments	~	Health or social club dues or initiation fees			
	Discretion	nary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b				on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b	Yes	
2		·		ing or allowing expenses incurred by all irector, regarding the items checked in line 1a?	2	Yes	
3	organization's	CEO/Executive Director Check all that	apply	used to establish the compensation of the / Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compens	ation committee	V	Written employment contract			
	<u> </u>	ent compensation consultant	V	Compensation survey or study	İ	j j	
	Form 990	of other organizations	[✓	Approval by the board or compensation committee	į	į į	
4	During the year or a related org		art VII	I , Section A , line $1 extstyle a$ with respect to the filing organization			
а	Receive a seve	erance payment or change-of-control pa	ymen	t?	4a		No
b		or receive payment from, a supplement	-		4b	Yes	
c	Participate in,	or receive payment from, an equity-bas	ed cor	mpensation arrangement?	4c		No
	If "Yes" to any	of lines 4a-c, list the persons and prov	ide th	e applicable amounts for each item in Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organization	ns mu	ıst complete lines 5-9.			
5	•	ted on Form 990, Part VII, Section A, l contingent on the revenues of	ıne 1a	i, did the organization pay or accrue any			
а	The organization	on?			5a		Νo
b	Any related org	ganization?			5b		No
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A, l contingent on the net earnings of	ıne 1a	, did the organization pay or accrue any			
а	The organization	on?			6a		Νo
b	Any related org	ganızatıon?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A , l described in lines 5 and 6? If "Yes," de:		ı, dıd the organızatıon provide any non-fixed ın Part III	7		No
В	Were any amou	ints reported on Form 990, Part VII, pa	ıd or a	accured pursuant to a contract that was			

subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

Νo

Seriedates (Form 550) 2015					r ugc 🕳				
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
ınstructions, on row (ii) Do not list ar	tion must be reported on Schedule J, report compensation from the only individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F								
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in				

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	(C) Retirement and	(D) Nontaxable	` '	(F) Compensation in	
	Base	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(ı) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			as deferred on prior Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

plan

Schedule J. Part I. Line 4b Dr. Robert Fisher, University President, participates in a supplemental non-qualified retirement plan. In FY 2016, \$175,471 was contributed to his plan. Supplemental nonqualified retirement |Richard Byrd, Men's Basketball Coach, participates in a supplemental non-qualified retirement plan In FY 2016, \$80,000 was contributed to his plan

Schedule J (Form 990) 2015

Software ID: 15000238 **Software Version:** 2015v3.0 **EIN:** 62-0465076

Name: BELMONT UNIVERSITY

Form 990, Schedule J, Part (A) Name and Title			f W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 Robert Fisher President	(1)	1,022,156	0	2,610	13,250	34,898	1,072,914	200,000
	(11)	0	0	0	0	-	0	0
1Thomas Burns Provost	(1)	326,104	0	90	13,250	18,362	357,806	0
	(11)	0	0	0	0			0
2Steven Lasley	(1)	295,977	0	258	13,250	18,616	328,101	0
VP of Finance and Operations	(11)	0	0	0	0			0
3Jason Rogers VP of Administration & University Counsel	(1)	235,485	0	138	12,446	25,566	273,635	0
Oniversity Courses	(11)	0	0	0	0	0	- 0	0
4 Clifton Perry Moulds VP of University	(1)	223,941	0	54	11,525	18,692	254,212	0
Advancement	(11)	О	0	0	0	-	- 0	0
5 Paula Gill Vice President Institutional	(1)	200,214	0	258	10,150	9,702	220,324	0
Effectiveness	(11)	0	0	0	0			0
6 Susan West	(1)	192,997	0	258	10,150	22,137	225,542	0
VP/Chief of Staff	(11)	0	0	0	0	-		0
7 Alberto Gonzales Dean	(1)	360,018	0	396	13,250	18,866	392,530	0
304.1	(11)	0	0	0	0	-	-	0
8 James Raines Dean	(1)	291,239	0	396	13,250	14,160	319,045	0
	(11)	0	0	0	0		- - 0	0
9 Philip Johnston Dean	(1)	264,914	0	762	11,252	15,013	291,941	0
	(11)	o	0	0	0	-		0
10Richard Byrd Men's Basketball Coach	(1)	770,787	74,835	396	93,250	17,394	956,662	80,000
	(11)	0	0	0	0	-	-	0
11Jeffrey Cornwall Director-Center for	(1)	217,279	0	258	10,136	15,263	242,936	0
Entreprenuership	(11)	0	0	0	0			0
12Cameron M Newbauer	(1)	187,901	10,000	54	9,263	18,223	225,441	0
Woman's Basketball Coach	(11)	0	0	0	0			0
13D Lee Warren	(1)	192,738	0	258	8,079	7,743	208,818	0
Professor	(11)	0		0	0,079			
14Douglas Jay Howard	7.3	102.002			· ·	0	0	
Professor	(1)	192,063	0	237	0	17,705	210,005	0
	(11)	0	0	0	0	-0		0

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Schedule K (Form 990)

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.

2015

Open to Public

DLN: 93493108011187

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Name of the organization

▶Information about Schedule K (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Employer identification number

ВЕ	MONT UNIVERSITY										-04650			libei		
P	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice	(f)) Descriptio	n of purpose	(g) De	efeased	beha	On alf of uer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF N ASHVILLE AND DAVIDSON COUNTY TN (2012A)	62-6139016		05-30-2012	50,900	0,000	REFUN	NDING BO	ND ISSUE		x		×		Х	
В	HEALTH AND EDUCATIONAL FACILITIES BOARD OF METROPOLITAN GOVERNMENT OF NASHV ILLE AND DAVIDSON COUNTY TENNESSEE	62-6139016		01-04-2010	23,000	000,0	1	TRUCTION ITIES	N OF CAMPUS		×		×		Х	
c	HEALTH AND EDUCATIONAL FACILITIES BOARD OF METROPOLITAN GOVERNMENT OF NASHV ILLE AND DAVIDSON COUNTY TENNESSEE	62-6139016	592041TS6	05-30-2012	59,162	2,825		TRUCTIOI LITIES	N OF CAMPUS		×		×		X	
D	HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF N ASHVILLE AND DAVIDSON COUNTY TN	62-6139016		06-14-2013	40,100	000,0		TRUCTIOI LITIES	N OF CAMPUS		×		×		X	
P	rt III Proceeds															
	American and heart designed				A				В		С			D		
1	A mount of bonds retired A mount of bonds legally defeas				1	700,44	,000		16,750,000		5,48	2,348		40,	100,000	
	Total proceeds of issue	seu	<u> </u>	· · · ·			0		0			0			- 0	
3	•				5	50,900	,000	23,136,460			59,162,825			40,100,000		
4	Gross proceeds in reserve fund	ds					0	0 0				0				
5	Capitalized interest from proce						0 0				0					
6	Proceeds in refunding escrows				5	50,900	,000	000 0 10,058,27			8,276	76 0				
7	Issuance costs from proceeds						0		0		5 5	9,269		90,031		
8	Credit enhancement from proce						0		0			0			0	
9	Working capital expenditures fi						0		0			0	0			
10	Capital expenditures from proc						0	;	23,136,460		48,54	5,280		40,	009,969	
11	Other spent proceeds						0		0			0			0	
12	Other unspent proceeds						0		0			0			0	
13	Year of substantial completion			• •	<u> </u>				10	.,						
_	Were the bonds issued as part	of a current refundu	na icciio3		Yes	No	0	Yes	No	Yes	-	No l	Yes	•	No	
14	Were the bonds issued as part				X	· ·	+		X	X		,			X	
15	<u>'</u>					Х			X			×			Х	
16	Has the final allocation of proc				X			X		X			X			
17	Does the organization maintair allocation of proceeds?			ort the final	x			X		Х			X			
Pa	rt IIII Private Business U	se														
					Vec	No	+	Vec	No.	Vec	C .	Jo.	Vac	. <u>D</u>	No	

Was the organization a partner in a partnership, or a member of an LLC, which owned

 Χ

Yes

Χ

Χ

Yes

No

Х

Х

Yes

No

Х

Yes

				١.		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private bus of bond-financed property?	siness use		×		Х		×		×
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or oth counsel to review any management or service contracts relating to the finance									
prope	,									
С	Are there any research agreements that may result in private business use of financed property?	f bond-		x		Х		×		×
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or oth 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 e 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 unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government	ection								
6	Total of lines 4 and 5			0 %		0 %		0 %		0 %
7	Does the bond issue meet the private security or payment test?			Х		Х		Х		Х
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?			х		Х		x		×
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dis	posed of				•		•		
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sec 1 141-12 and 1 145-2?	ctions								
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?		Х		Х		Х		х	
Par	t IV Arbitrage								•	•
	-	А			В		С		D	
	-	Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х		×			х		×
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?	Х		Х		Х			Х	
b	Exception to rebate?									
С	No rebate due?									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Χ		Х		Х			Х	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х			х		×
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
e	Was the hedge terminated?									
					•	•		Sched	ule K (Form 9	990) 2015

D

С

В

			-	I	1	1		I		
			Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds inv contract (GIC)?	vested in a guaranteed investment		X		×		Х		X
b	Name of provider									
С	Term of GIC									
d		harbor for establishing the fair market ed?								
6 Were any gross proceeds invested beyond an available temporary period?			X		x		Х		X	
Has the organization established written procedures to monitor the requirements of section 148?		Х		X		X		Х		
Pai	t V Procedures To	Undertake Corrective Action								
			A		В		С		D	_
			Yes	No	Yes	No	Yes	No	Yes	No
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?					х		Х		Х	
Pa	rt VI Supplement	tal Information. Provide additional inform	nation for resp	onses to que	estions on So	chedule K (se	e instructioi	ns).		
	Return Reference		Explanation							
Total	Schedule K, Part II, Line 3 Total proceeds of 2010 bond Issue is equal to the issue price of \$23,000,000 as reported in Part I, Column (e) plus interest of \$136,460									

Α

Return Explanation Ref erence The organization is in the process of adopting written procedures which dictate how management timely identifies and corrects violations of federal tax requirements using the voluntary closing agreement program provided by the IRS when self-remediation is not available to the organization The organization strives to stay abreast of federal regulations and considers the Schedule K, repercussions of Part III, Line 9 all significant WRITTEN activities which PROCEDURES could foreseeably TΟ have an impact UNDERTAKE on the CORRECTIVE organization's tax ACTION FOR exempt bonds ALL BOND and the ISSUES associated federal tax regulations Ιn the event a violation is identified the organization's policy is to correct the violation as soon as possible, while working with the federal authorities as necessary to ensure that sufficient controls are present which will guard against future violations THE PROCEDURES WILL BE IMPLEMENTED DURING FY16

Return Reference	Explanation
Schedule K, Part IV, Line 7 WRITTEN PROCEDURES FOR REMEDIATION FOR ALL BOND ISSUES	The organization is in the process of adopting written procedures to ensure all nonqualified bonds (if any) of the issue are remediated in accordance with the associated regulations. The organization strives to stay abreast of federal regulations and considers the repercussions of all significant activities which could foreseeably have an impact on the organization's tax exempt bonds and the associated federal tax regulations. THE PROCEDURES WILL BE IMPLEMENTED DURING FY16

ı

Return Reference	Explanation
Schedule K, Part V written procedures to monitor arbitrage for all bond issues	The organization is in the process of adopting written procedures to monitor the organization's ability to remain in compliance with the arbitrage requirements under Section 148 of the Internal Revenue Code The organization strives to stay abreast of federal regulations and considers the repercussions of all significant activities which could foreseeably have an impact on the organization's tax exempt bonds and the associated federal tax regulations THE PRO CEDURES WILL BE IMPLEMENTED DURING FY16

Schedule L

(Form 990 or 990-EZ)

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.

DLN: 93493108011187 OMB No 1545-0047

2015

partment of the asury ernal Revenue Se	ment of the ry Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990. I Revenue Service □ www.irs.qov/form990. Instructions is at www.irs.qov/form990.							n to Pu specti	to Public spection			
lame of the or ELMONT UNIVERS	ganization						En	ıploye	r identif	ication	number	
							62	-046	5076			
artI Exc	ess Benefit Tr	ansaction	s (section	501(c)(3), s	ection 501(c)	(4), and 501(c)(29)	organı	zations	only)		
	lete if the organiz						$\overline{}$					
1 (a) Nam	ne of disqualified p	erson	(b) Rel	•	•	fied person and	d (d	•	cription	. ,		
				0	rganization			trans	action		Yes	No
							1					
							+					
							+			+		
							+					
art II Lo	ans to and/or	r From In	terested	Persons.			· · ·		▶ \$ - ▶ \$.	26.0	rıftho	
	anization reporte				ne 5, 6, or 22	ille 38a, 01 F0	IIII 99	0, Pai	L IV, IIII	e 26, 0		
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan t or from th organizatio	е	(e)Original principal amount	(f) Balance due	(g) defa		(h) A ppro by boa commit	ved rd or	(i)Wrı agreen	
			To	From			Yes	No	Yes	No	Yes	No
	1	1										

Total	▶ \$			
	ssistance Benefiting In ne organization answered		: IV, line 27.	
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) SEE PART V	N/A	121,800	DISCOUNTED TUITION	
(2) SEE PART V	N/A	3,000	FINANCIAL AID	

Complete if the organization	on answered "Yes" on I	Form 990, Part IV, lin	e 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) Sh of organiz reven Yes	zation's
(1) LEE COMPANY	BOARD MEMBER, BILL LEE, IS OWNER OF LEE CO	328,535	BUSINESS TRANSACTIONS		No
Part V Supplemental Informati	ion				

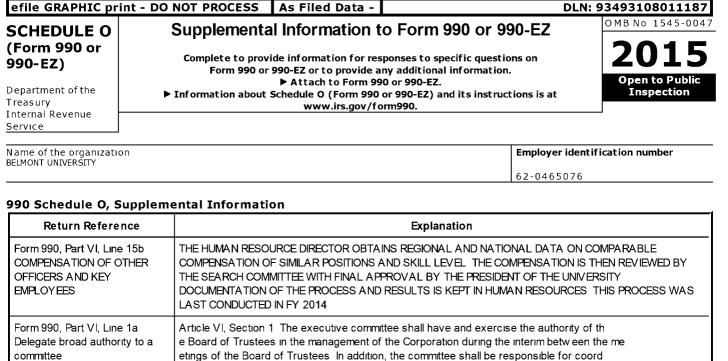
Provide additional information for responses to questions on Schedule L (see instructions) Explanation

Return Reference

Schedule L, Part III GRANTS OR ASSISTANCE BENEFITING INTERESTED PERSONS

COLLEGES, UNIVERSITIES, AND PRIMARY AND SECONDARY SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS,

> FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE PURSUANT TO THE INSTRUCTIONS TO FORM 990, SCH L, PART III, COLUMNS(A) AND (B) HAVE BEEN LEFT BLANK Schedule L (Form 990 or 990-EZ) 2015



inating with and advising the president on strategic issues affecting the University

990 Schedule O, Supplemental Information Return Reference Explanation Form 990, Part VI, Line 2 Family/business relationships

amongst interested persons	
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, WITH COPIES MARKED "DRAFT" AND TH EN SUBMITTED ELECTRONICALLY TO EACH MEMBER OF THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW AND COMMENT THE RETURN IS FORMALLY SUBMITTED UPON COMPLETION OF REVIEW

ANN RUSSELL AND JOE RUSSELL - Family relationship

990 Schedule O, Supplemental Information

Return Reference

policy

Form 990, Part VI, Line COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY. UPDATED 12c Conflict of interest FORMS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE OFFICE OF INSTITUTIONAL EFFECTIVENESS. ALL INTERESTED PERSONS SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICTS OF INTEREST. IN THE EVENT OF A CONFLICT. THE TRUSTEE OR OFFICER SHALL ABSENT HIM OR HERSELF FROM DISCUSSIONS OF.

Explanation

AND ABSTAIN FROM VOTING ON, SUCH MATTERS UNDER CONSIDERATION BY THE BOARD OF TRUSTEES OR

ITS COMMITTEES Form 990. Part VI. Line THE HUMAN RESOURCE DIRECTOR OBTAINS REGIONAL AND NATIONAL DATA ON COMPARABLE 15a Process to establish COMPENSATION compensation of top OF SIMILAR POSITIONS AND SKILL LEVEL COMPENSATION IS THEN REVIEWED BY THE SEARCH COMMITTE management official E WITH FINAL APPROVAL BY THE BOARD OF TRUSTEES DOCUMENTATION OF THE PROCESS AND RESULTS I

S KEPT IN HUMAN RESOURCES THIS PROCESS WAS LAST CONDUCTED IN FY 2016

990 Schedule O, Supplemental Information

Return Reference Explanation

Program Service Revenue

documents available to the public	pursuant to Internal Revenue Code (IRC) Section 6104 These documents are not available to the public at this time
Form 990, Part VIII, Line 2f Other	ATHLETIC PROGRAMS - Total Revenue 1849897, Related or Exempt Function Revenue 1849897, U

nrelated Business Revenue, Revenue Excluded from Tax Under Sections 512, 513, or 514,

990 Schedule O, Supplemental Information Return Reference Explanation

Form 990, Part XI, Line 9 Other	RECOVERIES OF PRIOR YEAR GRANTS - 352999, CHANGE IN VALUE OF INTEREST RATE SWAPS -
changes in net assets or fund	334649, CHANGE IN VALUE OF SPLIT INTEREST TRUSTS - 109991, CHANGE IN VALUE OF ANNUITIES

- -302539. balances

SCHEDULE R Polated O

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

Related Organizations and Unrelated Partnerships

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

2015

DLN: 93493108011187

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

BELMONT UNIVERSITY

(Form 990)

► Attach to Form 990.

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

62-0465076 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) MIDTOWN CAPITAL INVESTMENTS LLC DEVELOPMENT OF CAMPUS TN 0 0 BELMONT UNIVERSITY 2319 CRESTMOOR RD **FACILITIES** NASHVILLE, TN 37215 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	controlling ind 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 Disprop alloca) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		General or managing		General or managing		General or managing		General or managing		General or managing		
				314)			Yes	No		Yes	No											
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Pnmary 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	Section (b)(1 contro entit	13) olled
CHARITABLE REMAINDER (1)TRUST (1)	INVESTMENTS	TN	NA	Trust					No
	DEVELOPMENT OF CAMPUS FACILITIES	TN	BELMONT UNIVERSITY	S Corporation	0	3,030,000			No

chedule k (Form 990) 2015					Рад	ge 3
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more r	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b		No
c Gift, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1 d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				1 s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete				S		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount II	nvolved	

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships														
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership	
			314)	Yes	No			Yes	No		Yes	No		
												1 I		
													<u>. </u>	

