efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493105013430 OMB No 1545-0047 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization Belmont University D Employer identification number B Check if applicable □ Address change 62-0465076 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (615) 460-6000 City or town, state or province, country, and ZIP or foreign postal code Nashville, TN 37212 G Gross receipts \$ 386,087,849 Name and address of principal officer **H(a)** Is this a group return for Robert Fisher □Yes ☑No subordinates? 1900 Belmont Blvd H(b) Are all subordinates Nashville, TN 37212 ☐ Yes ☐No included? Tax-exempt status □ 527 **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BELMONT EDU L Year of formation 1951 M State of legal domicile TN K Form of organization ☑ Corporation ☑ Trust ☑ Association ☑ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities BELMONT UNIVERSITY IS A PRIVATE, COEDUCATIONAL INSTITUTION FOCUSED ON UNDERGRADUATE AND POST-GRADUATE EDUCATION IT PROVIDES AN ACADEMICALLY CHÂLLENGING EDUCATION AND STRIVES TO BE A LEADER AMONG TEACHING UNIVERSITIES BRINGING TOGETHER THE BEST OF LIBERAL ARTS AND PROFESSIONAL EDUCATION IN A CHRISTIAN COMMUNITY OF LEARNING AND SERVICE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 35 Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 35 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 3,946 **6** Total number of volunteers (estimate if necessary) . . . 6 168 Total unrelated business revenue from Part VIII, column (C), line 12 7a 959,790 Net unrelated business taxable income from Form 990-T, line 34 184,482 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 14,003,015 21,969,130 Program service revenue (Part VIII, line 2g) . 300,700,130 329,335,644 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . 16,503,755 14,431,282 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,629,319 8,610,962 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 339,836,219 374,347,018 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 60,843,590 69,874,304 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 120,952,962 112,180,396 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶3,275,697 65,479,970 66,529,321 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 238,503,956 257,356,587 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 116,990,431 19 Revenue less expenses Subtract line 18 from line 12 . 101,332,263 Assets or displaying **Beginning of Current Year End of Year** 1,042,287,586 20 Total assets (Part X, line 16) . 952,817,256 21 Total liabilities (Part X, line 26) . . . . 105,855,354 89,020,054 Net assets or fund balances Subtract line 21 from line 20 846,961,902 953,267,532 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-04-14 Signature of officer Date Sign Here Steve Lasley VP of Finance and Operations
Type or print name and title Print/Type preparer's name Preparer's signature PTIN P00520729 Check  $\Box$  if Paid self-employed Firm's name ► CROWE LLP Firm's EIN > 35-0921680 Preparer Use Only Firm's address ▶ 720 Cool Springs Blvd Suite 600 Phone no (615) 360-5500 Franklin, TN 370677260 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	rt III Staten	nent of Program Service	e Accomplisi	hments		
	——— Check ıf	Schedule O contains a respo	nse or note to a	any line in this Part III .		🗹
1		the organization's mission		·		
EMPC	ONT UNIVERSIT DWERS MEN AND PASSION, COUR	WOMEN OF DIVERSE BACKG	CHRISTIAN CON ROUNDS TO EN	MMUNITY PROVIDING AN NGAGE AND TRANSFORM	N ACADEMICALLY CHALLENGING I 1 THE WORLD WITH DISCIPLINED	EDUCATION THAT DINTELLIGENCE,
2	Did the organiz	ation undertake any significal	nt program serv	vices during the year wh	ıch were not listed on	
	the prior Form	990 or 990-EZ?				☑ Yes 🗌 No
	If "Yes," descri	be these new services on Sch	edule O			
3	Did the organiz	ation cease conducting, or ma	ake significant o	changes in how it conduc	cts, any program	
						☐ Yes ☑ No
4	Describe the or Section 501(c)	ganization's program service	accomplishmenns are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code	) (Expenses \$	213,598,630	including grants of \$	69,874,304 ) (Revenue \$	336,153,470 )
	See Additional Da				,,	
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program (Expenses \$	services (Describe in Schedu inclu	le O ) Iding grants of	\$	) (Revenue \$	)
4e	Total progran	n service expenses ▶	213,598,6	30		

Form	990 (2018)			Page <b>3</b>
Par	t IV Checklist of Required Schedules			<del></del>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	<b>Yes</b> Yes	No
י	Schedule A 20	2	Yes	<del></del>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ***  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	1	les	No
_	for public office? If "Yes," complete Schedule C, Part I	3	igsquare	INO
	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		
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🛂	8	Yes	
9	Did the organization report an amount in Part X, line 21 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, VIII, VIII, IX, or X as applicable			
	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	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	1
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
ь	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	

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

Yes

Yes

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Nο

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

- 17 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 Nο
- **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 Nο 21

Pa	Checklist of Required Schedules (continued)			rage -			
Га	Checklist of Required Schedules (Continued)		Yes	No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	No			
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 and complete Schedule K If "No," go to line 25a	24a	Yes				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No			
25a	25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
b	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I						
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? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No			
b	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>						
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38							
Pa	Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response or note to any line in this Part V							
_			Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 15,170						
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			i			

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Yes d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d |

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h 

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 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? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter

a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

13b which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a

No

No

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Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

14b 15

orm	990 (2018)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗹
Se	ction A. Governing Body and Management			1
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	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 35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			1
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶			
.8	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
.9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  DAVID RUNYAN 1900 BELMONT BLVD NASHVILLE, TN 37212 (615) 460-6788			

101111 330 (2	010)										Page /		
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,		
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆		
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees			
year .	this table for all persons requir of the organization's current of		·						, ,		•		
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,				
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1		
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000		
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e		
compensated	in the following order individual demployees, and former such p	ersons											
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т		
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations		
See Additiona	al Data Table												

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ı aı	beddion At Officers, Direct	, <del>015, 1145tccs</del>	, itc.	<u>b.</u>	,,,			9.		-	p.o, ees	(00//	iennaea)		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	than c	one bo	ox, u in off tor/tr	t che inles ficer rust		son	(D)  Reportable compensation from the organization (\) 2/1099-MISC	w-	(E) Reportable compensation from related organizations ( 2/1099-MISC	w-	(F) Estimated amount of other compensation from the organization and		
		organizations below dotted line)	Individual trustee or director	Institutional Truste	Officer	key employee	Highest compensated employee	Former	2/1099-MISC	-)	rela		relat organiza	ed	
			4.	्र इ.			ୀର ଯ <b>ା</b> କପ								
See	Addıtıonal Data Table						<del>  _</del>								
				_	$\square$		<u> </u>	_				$\dashv$			
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													<u> </u>		
11.6	N					<u> </u>						$\perp$			
1b Sub-Total															
· · · · · · · · · · · · · · · · · · ·						0		539,931							
2	Total number of individuals (including of reportable compensation from the			e liste	ed at	bove	e) who	rec	eived more than	\$10	0,000				
													Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>									ted e	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										the · · ·	4	Yes		
5	Did any person listed on line 1a receiv services rendered to the organization									ındıv •	idual for	5		No	
Se	ection B. Independent Contract	ors												NO	
1	Complete this table for your five higher from the organization Report comper											mper	nsation		
	<u> </u>	(A) and business addre		7		9					(B) ption of services		(C Comper		
RCM	ATHEWS CONTRACTOR LLC										IERAL CONTRACTO	OR	_	,645,639	
	DX 24687 VILLE, TN 37202 XO								FOOD S	FRVIO	CE VENDOR		12	,522,034	
1900 BELMONT BLVD NASHVILLE, TN 37212									,,						
EARL SWENSSON ASSOCIATES  PO BOX 410628  ARCHITECTS									10	,864,759					
	VILLE, TN 372410628 CT TRAVEL							TRAVEL	SERV	ICES			859,169		
BREN	VIRGINIA WAY TWOOD, TN 37027														
300 FORE STREET SERVICES									561,427						
PORT	LAND, ME 04101 Total number of independent contractor		6 1		- 41-		leake d			J	th #100 00	20 - 6			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 68

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Part	VIII												
		Check If Schedul	e O contains :	a respo	onse or note to any	(	A) revenue	Rel ex fu	(B) ated or xempt nction	Uni bu	(C) related siness venue		(D)  Revenue ccluded from under sections
	<b>1</b> a	Federated campaigi	ns	1a				re	venue				512 - 514
nts ints		<b>b</b> Membership dues		1b									
Sra		c Fundraising events		1c									
ls, (		d Related organizatio		1d									
Gif ilar		e Government grants (co		1e	1,593,117								
ns, Sim	1	f All other contributions,	, gıfts, grants,										
atio er S		and similar amounts no above	ot included	1f	20,376,013								
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contribution    In lines 1a - 1f \$	ons included	6,8	373,94 <u>9</u>								
Contand	1	<b>h Total.</b> Add lines 1a-	-1f	•	>		21,969,130						
٦.					Busines	s Code							
-mi		Tuition and Fees - Instru				611710	·	040,713	285,040				
₽. Ž		Residence Halls - Studer	nt Services			721310		264,238	27,264				
10.6		BOOKSTORE SALES				451211		864,829		1,829			
Şer	-	Conferences/seminars/w				611710		793,618		3,618			
Program Service Revenue	е	Study Abroad - Instructi	ion			611710		197,510	4,197				
'ogr	f	All other program se	rvice revenue				2,	174,736	2,174	1,736		0	0
₫.	g.	<b>Total.</b> Add lines 2a–2	.f		<b>▶</b> 329,	335,644							
		Investment income (ii			nterest, and other		9,975,89	6			-1,621		9,977,517
		similar amounts). Income from investme	 ent of tax-exe		ond proceeds	<b>`</b>	3,373,03	<del>-</del>			1,021		3,377,317
		Royalties			•	•	368,41	2					368,412
			(ı) Rea		(II) Personal								
	6a	Gross rents		47,893									
	b	Less rental expenses		42,571									
	c	; Rental income or (loss)	2	05,322		0							
	d	Net rental income or	r (loss)		<u> </u>	_	205,32	2					205,322
			(ı) Securit		(II) Other		·						<u> </u>
	7a	Gross amount from sales of	14.8	05,846									
		assets other than inventory	14,0	,03,040									
	h	Less cost or											
	_	other basis and sales expenses	10,3	50,460									
	c	Gain or (loss)	4,4	55,386		0							
		Net gain or (loss)			<b>•</b>		4,455,38	6					4,455,386
e	Вa	Gross income from fo (not including \$	-	ents of									
eu n		contributions reporte See Part IV, line 18		a	9,143								
Sev.	ь	Less direct expenses		b	3,113	-							
Other Revenue		: Net income or (loss)		ing ev	ents 🕨		9,14	3					9,143
oth	9a	Gross income from g See Part IV, line 19		es									
		See Fair IV, III e 15		а	1								
	b	Less direct expenses	s	b									
		Net income or (loss)		activit	ies <b>&gt;</b>	_							
	TU	Gross sales of invent returns and allowanc											
				а		_							
		Less cost of goods s		b		)	248,84	8					248,848
	С	Net income or (loss)  Miscellaneous		ınvent	Business Code		240,04						240,040
	11	·aCafeteria			72231	.0	5,414,50	9	5,414,509				
	b	Curb Events Center			71131	.0	1,149,56	4	858,557		291,007		
	c	Ocean Way Music St	udio		51224	10	670,40	4			670,404		
		All other revenue				-	544,76	0	544,760		0		0
		• <b>Total.</b> Add lines 11a			🕨		•		544,700				
	12	: <b>Total revenue.</b> See	Instructions				7,779,23				_		
							374,347,01	8	336,153,470		959,790		15,264,628 rm <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				_
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all $cc$	_	·	, ,	
Check if Schedule O contains a response or note to any	line in this Part IX .		(C)	<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals See Part IV, line 22	69,854,304	69,854,304		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	20,000	20,000		
4 Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,896,443	1,383,765	3,212,743	299,935
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	93,519,040	82,534,443	9,188,645	1,795,952
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,201,235	2,818,037	326,021	57,177
9 Other employee benefits	12,901,045	1,544,327	10,856,126	500,592
<b>10</b> Payroll taxes	6,435,199	5,497,589	801,922	135,688
11 Fees for services (non-employees)				
a Management	0	0	0	0
<b>b</b> Legal	194,229	0	194,229	0
c Accounting	87,885	0	87,885	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	130,847	0	130,847	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,251,008	4,489,855	645,145	116,008
12 Advertising and promotion	3,158,354	288,749	2,869,257	348
13 Office expenses	2,086,942	1,773,956	217,563	95,423
14 Information technology	499,108	348,467	148,015	2,626
15 Royalties	0	0	0	0
<b>16</b> Occupancy	12,128,895	10,168,242	1,960,653	0
<b>17</b> Travel	8,520,946	8,313,281	156,030	51,635
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	36,643	22,290	7,573	6,780
<b>20</b> Interest	133,142	-851,165	984,307	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	13,275,275	11,328,313	1,946,962	0
23 Insurance	1,426,490	23,871	1,402,619	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Dues & Subscriptions	5,698,393	3,084,476	2,602,867	11,050
b BOOKSTORE expense	4,906,050	4,906,050		
c Small Equipment & Supplies	2,192,779	1,760,133	426,345	6,301
d Purchases for Resale	984,443	947,298	37,145	0
e All other expenses	5,817,892	3,342,349	2,279,361	196,182
25 Total functional expenses. Add lines 1 through 24e	257,356,587	213,598,630	40,482,260	3,275,697

Form **990** (2018)

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)

Page **11** 

Form 990 (2018)

23

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27 28

29

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31

32

33 34

Net Assets or Fund Balances

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here  $\triangleright$   $\square$  and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

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

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

Check if Schedule O contains a response or note to any line in this Part IX			<u> ⊔</u>
	(A) Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing	6,667	1	7,330
2 Savings and temporary cash investments	60,853,097	2	71,784,968
3 Pledges and grants receivable, net	22,110,721	3	21,307,342
4 Accounts receivable, net	8,260,946	4	1,965,182
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0

	I	Part II of Schedule L					
ets	7	Notes and loans receivable, net			1,540,284	7	1,372,538
SS	8	Inventories for sale or use	322,280	8	343,272		
⋖	9	Prepaid expenses and deferred charges			417,515	9	771,533
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	820,339,309			
	ь	Less accumulated depreciation	<b>10</b> b	150,651,819	632,771,844	<b>10</b> c	669,687,490
	11	Investments—publicly traded securities .			206,878,253	11	248,581,389
	12	Investments—other securities See Part IV, line	11 .		0	12	
	13	Investments—program-related See Part IV, line	e 11 .		0	13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	19,655,649	15	26,466,542		
	16	Total assets.Add lines 1 through 15 (must equ	952,817,256	16	1,042,287,586		
	4.7	A			10 005 052	4	17.054.110

	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	19,655,649	15	26,466,542
	16	Total assets.Add lines 1 through 15 (must equal line 34)	952,817,256	16	1,042,287,586
	17	Accounts payable and accrued expenses	19,925,053	17	17,054,119
	18	Grants payable		18	
	19	Deferred revenue	16,019,259	19	9,338,150
	20	Tax-exempt bond liabilities	62,522,369	20	55,441,217
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D	359,744	21	336,088
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.e</u>		persons Complete Part II of Schedule L		22	0

6,043,689

985,240

105.855.354

669,122,247

48,568,238

129,271,417

846,961,902

952,817,256

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5,904,541

945.939

89.020.054

746.933.736

61,808,358

953,267,532

1,042,287,586

Form **990** (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Yes b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2018)

### Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1 **EIN:** 62-0465076

Name: Belmont University

Form 990 (2018)

Form 990, Part III, Line 4a:

EDUCATIONAL PROGRAMS, INSTRUCTION AND STUDENT SERVICES ARE PROVIDED TO MORE THAN 8,400 STUDENTS, OFFERING MORE THAN 65 UNDERGRADUATE AND GRADUATE ACADEMIC PROGRAMS THROUGH ITS SEVEN COLLEGES AND SCHOOLS, INCLUDING THE MIKE CURB COLLEGE OF ENTERTAINMENT AND MUSIC BUSINESS,

COLLEGE OF PHARMACY, THE COLLEGE OF BUSINESS ADMINISTRATION, AND THE COLLEGE OF LAW BELMONT OFFERS INTERCOLLEGIATE ATHLETICS IN FIFTEEN DIFFERENT SPORTS, ALL COMPETING IN THE OHIO VALLEY CONFERENCE BELMONT STUDENT ATHLETES HAVE COMPILED IMPRESSIVE RECORDS, BOTH ON AND OFF THE PLAYING COURT AND FIELD THE BELMONT MEN'S BASKETBALL TEAM HAS MADE APPEARANCES IN SEVEN OUT OF THE PAST ELEVEN NCAA NATIONAL CHAMPIONSHIP TOURNAMENTS, WHILE THE MEN'S BASEBALL TEAM HAS MADE APPEARANCES IN THEIR RESPECTIVE NCAA TOURNAMENT IN TWO OF THE PAST FIVE YEARS STUDENT ACTIVITIES ROUND OUT THE COLLEGIATE EXPERIENCE. WITH A FOCUS ON CAMPUS LIFE AND COMMUNITY, STUDENT HEALTH AND WELFARE, AND STUDENT ADVOCACY

AND SUPPORT. THERE ARE CURRENTLY MORE THAN 120 CLUBS AND ORGANIZATIONS AVAILABLE TO STUDENTS.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list compensation from the from related director/trustee) any hours organization (Worganizations from the

Officer

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Institutional

Trustee

Individual trustee or director

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Highest compensated employee Former

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organization and

related

organizations

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

Marty Dickens	
Chairman	
Gordon Inman	
Vice Chair	

Joe Russell

Secretary

Harry Allen

James Archer

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Janet Ayers

Lee Beaman

Chris Bollinger

John R Faison Sr

Trustee (Thru 09/10/2018)

Carolyn McAfee Bruner

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person amount of other compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

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

John Ferguson	
Trustee	
Dan Foutch	
Trustee	

Cordia Harrington

Steve Hewlett

Damon Hininger

Steve Horrell

R Milton Johnson

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Jamie Jones

Todd Jones

Klay Kelley

Trustee (Thru 12/31/2018)

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person compensation compensation amount of other hours per from related week (list is both an officer and a from the compensation from the

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

	any hours		direct			ee)		organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Larry Kloess	1 0	x						0	0	0	1
Trustee		^						0	0		•
Ron Knox	10	x						0	0	0	`
Trustee		^						0	0		'
Bill Lee	10	×						0	0	0	1
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and Independent Contractors

Trustee

Trustee

Trustee

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Trustee

Andrea Overby

Ben L Rechter

Barbara Massey Rogers

Rebecca McKelvey Castaneda

Larry Kloess	10	×			0		0
Trustee		^			0		
Ron Knox	1 0	.,					
Trustee		Х			0	0	0
Bill Lee	1 0	.,					
Trustee (Thru 03/25/2019)		X			0	0	0
Cynthia Leu	1 0						
Trustee		X			0	0	0
Drew Maddux	1 0	V					
Trustee		X			0	0	0
Bruce Maxwell	10	х			0	0	0

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Larry Kloess	1 0	×				0	0	0
Trustee		^				0	0	
Ron Knox	1 0						0	
Trustee		X				U	U	0
Bill Lee	1 0					0	0	
Trustee (Thru 03/25/2019)		X				U	0	0
Cynthia Leu	10							
Trustee		×				0	0	0
Drew Maddux	1 0							
Trustee		X				U	U	0

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

	ally flours					<i>:e)</i>	- 1	organization (W-	Organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	eekoldwe key	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
Anne Russell	1 0	×						0	0	0	
Trustee									9		
Michael W Smith	1 0	×						0	0	0	
Trustee (Thru 12/31/2018)		^							5	J	
Randy Smith	1 0	×						0	0	0	
Trustee											
Larry Thrailkill	1 0								0	0	
<u></u>		X	1		1 /	1 1	1 !	0	0		

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Michael W Smith		×			0	ı
Trustee (Thru 12/31/2018)		^			0	
Randy Smith	1 0	×			0	ſ
Trustee		^			0	
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Trustee		X			0	
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and Independent Contractors

Troy Tomlinson

Claire Tucker

Paul Walker

Bob Whisenant

Jım Wılkerson

Jim Wright

Trustee

Trustee (Thru 12/31/2018)

Trustee (Thru 12/31/2018)

Trustee

Trustee

Trustee

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation week (list is both an officer and a from related from the compensation

38,971

34,345

32,845

23,884

28,969

90,977

32,873

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

	any hours		dırect	or/tı	ruste	ee)		organization (W-	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations	
Mark Wright	1 0							0	0	0	
Trustee		X						0	٥	0	
Robert Fisher	40 0			Ţ,				4.450.745		24.407	
President				X				1,159,715	٠ ا	31,187	
Thomas Burns	40 0			,				200 400		20.752	
Provost				×				380,428	ď	32,758	

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278,732

262,244

247,655

245,157

152,508

396,446

Trustee						
Robert Fisher	40 0		x		1,159,715	
President			`		1,159,/15	
Thomas Burns	40 0		x		380,428	
Provost			^		360,428	
Steven Lasley	40 0		×		343,869	

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and Independent Contractors

VP of Finance and Operations

VP of University Advancement

VP of Spiritual Development

VP of Administration & University Counsel

Vice President Institutional Effectiveness

Jason Rogers

Paula Gill

Susan West

Todd Lake

Dean

VP/Chief of Staff

Alberto Gonzales

Clifton Perry Moulds

(A) Name and Title

James Raines

Philip Johnston

David Gregory

Jeffrey Kinsler

Professor

Scott Corley

Athletic Director

Jeffrey Cornwall

D Lee Warren

Professor

Director-Center for Entreprenuership

Men's Basketball Coach

Dean

Dean

Dean Richard Byrd

and Independent Contractors

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individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former							
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				X								
				×								

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

(C)

Position (do not check more

(D) Reportable compensation from the organization (W- 2/1099-MISC)	
319,392	
298,353	
232,122	
2,044,403	
266,787	
236,547	
225,432	
223,159	

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

28,058

27,718

19,873

17,466

24,786

31,280

27,146

16,795

SCHEDUL Form 990 oi 90EZ)		Complete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe  Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018
epartment of the T ternal Revenue S	ervice	► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
ame of the o						Employer identific	ation number
Part I R	eason for I	Public Charity Stat	<b>us</b> (All organization	s must comple	ete this part.) S	62-0465076 See instructions.	
ne organizatio	n is not a priv	ate foundation because	e it is (For lines 1 thro	ugh 12, check o	nly one box )		
1 A	hurch, conve	ntion of churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
<b>2</b> 🔽 As	school describ	ed in <b>section 170(b)(</b>	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗌 AH	nospital or a c	coperative hospital ser	vice organization desci	nbed in <b>section</b>	170(b)(1)(A)(	iii).	
	medical resea me, city, and	rch organization operat state	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
	-	operated for the benefit (Complete Part II)	t of a college or univer	rsity owned or of	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
_		or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
		that normally receives (1)(A)(vi). (Complete		s support from a	ı governmental u	nit or from the gener	al public described ir
3	community tru	ust described in <b>sectio</b> i	170(b)(1)(A)(vi)	(Complete Part I	I)		
		esearch organization de college of agriculture S					ege or university or
fro inv	m activities re estment inco	that normally receives elated to its exempt fur me and unrelated busir ection 509(a)(2). (Co	nctions—subject to cert less taxable income (le	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
		organized and operate		r public safety S	See section 509	(a)(4).	
mo	re publicly su	organized and operate ipported organizations ugh 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
Ty	<b>pe I.</b> A suppo ganization(s)	orting organization oper the power to regularly a IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
ma	nagement of	orting organization sup the supporting organize Part IV, Sections A	ation vested in the san				
		ionally integrated. A nization(s) (see instruct					ited with, its
I Ty	pe III non-f	unctionally integrate grated The organization ou must complete Pa	<b>d.</b> A supporting organi n generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orgai	
: Ch	eck this box i	f the organization recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
_	-	ype III non-functionally upported organizations	integrated supporting	organization			
		nformation about the su	<u> </u>	1		(-)	
	e of supported anization	d (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
tal							-
	. Doduction	Act Notice, see the I	netructions for	L Cat No 11285	5F .	Schedule A (Form 9	1 90 or 990-E7\ 201

	(Complete only if you ch						y under Part
-	III. If the organization for Section A. Public Support	ans to quanty und	der the tests list	ed below, please	e complete Part	111.)	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	12,911,229	35,735,488	26,580,150	14,003,015	21,969,130	111,199,012
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
ŀ	<b>Total.</b> Add lines 1 through 3	12,911,229	35,735,488	26,580,150	14,003,015	21,969,130	111,199,012
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)						22,331,956
5	<b>Public support.</b> Subtract line 5 from line 4						88,867,056
\$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> ⊤otal
7	Amounts from line 4	12,911,229	35,735,488	26,580,150	14,003,015	21,969,130	111,199,012
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties	5,821,308	6,335,221	3,730,701	4,739,672	10,992,201	31,619,103

	from line 4						00,007,030
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
7	Amounts from line 4	12,911,229	35,735,488	26,580,150	14,003,015	21,969,130	111,199,012
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,821,308	6,335,221	3,730,701	4,739,672	10,992,201	31,619,103
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income Do not include gain	1 126 281	1 056 040	1 188 736	1 174 156	1 205 791	5 751 004

or loss from the sale of capital assets (Explain in Part VI ) Total support. Add lines 7 through 11 148,569,119 10 1.430.284.539 check this box and stop here . . .

Section C. Computation of Public Support Percentage 14 59 82 % 15 59 91 % ▶Ⅵ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

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 organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	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?	11a		
b	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	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A (	hedule A (Form 990 or 990-EZ) 2018 Page <b>8</b>							
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)							
	Facts And Circumstances Test							
990 Sched	dule A, Supplemen	ital Information						
Ret	urn Reference	Explanation						
Schedule A, Other Incon	, Part II, Line 10 me							

**SCHEDULE C** 

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

# **Political Campaign and Lobbying Activities**

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

DLN: 93493105013430

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

• :	Section 527 organizations Com			·	
• :	Section 501(c)(3) organizations Section 501(c)(3) organizations	" on Form 990, Part IV, Line 4, or Form that have filed Form 5768 (election unde that have NOT filed Form 5768 (election " on Form 990, Part IV, Line 5 (Proxy T	r section 501(h)) Co under section 501(h	omplete Part II-A Do not co )) Complete Part II-B Do	omplete Part II-B not complete Part II-A
Pro	oxy Tax) (see separate instruct Section 501(c)(4), (5), or (6) org	ions), then	an, (ooo oopalalo .		<b></b> , · a.c · <b>,</b> · · · ·
Nai	me of the organization	amzanono compiete i arem		Employer ider	ntification number
bell	,			62-0465076	
Par	rt I-A Complete if the or	ganization is exempt under sect	ion 501(c) or is	a section 527 organi	zation.
1	Provide a description of the or "political campaign activities"	ganization's direct and indirect political c	ampaign activities ir	Part IV (see instructions f	for definition of
2	Political campaign activity exp			<b>•</b>	\$
3	Volunteer hours for political ca	ampaign activities (see instructions)			
Par	rt I-B Complete if the or	ganization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under	section 4955	•	\$
2	Enter the amount of any excis	e tax incurred by organization managers	under section 4955	<b>&gt;</b>	\$
3	If the organization incurred a	section 4955 tax, did it file Form 4720 fo	r this year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b					
Par		ganization is exempt under sect			
1	, ,	ended by the filing organization for section	·		\$
2	Enter the amount of the filing function activities	organization's funds contributed to other	r organizations for se	ection 527 exempt	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments of political contributions received	nd employer identification number (EIN) For each organization listed, enter the a yed that were promptly and directly deliv nittee (PAC) If additional space is neede	mount paid from the ered to a separate p	filing organization's funds olitical organization, such a	Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
1					
2					
3					
4					
5					
6					
For P	Paperwork Reduction Act Notice, s	see the instructions for Form 990 or 990-E2	<b>Z.</b> Cat	No 50084S Schedule C (	Form 990 or 990-EZ) 2018

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	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	
		 •	
g	Grassroots nontaxable amount (enter 25% of line 1f	)	
h	Subtract line 1g from line 1a If zero or less, enter -(		

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No 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 Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

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

ACTIVITY

For e	ach "Yes" response on lines 1a thro	ough 1: below, provide in Part IV a detailed description of the lobbying	(a	)	(b)
activi	•		Yes	No	Amount
1		ganization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			No	
b	Paid staff or management (includ	le compensation in expenses reported on lines 1c through 1i)?		No	
С	Media advertisements?			No	
d	Mailings to members, legislators,	or the public?		No	
e	Publications, or published or broa	dcast statements?		No	
f	Grants to other organizations for	lobbying purposes?		No	
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		Yes		348
j	Total Add lines 1c through 1i				348
2a		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			
С	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 or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sectio	
1	Wara substantially all (90% or m	ore) dues received nondeductible by members?		<b>1</b>	Yes No
	• •	•		2	
2	- '	n-house lobbying expenditures of \$2,000 or less?		4	
_		ry over lobbying and political expenditures from the prior year?	<u> </u>		
	and if either (a) B answered "Yes."	ganization is exempt under section 501(c)(4), section 501(c) OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	III-A,		
1	Dues, assessments and similar ar		1		
2	Section 162(e) nondeductible loble expenses for which the section	bying and political expenditures (do not include amounts of political			
а	Current year	11 32/(1) tax was paid).	2a	l	
b	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in se	ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	If notices were sent and the amou	unt on line 2c exceeds the amount on line 3, what portion of the excess does ver to the reasonable estimate of nondeductible lobbying and political			
	expenditure next year?		4		
5	Taxable amount of lobbying and p	political expenditures (see instructions)	5		
Pa	art IV Supplemental Info	ormation			
		Part l-A, line 1, Part l-B, line 4, Part l-C, line 5, Part II-A (affiliated group list), o, complete this part for any additional information	Part II-	A, lines 1	and 2 (see
	Return Reference	Explanation			
	CRIPTION OF THE LOBBYING	BELMONT UNIVERSITY PAID DUES TO TENNESSEE INDEPENDENT COLLEGES ASSOCIATION IN THE AMOUNT OF \$69,503 A PORTION OF THE DUES (0.5%			

WAS SPENT ON LOBBYING ACTIVITY

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

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

**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.

DLN: 93493105013430 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **Employer identification number** Belmont University 62-0465076 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

 ${f d}$  Equipment .

Par	t III	Organizations Mair	ntaining Coll	ections of	Art, His	torical T	reas	ures, or O	ther s	Similar As	sets (con	tinued)	
3		g the organization's acquis s (check all that apply)											
а	✓	Public exhibition				d 🗌	Loar	n or exchan <u>c</u>	je prog	rams			
b	<b>✓</b>	Scholarly research				e 🗌	Oth	er					
С	$\checkmark$	Preservation for future g	enerations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No												
Pa	rt IV	Escrow and Custod Complete if the orga X, line 21.			on Form	990, Part	IV,	line 9, or re	eporte	d an amou		n 990,	Part
1a		e organization an agent, ti ided on Form 990, Part X?	rustee, custodia	an or other in	termediar	for contr	ibutio	ns or other a	assets r	not	☐ Yes	☑ N	o
Ь	If "Y	es," explain the arrangeme	ent ın Part XIII	and complete	the follo	wing table				Ar	mount		_
С		nning balance		'		J		1	.с				_
d	_	tions during the year						1	.d				_
е	Dıstr	ributions during the year						1	.е				_
f	Endı	ng balance						1	Lf				_
2a	Did t	the organization include an	n amount on For	rm 990, Part	X, line 21,	for escrov	v or c	ustodial acco	ount lia	bility?	<b>✓</b> Yes	□ N	0
b	If "Y	es," explain the arrangeme	ent ın Part XIII	Check here i	f the expl	anation ha	s beei	n provided ir	n Part X	III	<b>✓</b>		
Pa	rt V	Endowment Funds	. Complete ıf	the organız	ation ans	wered "Y	'es" c	n Form 99	0, Par	t IV, line 1	0.		
				(a)Current		<b>(b)</b> Prior yea	_	(c)Two years		(d)Three yea		Four year	
1a	Begini	ning of year balance .			28,145	153,18			599,042	•	327,318		828,642
		butions			67,288	55,16			27,493	<u> </u>	991,021		776,474
		vestment earnings, gains,	and losses		68,234	15,47		<u> </u>	00,255	<u> </u>	565,073		404,744
		s or scholarships	•	3,0	18,072	2,79	8,540	2,8	340,738	2,6	554,224	2,	182,542
	and pr	expenditures for facilities rograms											
		nistrative expenses											
g	End of	f year balance	[	274,3	45,595	221,02	8,145	153,1	.86,052	132,5	599,042	107,	827,318
2		ide the estimated percenta			alance (lii	ne 1g, colu	ımn (a	a)) held as					
а		d designated or quasi-end		36 7 %									
b		nanent endowment 🟲	49 2 %										
С		porarily restricted endowm		1 %									
3a	Are t	percentages on lines 2a, 2 there endowment funds no nization by	•	•		that are h	neld a	nd administe	ered for	the		<b>V</b>	
	-	inrelated organizations .									3a(i)	Yes	No No
	• •	related organizations .				• •					3a(ii)		No
b		es" on 3a(II), are the relate			uired on	 Schedule F	₹? .	• • •			3b		
4		cribe in Part XIII the intend	-		•								
Pa	rt VI	Land, Buildings, ar Complete of the orga			on Form	990, Part	IV.	line 11a. S	ee For	m 990. Par	t X, line 1	 LO.	
	Descr	ription of property	(a) Cost or othe (investment	er basis (		other basis (						Book valu	e
1-	Land					42.0	79,114	1					2,079,114
	Land	<u> </u>				-	37,888		1	.05,347,442			7,690,446
	Buildir	hold improvements		-			61,623			3,207,695			.,853,928
		ment					24,838			31,945,623			2,779,215

10,151,059

45,435,846

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

35,284,787

669,687,490

Part VII Investments—Other Securities. Complete if the o See Form 990, Part X, line 12.	organization a	nswered "Yes" or	n Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Boo valu	k Cos	(c) Method of valuation st or end-of-year market value
(1) Financial derivatives          (2) Closely-held equity interests          (3)Other	· · ·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form	n 990, Part I\	/, lıne 11c. See F	orm 990, Part X, line 13.
(a) Description of investment	(b) Book va	lue Cos	(c) Method of valuation st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes	s' on Form 990	. Part IV. line 11d	See Form 990, Part X, line 15
(a) Description		, ,	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			•
<b>Part X Other Liabilities.</b> Complete if the organization answ See Form 990, Part X, line 25.	vered 'Yes' or	Form 990, Part	IV, line 11e or 11f.
1. (a) Description of liability (1) Federal income taxes	(E	) Book value	_
Interest Rate Swaps		945,939	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the	• footnote to th	945,939	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)		_	· -

Part XI

2

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

а

Schedule D (Form 990) 2018

Page 4

-8,962,333

304,009,770

70,337,248

374,347,018

188,741,807

1,390,371

187,351,436

70,005,151

257.356.587

Schedule D (Form 990) 2018

# b c

Net unrealized gains (losses) on investments . . . . 2a 2b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

d e 3 

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

**Supplemental Information** 

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Investment expenses not included on Form 990, Part VIII, line 7b .

4a 4b

> 2a 2b

2c

2d

4a

4b

Explanation

2c

130,847 70,206,401 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

1,390,371

130,847

69.874.304

-10,392,005

1.429.672

4c 5

2e

3

4c

5

2e

3

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Schedule D (Forn	edule D (Form 990) 2018	
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2018

## **Additional Data**

**Software ID:** 18007697 **Software Version:** 2018v3.1

**EIN:** 62-0465076

Name: Belmont University

Explanation

Supplemental Information
Return Reference

Collections of art - description of collections  RC TH CL HF IN IG PL TE R IN EC ) / ER AT LL \$9 R R IT LL \$9 R R IT IT CC CC HF IT	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 SC ROLLS, 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 OR IGINALLY 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 READARDLY 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 ON ADDITIONAL PURCHASES AND SALES OF THE COLLECTION AS A LLOWED AT THE APPRAISED VALUE OF THE INSTRUMENTS OF \$9,638,640 ON THE ACCESSION D ATE OF OCTOBER 14, 2016 DUE TO BOTH ADDITIONAL PURCHASES AND SALES OF THE COLLECTION AS A LLOWED IN THE ENDOWMENT AGREEMENT, THE FAIR VALUE OF THE COLLECTION AS OF MAY 31, 2018 WAS \$9,900,162 THE GUITARS ARE HELD FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHER RANCE OF THE UNIVERSITY'S PUBLIC SERVICE THE COLLECTION IS PROTECTED AND PRESERVED, AND S UBJECT TO UNIVERSITY POLICY REQUIRING THAT PROCEEDS OF ITEMS IN THE COLLECTION SOLD ARE TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION THE DELECTION IS PART OF THE UNIVERSITY FOLLOY REQUIRING THAT PROCEEDS OF ITEMS IN THE COLLECTION SOLD ARE TO BE USED TO ACQUIRE OTHER ITEMS FOR THE COLLECTION THE OUT. IS PART OF THE UNIVERSITY OF AND SESENCE, AND S PERMANENT IN FOR THE UNIVE
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Supplemental Information	
Return Reference	Explanation
Explanation of escrow agreement	Deposits held for others are monies held by the University for various clubs and groups, a s agency funds. The monies are entrusted to the University for safekeeping and may be used or withdrawn by the depositor at will. Funds may be held on behalf of students, faculty, staff, or organizations.

Return Reference	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds  THE INTEN	DED USE OF ENDOWMENT FUNDS IS TO PROVIDE STUDENT SCHOLARSHIPS

S

Supplemental Information _		
Return Reference	Explanation	
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 R evenue 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 uncertain ty about the merits of the tax position taken or the amount of the position that would ult imately 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 statement 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, 2019 and 2018, 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	

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Cost of Goods Sold - 947800 Change in Value of Interest Rate Swaps - 39301 Rental Expenses - 442571	

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upplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not n audited financial statements	Scholarships and Fellowships - 69874304 Change in Value of Annuity Agreements - 332097

Su

Supplemental Information		
Return Reference	Explanation	
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Cost of Goods Sold - 947800 Rental Expenses - 442571	

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Scholarships and Fellowships - 69874304

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493105013430 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & 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? 1 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? 2 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? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018) Page <b>2</b>		
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)		
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	
Schedule E, Part I, Line 6(a) FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT	THE PERKINS LOAN PROGRAM IS A CAMPUS-BASED PROGRAM PROVIDING FINANCIAL ASSISTANCE TO ELIGIBLE POST-SECONDARY SCHOOL STUDENTS BASED ON FINANCIAL NEED THE DEPARTMENT OF EDUCATION PROVIDES FUNDS ALONG WITH THE UNIVERSITY, WHICH ARE USED TO MAKE LOANS TO ELIGIBLE STUDENTS AT LOW INTEREST RATES	

Schedule F (Form 990 or 990-F7) (2018)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493105013430 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Belmont University 62-0465076 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 20,000 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 20,000

Page 3

Schedule F (Form 990) 2018

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other)

17,000 Account Credit

3,000 Account Credit

GRANTMAKING- STUDY Europe (Including Iceland and Greenland) ABROAD GRANTMAKING- STUDY East Asia and the ABROAD Pacific

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	$\square$ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	<b>✓</b> No

Schedule F (Form 990) 2018		Page <b>5</b>
Part V	amounts of investments vs. ex	ed by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; penditures per region); Part II, line 1 (accounting method); Part III (accounting (c) (estimated number of recipients), as applicable. Also complete this part to provide instructions).
90 Schedule F, Supplemental Information		
	Return Reference	Explanation

Return Reference	Explanation	
Schedule F. Part I. Line 2 Procedures for	GRANT RECIPIENTS ARE BELLMONT LINIVERSITY STUDENTS STUDYING ABROAD	

GRANTS ARE OFFSET AGAINST STUDENT TUITION ACCOUNTS

monitoring use of grant funds

Return Reference Evaluation

990 Schedule F, Supplemental Information

Neturi Neterence	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR	GRANT RECIPIENTS ARE BELMONT UNIVERSITY STUDENTS STUDYING ABROAD
MONITORING USE OF GRANT FUNDS	GRANTS ARE OFFSET AGAINST STUDENT TUITION ACCOUNTS

## **Additional Data**

Europe (Including Iceland and

East Asia and the Pacific

Greenland)

**Software ID:** 18007697 Software Version: 2018v3.1 **EIN:** 62-0465076

|--|

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted	(e) If activity listed in (d)	(f) To
	offices in the	employees or	ın region (by type) (ı e ,	is a program service,	
	region	agents in	fundraising, program	describe specific type of	
		region	services, grants to	service(s) in region	
			recipients located in the		

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

0 Grantmaking

0 Grantmaking

region)

Name: Belmont University

otal expenditures for region

17,000

3,000

DLN: 93493105013430 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Belmont University 62-0465076 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

THE UNIVERSITY AWARDS GRANTS AND SCHOLARSHIPS TO ENROLLED STUDENTS. GRANTS ARE CREDITED TO THE RECIPIENTS' ACCOUNTS FOR TUITION, FEES,

Schedule I (Form 990) 2018

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

Part IV

grant funds

Return Reference
Schedule I, Part I, Line 2

Procedures for monitoring use of

Explanation

ROOM AND BOARD

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Data	a -	DLN: 934	9310	5013	430		
Sch	edule J	Com	pensati	ion Information	MO	IB No	1545-(	0047		
(Form 990)		For certain Officers, I	nest							
		► Complete if the organiz	Compensa ation answ	ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2018				
			▶ Attach	to Form 990. instructions and the latest inform		Open to Public				
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/re</u>	<u>)FIII990</u> 10F	instructions and the latest inform	iation.		ectio			
	ne of the organization	ation			Employer identificat	ion nu	ımber			
Dell	none oniversity				62-0465076					
Pa	rt I Questi	ons Regarding Compensation								
							Yes	No		
1a				the following to or for a person listed y relevant information regarding thes						
		or charter travel	lacksquare	Housing allowance or residence for p						
	_	companions		Payments for business use of persor						
		nification and gross-up payments	<b>✓</b>	Health or social club dues or initiation						
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chaufi	reur, cner)					
b		kes in line 1a are checked, did the or Il of the expenses described above?		ollow a written policy regarding paym iplete Part III to explain	ent or reimbursement	<b>1</b> b	Yes			
2		tion require substantiation prior to r			1-2	2	Yes			
	directors, truste	es, officers, including the CEO/Execu	itive Director	r, regarding the items checked in line	lar					
3				ed to establish the compensation of th	e					
		EO/Executive Director Check all that d organization to establish compensa		not check any boxes for methods CEO/Executive Director, but explain ii	n Part III					
	Componer	stion committee	<b>✓</b>	Written employment contract						
		ation committee ent compensation consultant	<b>V</b>	Written employment contract Compensation survey or study						
		of other organizations	<b>V</b>	Approval by the board or compensat	tion committee					
4	During the year	did any person listed on Form 990,	Part VII, Se	ction A, line 1a, with respect to the fi						
	related organiza	tion								
а	Receive a sever	ance payment or change-of-control p	ayment?			4a		No		
b	•	receive payment from, a supplemen	•	•		4b	Yes			
С	•	receive payment from, an equity-ba	•	nsation arrangement? Dicable amounts for each item in Part	TTT	4c		No_		
	If les to any t	il lilles 4a-c, list the persons and pro	vide tile app	meable amounts for each item in Part	111					
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) org	anizations	must complete lines 5-9.						
5		ed on Form 990, Part VII, Section A, ontingent on the revenues of	line 1a, did	the organization pay or accrue any						
а	The organization	۶۱۶				5a		No		
b	Any related orga					5b		No		
	-	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did i	the organization pay or accrue any						
а	The organization	٦٦				6a		No		
b	Any related orga					<b>6</b> b		No		
_	•	6a or 6b, describe in Part III								
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 6? If "Yes," de		the organization provide any nonfixed rt III	I	7		No		
8		nts reported on Form 990, Part VII,   itial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe			N-		
9	If "Yes" on line : 53 4958-6(c)?	3, did the organization also follow the	e rebuttable	presumption procedure described in	Regulations section	9		No_		
For I	Danarwark Padu	ction Act Notice, see the Instruc	tions for Fo	orm 990 Cat No. 5	0053T Schedule 1		990)	2018		

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

Part II Officers, Directors, Trustees, Rey Employees, and Ting								
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
<b>Note.</b> The sum of columns (B)( $\iota$ )-( $\iota$ ) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual	
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC (C) Re compensation and			( <b>D)</b> Nontaxable benefits	columns	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table						•		
	1	1	1		1	I	1	
							!	
				+				
	+			+				
				+				
1-		-		+				
1								
			1					

Page <b>3</b>							
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
Schedule J, Part I, Line 1a Tax	Dr Fisher - Cruise expense reimbursement Grossed up and treated as taxable compensation						

indemnification and gross-up payments

Return Reference	Explanation
Schedule J, Part I, Line 1a Housing	Todd Lake, VP for Spiritual Development, receives a qualified minister allowance in the amount of \$5,000 per month. This amount is removed from taxable income
allowance or residence for personal use	on his annual W-2

Return Reference	Explanation
	The university pays an annual golf club membership on behalf of its head basketball coach. The membership is being treated as taxable compensation to the basketball coach.

Return Reference	Explanation
	Dr Robert Fisher, University President, participates in a supplemental non-qualified retirement plan In FY 2019, no additional accruals were contributed to his plan per his contract. Also, Rick Byrd, men's basketball coach, received a supplemental \$80,000 in deferred pay that vested and was paid out during the year.

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**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 62-0465076

Name: Belmont University

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

(A) Name and Title			of W-2 and/or 1099-MIS		(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)(ı)-(D)	column (B) reported as deferred on prior Form 990
Robert Fisher	(1)	992,156	100,000	67,559	13,750	17,437	1,190,902	0
President	(11)	0	0	0	0	0	0	0
Thomas Burns	(1)	380,047	0	381	13,750	19,008	413,186	0
Provost	(11)	0	0	0	0	0	0	0
Steven Lasley	(1)	343,473	0	396	13,750	25,221	382,840	0
VP of Finance and Operations	(11)	0	0	0	0	0	0	0
Jason Rogers	(1)	278,474	0	258	12,572	21,773	313,077	0
VP of Administration & University Counsel	(11)	0	0	0	0	0	0	0
Clifton Perry Moulds	(1)	261,893	0	351	13,431	19,414	295,089	0
VP of University Advancement	(11)	0	0	0	0	0	0	0
Paula Gill	(1)	247,106	0	549	12,562	11,322	271,539	0
Vice President Institutional Effectiveness	(11)	0	0	0	0	0	0	0
Susan West	(1)	244,608	0	549	12,546	16,423	274,126	0
VP/Chief of Staff	(11)	0	0	0	0	0	0	0
Todd Lake	(1)	152,508	0	0	11,563	79,414	243,485	0
VP of Spiritual Development	(11)	0	0	0	0	0	0	0
Alberto Gonzales	(1)	396,050	0	396	13,750	19,123	429,319	0
Dean	(11)	0	0	0	0	0	0	0
James Raines	(1)	318,630	0	762	13,750	14,308	347,450	0
Dean	(11)	0	0	0	0	0	0	0
Philip Johnston	(1)	297,300	0	1,053	11,310	16,408	326,071	0
Dean	(11)	0	0	0	0	0	0	0
David Gregory	(1)	216,693	0	15,429	10,991	8,882	251,995	0
Dean	(11)	0	0	0	0	0	0	0
Richard Byrd	(1)	933,641	1,030,000	80,762	0	17,466	2,061,869	0
Men's Basketball Coach	(11)	0	0	0	0	0	0	0
Jeffrey Kınsler	(1)	266,572	0	215	13,213	11,573	291,573	0
Professor	(11)	0	0	0	0	0	0	0
Scott Corley	(1)	236,409	0	138	12,157	19,123	267,827	0
Athletic Director	(11)	0	0	0	0	0	0	0
Jeffrey Cornwall	(1)	225,036	0	396	11,428	15,718	252,578	0
Director-Center for Entreprenuership	(11)	0	0	0	0	0	0	0
D Lee Warren	(1)	222,763	0	396	9,037	7,758	239,954	0
Professor	(11)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K

(Form 990)

## Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

2018

OMB No 1545-0047

DLN: 93493105013430

Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number Belmont University 62-0465076 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (i) Pool (h) On behalf of financing issuer Yes No Yes No Yes No HEALTH AND EDUCATIONAL 62-6139016 05-30-2012 50,900,000 REFUNDING BOND ISSUE Χ FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT ASHVILLE AND DAVIDSON COUNTY TN (2012A) 62-6139016 05-30-2012 59,162,825 CONSTRUCTION OF CAMPUS Χ Χ HEALTH AND EDUCATIONAL 592041TS6 FACILITIES BOARD OF **FACILITIES** METROPOLITAN GOVERNMENT OF NASHV ILLE AND DAVIDSON COUNTY TENNESSEE Part II **Proceeds** C D 41,500,000 12,591,756 2 3 50,900,000 59,162,825 4 5 6 7 559,269 8 9 10 48,545,280 11 50,900,000 10,058,276 12 13 2013 Yes No Yes No Yes Yes No Were the bonds issued as part of a current refunding issue? . . . . Χ Х 14 Were the bonds issued as part of an advance refunding issue? . . . . . 15 Χ Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Х **Private Business Use** Part 🏻 D Yes No Yes No Yes No Yes No

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

Are there any lease arrangements that may result in private business use of bond-financed

Χ

Χ

Χ

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?...

Rebate not due yet? . . . . . . .

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

b

C

d

6

Part IV

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2018

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Χ Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

0 %

Х

Χ

Χ

Yes

Χ

Χ

В

No

Χ

Χ

Χ

X

0 %

Χ

Х

Х

Yes

C

No

counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than

Α

No

Χ

Χ

Χ

Χ

Yes

Χ

Х

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

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Return Reference

Yes

Α

Nο

Explanation

Yes

Х

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

No

Χ

Χ

Yes

В

No

Yes

No

Yes

No

Page 3

No

D

D

Nο

Yes

Schedule K (Form 990) 2018

Yes

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

efile GRAPHIC	print - DO	NOT PROCES	S As F	iled Data -					DL	N: 93	49310	501	.3430
Schedule L (Form 990 or 990-l	≣Z) ► Cor	nplete if the org	anization a		s" on Form 99	90, Part IV, li	ines 2	25a, 2	25b, 20	5,	MB No :		
			► Attac	Sc, or Form 99 th to Form 99	0 or Form 99	0-EZ.					2018		
Department of the Treas	urs.	<b>⊳G</b> o t	o <u>www.irs.</u>	gov/Form990	of the lates	st informatio	n.				)pen t		
Internal Revenue Service	e										Insp	ectio	on
Name of the organ Belmont University	nization						Er	mplo	yer ide	entifica	ition nu	ımbe	er
Part I Exces	s Renefit	Transactions (	section 501	(c)(3) section	501(c)(4) and	501(c)(29) o			5076				
		anization answere								ne 40b			
1 (a)	Name of dis	qualified person	(b)	Relationship be	etween disqual organization	ıfıed person aı	nd		escript ansacti		(d) Ye		ected?
					or garnization						Te	s	No
							-						
												1	
Comp repor	olete if the or ted an amo (b) Relation	or From Interpretation answer on Form 990, iship (c) Purpose ation of loan	ered "Yes" or Part X, line (d) Loan	n Form 990-EZ 5, 6, or 22	, Part V, line 3  (e)Original principal amount	8a, or Form 99 (f)Balance due	(g)	rt IV, In Jult?	Appro boa	<b>h)</b> ved by rd or	(i)	ınızat Writi eeme	ten
			То	From	-		Yes	No	Yes	No No	Yes	-	No
 Total					 ▶ s								
Total					Ψ								
		stance Benefit	_			lino 27							
(a) Name of Intere		interested perso	p between on and the	(c) Amount		(d) Type	of assi	stanc	e	(e) Pur	rpose of	assi	stance
(1) SEE PART V		organizat N/A	tion		68.000	DISCOUNTED	TUIT	ION					
		·											
(2) SEE PART V		N/A			·	SCHOLARSHI							
(3) SEE PART V		N/A			32,000	FINANCIAL A	ID	_				_	
For Paperwork Redu	ction Act No	tice see the Instru	ctions for Fo	 rm 990 or 990-l	F <b>7</b> (°a	t No. 50056A		S al	andula l	/For-	990 or	000 1	7) 2016

Part V	art V Supplemental Information						
	Provide additional information for responses to questions on Schedule L (see instructions)						

AND (B) HAVE BEEN LEFT BLANK

Explanation

COLLEGES, UNIVERSITIES, AND PRIMARY AND SECONDARY SCHOOLS ARE NOT REOUIRED TO IDENTIFY

FINANCIAL ASSISTANCE PURSUANT TO THE INSTRUCTIONS TO FORM 990, SCH L, PART III, COLUMNS(A)

INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR

Return Reference

Schedule L. Part III GRANTS OR

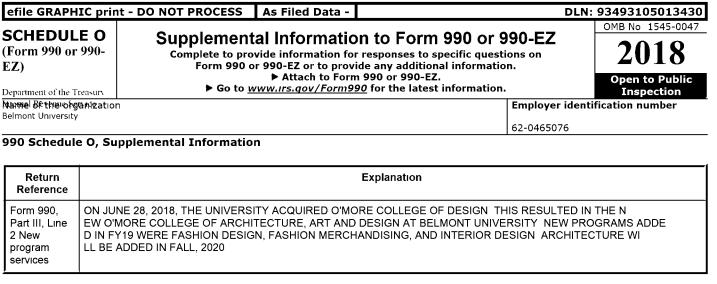
ASSISTANCE BENEFITING

INTERESTED PERSONS

Schedule I. (Form 990 or 990-F7) 2018

DLN: 93493105013430 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Belmont University 62-0465076 **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Χ 6,862,708 Opinions of experts Art—Historical treasures Art—Fractional interests . 4 Books and publications Χ 300 Opinions of experts Clothing and household goods . . . . . Cars and other vehicles . Boats and planes . . Intellectual property . . Securities—Publicly traded . Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 5,000 Opinions of experts 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 3.000 Market value 25 Other ▶ ( Sound recording equipment ) Χ 2,941 Cost 26 Other ▶ ( School of Music catered board meeting held by volunteer 27 Other ▶ ( \_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	PROCESS FOR DETERMINING OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION THE HUMAN RESOURCE DIRECTOR OBTAINS REGIONAL AND NATIONAL DATA ON COMPARABLE COMPENSATION OF SIMILAR POSITION S AND SKILL LEVEL THE COMPENSATION IS THEN REVIEWED BY THE SEARCH COMMITTEE WITH FINAL AP PROVAL BY THE PRESIDENT OF THE UNIVERSITY DOCUMENTATION OF THE PROCESS AND RESULTS IS KEP T IN HUMAN RESOURCES THIS PROCESS WAS LAST CONDUCTED IN FY 2014 SINCE THIS PROCESS WAS N OT DONE DURING FY19, THIS QUESTION HAS BEEN MARKED "NO" IN ACCORDANCE WITH IRS INSTRUCTION S

Return Explanation

990 Schedule O, Supplemental Information

Reference

Form 990, Part	PROCESS FOR DETERMINING PRESIDENT'S COMPENSATION THE HUMAN RESOURCE DIRECTOR OBTAINS REGI
VI, Line 15a	ONAL AND NATIONAL DATA ON COMPARABLE COMPENSATION OF SIMILAR POSITIONS AND SKILL LEVEL CO
PRESIDENTS	MPENSATION IS THEN REVIEWED BY THE SEARCH COMMITTEE WITH FINAL APPROVAL BY THE BOARD OF TR
COMPENSATION	USTEES DOCUMENTATION OF THE PROCESS AND RESULTS IS KEPT IN HUMAN RESOURCES THIS PROCESS
	WAS LAST CONDUCTED IN FY 2016 SINCE THIS PROCESS WAS NOT DONE DURING FY19, THIS QUESTION
	HAS BEEN MARKED "NO" IN ACCORDANCE WITH IRS INSTRUCTIONS

committee

Explanation
Article VI, Section 1 The executive committee shall have and exercise the authority of th
e Board of Trustees in the management of the Corporation during the interim between the me
etings of the Board of Trustees In addition, the committee shall be responsible for coord

broad | inating with and advising the president on strategic issues affecting the University authority to a

Return Explanation
Reference

Form 990, Part VI, Line 2
Family/business relationships amongst interested persons

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

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Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
12c Conflict
of interest
policy

COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED ANNUALLY UPDA
TED FORMS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE OFFICE OF INSTITUTIONAL EFFE
CTIVENESS ALL INTERESTED PERSONS SHALL DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICTS OF IN
TEREST IN THE EVENT OF A CONFLICT, THE TRUSTEE OR OFFICER SHALL ABSENT HIM OR HERSELF FRO
M DISCUSSIONS OF, AND ABSTAIN FROM VOTING ON, SUCH MATTERS UNDER CONSIDERATION BY THE BOAR
D OF TRUSTEES OR ITS COMMITTEES

Return Explanation
Reference

Form 990,	Financial statements, governing documents, and conflict of interest policies are not requi
Part VI, Line	red disclosures pursuant to Internal Revenue Code (IRC) Section 6104 These documents are
19 Required	not available to the public at this time
documents	·
available to	
the public	

Return Explanation
Reference

	Form 990,	Athletic Revenue - Total Revenue 2174736, Related or Exempt Function Revenue 2174736, Un
	Part VIII, Line	related Business Revenue ,Revenue Excluded from Tax Under Sections 512, 513, or 514,
ı	2f Other	
ı	Program	
ı	Service	
	Revenue	

Return Reference	Explanation
Form 990, Part VIII, Line	Interest Income - Total Revenue 536830, Related or Exempt Function Revenue 536830, Unrel ated Business Revenue . Revenue Excluded from Tax Under Sections 512, 513, or 514 . Trus
11d Other	t Income - Total Revenue 7930, Related or Exempt Function Revenue 7930, Unrelated Busine
	ss Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,
Revenue	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990, Part XI, Line	CHANGE IN VALUE OF INTEREST RATE SWAPS - 39301, CHANGE IN VALUE OF ANNUITIES332097,
9 Other	
changes in	
net assets or	
fund	
balances	

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	105013	430				
SCHEDULE R (Form 990)	ization ar	zations answered "Yes ► Attach to Form990 for	s" on Form Form 990.	n 990, Parl	: IV, line 33	, 34, 35b,		37.		OMB No 20 Open to	18							
Internal Revenue Service  Name of the organization Belmont University									Empl	oyer identif	ication		ection					
Part I Identification	of Disregarded E	ntities Complete of	the organ	ization answ	ered "Yes	" on Form	990 Part	TV line 3		165076								
(a)  Name, address, and EIN (ıf applıcable) of disregarded entity			the organ	(b) Primary activ		(c) Legal domicile (state or foreign country)		(d)	(d) (e)		sets	<b>(f</b> Direct co ent	ntrolling					
Part II Identification of	of Related Tay-Eve	emnt Organization	e Comple	ate if the oro	anization	answered	"Yes" on F	orm 990	Part IV	line 34 ha	Cause	it had one or	more					
	npt organizations du		- Comple	te ii the org	amzacion	answered	163 0111	01111 990,	raiciv	, lille 34 be	cause	To flad offe of						
Name, address, and	(a) Name, address, and EIN of related organization		(a) EIN of related organization		(a) ss, and EIN of related organization		Prim	<b>(b)</b> ary activity	Legal dom	<b>c)</b> nicile (state n country)	(d) Exempt Cod		Public ch	(e) narity status n 501(c)(3))	Dır	( <b>f)</b> rect controlling entity	Section (13) cor enti	512(b) ntrolled
For Paperwork Reduction Ac	t Notice, see the Inc	tructions for Form 9	90.		Ca	at No 5013	35Y				Sche	edule R (Form	990) 20	18				

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h Dispropi allocat	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General or managing partner?		General or managing partner?		<b>(k)</b> Percentage ownership								
				314)			Yes	No	1	Yes	No													
,											Н													
							-				$\vdash$													
											Ш													
Part IV Identification of Related Organizations Taxable as a Co	rporation	or Trus	t Complete	ıf the organız	ation answ	ered "Yes	" on Fo	orm 9	90, Part IV,	lıne	34													

Part IV Identification of Related O because it had one or more re	organizations Taxable as a Co elated organizations treated as a				swered "Yes"	on Form 990,	Part IV, line 3	4	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (b) (contract)	on 512 (13) rolled ity?
(1)CHARITABLE REMAINDER TRUST (1)	INVESTMENTS	TN	NA	Trust				Yes Yes	No
1900 Belmont Blvd Nashville, TN 37212									
(2)TAHI LTD 1900 BELMONT BLVD NASHVILLE, TN 37212 62-0941784	DEVELOPMENT OF CAMPUS FACILITIES	TN	BELMONT UNIVERSITY	S Corporation	0	16,221		Yes	
			1	1	l	Sch	edule R (Form	990) 20	18

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

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

No

No

No

No

No

No

No

No

No

No No

No

No

No

No

No

No

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No					
h. Gift, grant, or capital contribution to related organization(s)	1b		No					

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

(b)

Transaction

type (a-s)

(c)

Amount involved

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

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

(a)

Name of related organization

1c

**1**d 1e

**1**g 1h

11

1 m

1n

10

**1**q

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(e) (f) (Are all partners section total sold(c)(3) sorganizations?		Share of   Share of   total   end-of-year		Share of   Share o   total   end-of-ye		(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
													_				
													_				
	•								•	Schedul	e R (Forn	1 99	0) 2018				

