

Return of Organization Exempt From Income Tax

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

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

2007**Open to Public Inspection****A For the 2007 calendar year, or tax year beginning 7/1/2007, and ending 6/30/2008****B Check if applicable:**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**MEHARRY MEDICAL COLLEGE**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1005 Dr D B Todd Blvd

City or town, state or country, and ZIP + 4

Nashville, TN 37208-3599**D Employer identification number****62 0488046****E Telephone number****(615) 327-6241****F Accounting method:**

- ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ **www.patton.edu****J Organization type** (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **134,127,715****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a	10,817,740			
	b Direct public support (not included on line 1a)	1b	0			
	c Indirect public support (not included on line 1a)	1c	0			
	d Government contributions (grants) (not included on line 1a)	1d	89,566,740			
	e Total (add lines 1a through 1d) (cash \$ 100,384,480 noncash \$ 0)	1e			100,384,480	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			29,314,645	
	3 Membership dues and assessments	3			0	
	4 Interest on savings and temporary cash investments	4			0	
	5 Dividends and interest from securities	5			1,941,624	
	6a Gross rents	6a	0			
	b Less: rental expenses	6b	0			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			0		
7 Other investment income (describe ▶)	7			0		
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less: cost or other basis and sales expenses.	8a	0	8a	0	
	c Gain or (loss) (attach schedule)	8b	0	8b	0	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	0	8c	0	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0			
	b Less: direct expenses other than fundraising expenses	9b	0			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			0	
	10a Gross sales of inventory, less returns and allowances	10a	0			
	b Less: cost of goods sold	10b	0			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			0	
	11 Other revenue (from Part VII, line 103)	11			2,486,966	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			134,127,715		
Expenses	13 Program services (from line 44, column (B))	13			90,610,070	
	14 Management and general (from line 44, column (C))	14			33,625,500	
	15 Fundraising (from line 44, column (D))	15			2,263,984	
	16 Payments to affiliates (attach schedule)	16			0	
	17 Total expenses. Add lines 16 and 44, column (A)	17			126,499,554	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			7,628,161	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			116,962,129	
	20 Other changes in net assets or fund balances (attach explanation) Stmt 1	20			-5,973,186	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			118,617,104	

Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 2,601,075	919,426	1,501,649	180,000
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 58,122,862	43,423,885	13,609,151	1,089,826
27	Pension plan contributions not included on lines 25a, b, and c	27 2,262,741	1,652,354	563,070	47,317
28	Employee benefits not included on lines 25a – 27	28 7,136,212	5,211,178	1,775,805	149,229
29	Payroll taxes	29 3,993,125	2,915,957	993,666	83,502
30	Professional fundraising fees	30 151,269	0	0	151,269
31	Accounting fees	31 126,475	0	126,475	0
32	Legal fees	32 267,201	0	267,201	0
33	Supplies	33 6,215,072	4,158,343	2,033,115	23,614
34	Telephone	34 689,656	550,414	126,552	12,690
35	Postage and shipping	35 176,854	62,571	102,167	12,116
36	Occupancy	36 4,604,699	3,675,011	844,962	84,726
37	Equipment rental and maintenance	37 1,322,390	267,330	1,045,068	9,992
38	Printing and publications	38 320,887	256,100	58,883	5,904
39	Travel	39 1,634,062	1,209,874	367,966	56,222
40	Conferences, conventions, and meetings	40 670,219	473,077	190,289	6,853
41	Interest	41 2,117,196	0	2,117,196	0
42	Depreciation, depletion, etc. (attach schedule)	42 5,827,839	4,228,097	1,599,742	0 Stmt 2
43	Other expenses not covered above (itemize): See Statement 3	43a 28,259,720	21,606,453	6,302,543	350,724
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 126,499,554	90,610,070	33,625,500	2,263,984

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► a. Education of students in the fields of medicine, d All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 4 (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	90,610,070

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	7,257,974	45	9,896,746
	46 Savings and temporary cash investments	0	46	0
	47a Accounts receivable	47a 49,361,026		
	b Less: allowance for doubtful accounts	47b 21,211,382	27,525,638	47c 28,149,644
	48a Pledges receivable	48a 2,633,917		
	b Less: allowance for doubtful accounts	48b 0	2,957,811	48c 2,633,917
	49 Grants receivable	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use	178,517	52	17,271
	53 Prepaid expenses and deferred charges	1,107,786	53	1,030,062
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	78,934,751	54b	78,627,025 Stmt 5
	55a Investments—land, buildings, and equipment: basis	55a 32,844,352		
	b Less: accumulated depreciation (attach schedule) See Statement 6	55b 0	34,761,060	55c 32,844,352
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	57a 133,038,496		
b Less: accumulated depreciation (attach schedule) Stmt 7	57b 70,384,915	62,275,631	57c 62,653,581	
58 Other assets, including program-related investments (describe ►)	0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	214,999,168	59	215,852,598	
Liabilities	60 Accounts payable and accrued expenses	18,923,385	60	19,610,883
	61 Grants payable	1,962,099	61	1,622,726
	62 Deferred revenue	5,214,846	62	4,400,593
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule) See Statement 8	59,683,439	64a	57,194,385
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ► See Statement 9)	12,253,270	65	14,406,907
66 Total liabilities. Add lines 60 through 65	98,037,039	66	97,235,494	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	9,983,948	67	14,253,906
	68 Temporarily restricted	28,575,194	68	21,289,396
	69 Permanently restricted	78,402,987	69	83,073,802
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	116,962,129	73	118,617,104
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	214,999,168	74	215,852,598

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Instructions		a	b
a	Total revenue, gains, and other support per audited financial statements		125,248,724
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-5,973,185
2	Donated services and use of facilities	b2	0
3	Recoveries of prior year grants	b3	0
4	Other (specify): _____	b4	0
	Add lines b1 through b4	b	-5,973,185
c	Subtract line b from line a	c	131,221,909
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify): See Statement 10 _____	d2	2,905,806
	Add lines d1 and d2	d	2,905,806
e	Total revenue (Part I, line 12). Add lines c and d	e	134,127,715

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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a	Total expenses and losses per audited financial statements	a	122,677,784
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	122,677,784
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify): See Statement 11	d2	3,821,770
	Add lines d1 and d2	d	3,821,770
e	Total expenses (Part I, line 17). Add lines c and d	e	126,499,554

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

	Yes	No
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75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ ----- 35		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If “Yes,” attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of “related organization.” ▶ If “Yes,” attach a statement that includes the information described in the instructions.	75c	✓
d	Does the organization have a written conflict of interest policy?	75d	✓

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	<input type="checkbox"/>
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a _____ 0		
b	Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>

Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		<input checked="" type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	<input checked="" type="checkbox"/>	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		<input checked="" type="checkbox"/>
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		<input checked="" type="checkbox"/>
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>	89a		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		<input checked="" type="checkbox"/>
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0</u>	89c		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0</u>	89d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		<input checked="" type="checkbox"/>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		<input checked="" type="checkbox"/>
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		<input checked="" type="checkbox"/>
90a List the states with which a copy of this return is filed ▶ <u>AL,AK,AZ,AR,CA,CT,FL,GA,HI,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,</u>	90a		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b		1094
91a The books are in care of ▶ <u>Dora S Moore</u> Telephone no. ▶ <u>615-327-6241</u>	91a		
Located at ▶ <u>1005 DB Todd Blvd, Nashville, TN</u> ZIP + 4 ▶ <u>37208</u>	91b		<input checked="" type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Tuition and fees					18,967,677
b Patient Revenue					9,554,050
c Dental Services					792,918
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					1,941,624
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Other Sources					2,486,966
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	33,743,235
105 Total (add line 104, columns (B), (D), and (E))					33,743,235

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*




106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2007, covering the interest, rents, royalties, and annuities described in question 107 above?

Please Sign Here	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.			
	 _____ Signature of officer		_____ Date	
Paid Preparer's Use Only	 _____ LaMel BandyNeal, Vice President of Finance Type or print name and title			
	Preparer's signature  _____ Firm's name (or yours if self-employed), address, and ZIP + 4 _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____ Phone no. () _____



SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

MEHARRY MEDICAL COLLEGE

Employer identification number

62 0488046**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Derrick Beech Meharry Medical College, Nashville, TN 37208,	Chair/Prof Surgery 40	434,000	18,480	0
Gloria Richard Davis Meharry Medical College, Nashville, TN 37208,	Prof OB GYN 40	350,000	19,133	0
Anthony Disher Meharry Medical College, Nashville, TN 37208,	Prof/Chair Radiology 40	325,000	15,701	0
Glenfield Knight 1005 Dr D B Todd Blvd, Nashville, TN 37208-35	Assoc Prof Radiology 40	303,464	19,151	0
Janice Whitty Meharry Medical College, Nashville, TN 37208,	Prof OB/GYN 40	300,000	15,701	0
Total number of other employees paid over \$50,000 ►	327			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Vanderbilt University Medical Center Dept of Finance, Atlanta, GA 31192-0303, US	Medical Services	1,322,056
Medical Doctor Associates P O Box 277185, Atlanta, GA 30384-7185, US	Medical Services	562,319
Nighthawk Radiology Services P O Box 673398, Detroit, MI 48267-3398, US	Medical Services	258,015
CIT Technology Fin Serv Inc 21719 Network Place, Chicago, IL 60673-1217, US	Medical Services	240,031
Kelly Services Incorporation P O Box 530437, Atlanta, GA 30353-0437, US	Medical/Professional Staffing Ser	223,974
Total number of others receiving over \$50,000 for professional services ►	38	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Aramark Facility Services 22506 Network Place, Chicago, IL 60673-1225, US	Facilities Management Services	732,748
XEROX P O Box 827598, Philadelphia, PA 19101-7598, US	Copy/Lease Services	255,818
Total number of other contractors receiving over \$50,000 for other services ►	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b	Did the organization make any taxable distributions under section 4966?	4b	✓
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d	Enter the total number of donor advised funds owned at the end of the tax year		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					0

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) ►	26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ►	26d	
e Public support (line 26c minus line 26d total) ►	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►	26f	%

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ►	27c	
d Add: Line 27a total _____ and line 27b total _____ ►	27d	
e Public support (line 27c total minus line 27d total) ►	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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?	<input checked="" type="checkbox"/>	
30 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?	<input checked="" type="checkbox"/>	
31 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, attach a separate statement.) See Statement 14	<input checked="" type="checkbox"/>	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Stmnt 15		<input checked="" type="checkbox"/>
35 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," attach an explanation	<input checked="" type="checkbox"/>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying).	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> If the amount on line 40 is— Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 </div> <div> The lobbying nontaxable amount is— 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h .)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? _____

- d** If the answer to any of the above is “Yes,” complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		✓
a(ii)		✓
b(i)		✓
b(ii)		✓
b(iii)		✓
b(iv)		✓
b(v)		✓
b(vi)		✓
c		✓

[illegible]

- b** If “Yes,” complete the following schedule:

[illegible]

Statement 1

Form: 990

Page: 1

Part: I

Question: 20

MEHARRY MEDICAL COLLEGE**62-0488046****Other changes in Net Assets or Fund Balances**

Explanation	Amount
Net (loss) on investments	-\$5,973,186.00
Total:	-\$5,973,186.00

Statement 2

Form: 990

Page: 2

Part: II

Question: 42

MEHARRY MEDICAL COLLEGE**62-0488046****Depreciation and Depletion**

Asset	Current Deprec.
Depreciation	\$5,827,839.00
Total	\$5,827,839.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 43

MEHARRY MEDICAL COLLEGE**62-0488046****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Other professional fees	\$14,632,310.00	\$10,467,614.00	\$3,952,764.00	\$211,932.00
Other	\$6,434,669.00	\$4,354,910.00	\$1,982,332.00	\$97,427.00
Student Aid	\$5,713,018.00	\$5,697,899.00	\$0.00	\$15,119.00
Insurance	\$1,050,518.00	\$838,418.00	\$192,770.00	\$19,330.00
Membership dues	\$429,205.00	\$247,612.00	\$174,677.00	\$6,916.00
Total:	\$28,259,720.00	\$21,606,453.00	\$6,302,543.00	\$350,724.00

Statement 4

Form: 990

Page: 3

Part: III

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Program Services**

Achievement	Pgm. Svc. Exp.
Professional Education: Education of students in the fields of medicine, dentistry, publichealth, medical science and allied health professional. Degrees conferred include: MD, DDS, MSPH, MSCI, and PhD. (159 Number of Graduates from the programs.)	\$38,038,108.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Medical Research, General/Other: Medical researach in such fields as Cancer, Cardiovascular,Neuroscience, Seatbelt Safety, along with research training. (4 Number of new grants for year.)	\$18,493,515.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Health Care Delivery & Management , General/Other: General health care delivery, primary and specialty care, dental and mental health care. (201000 Number of patient encounters in the year)	\$11,589,027.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Public, Society Benefit Programs, General/Other: Funds expended for activities that are established primarily to provide non-instructional services beneficial to individuals and groups external to the institution. Cost of providing health services to the community. (201000 Number of patient encounters for year.)	\$22,489,420.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$90,610,070.00

Statement 5

Form: 990

Page: 4

Part: IV

Question: 54

MEHARRY MEDICAL COLLEGE**62-0488046****Investments - Securities**

Security	Valuation Type	Amount
Real estate	FMV	\$2,150,361.00
Mutual funds	FMV	\$9,438,223.00
Common stocks	FMV	\$57,950,663.00
Bonds	FMV	\$8,554,305.00
Cash equivalents	FMV	\$533,473.00
Total:		\$78,627,025.00

Statement 6

Form: 990

Page: 4

Part: IV

Question: 55

MEHARRY MEDICAL COLLEGE**62-0488046****Schedule of Investment Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Investment in real estate	\$32,844,352.00	\$0.00	\$32,844,352.00
Total:	\$32,844,352.00	\$0.00	\$32,844,352.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 57

MEHARRY MEDICAL COLLEGE**62-0488046****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Land, Building, and Equipment	\$133,038,496.00	\$70,384,915.00	\$62,653,581.00
Total:	\$133,038,496.00	\$70,384,915.00	\$62,653,581.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 64a

MEHARRY MEDICAL COLLEGE**62-0488046****Tax Exempt Bond Liabilities**

Purpose:	Reissue 1995 bond; renovate Meharry Towers Building
Issue Date:	12/03/1993
Original Amount:	\$21,770,000.00
Amount of issue outstanding:	\$4,460,000.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Refinance series 1994 bonds, hospital renovation, equip and working capital
Issue Date:	08/14/1996
Original Amount:	\$55,050,000.00
Amount of issue outstanding:	\$42,649,385.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Working Capital
Issue Date:	06/29/2001
Original Amount:	\$12,500,000.00
Amount of issue outstanding:	\$8,595,000.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Herman Street HUD property collateralized by mortgage on the property
Issue Date:	07/01/1992
Original Amount:	\$1,715,000.00
Amount of issue outstanding:	\$1,490,000.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No

Percent used by 3rd Party:

Obligation is a Mortgage: No

Maturity Date:

Repayment Terms:

Interest Rate:

Security Provided by Borrower:

Contingent Liability: No

*If 'Yes', this record will not be included in the total
returned to the Form 990:*

Total Due: \$57,194,385.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 65

MEHARRY MEDICAL COLLEGE**62-0488046****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Funds held in trust for others	\$190,210.00	\$2,230,700.00
Government advances for student loans	\$12,063,060.00	\$12,176,207.00
Total:	\$12,253,270.00	\$14,406,907.00

Statement 10

Form: 990

Page: 5

Part: IV-A

Question: d(2)

MEHARRY MEDICAL COLLEGE**62-0488046****Revenue Audit Line d(2)**

Description	Amount
Scholarships	\$3,821,770.00
Chng in mkt value of int rate swap agreement	-\$430,218.00
Chng in net minimum pension liability	-\$485,746.00
Total:	\$2,905,806.00

Statement 11

Form: 990

Page: 5

Part: IV-B

Question: d(2)

MEHARRY MEDICAL COLLEGE**62-0488046****Expense Audit Line d(2)**

Description	Amount
Scholarships	\$3,821,770.00
Total:	\$3,821,770.00

Statement 12

Form: 990

Page: 5

Part: V

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Milton H Jones Jr	0	\$0.00	\$0.00	\$0.00
Title: Chair-Board of Trustees Addr 1: 600 Peachtree Street NE Addr 2: CSZ: Atlanta, GA 30308 Country: United States				
Aubrey Harwell Jr	0	\$0.00	\$0.00	\$0.00
Title: Vice Chairman Addr 1: 2000 First Union Tower Addr 2: CSZ: Nashville, TN 37219-2498 Country: United States				
Dr Nelson L Adams III	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 100 NW 170th Street Addr 2: CSZ: North Miami Beach, FL 33169 Country: United States				
Dr Brandon Barton Jr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 11200 E McNichols Addr 2: CSZ: Detroit, MI 48234 Country: United States				
Dr TB Boyd III	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: RH Boyd Publishing Corporation Addr 2: CSZ: Nashville, TN 37209 Country: United States				
Dr Mendee Bull Ligon	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 5201 Central Avenue Addr 2: CSZ: St Petersburg, FL 33710 Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
M Inez Crutchfield	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 3507 Geneva Circle Addr 2: CSZ: Nashville, TN 37209 Country: United States				
Dr Robert Daugherty Jr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 66 Promontory Pointe Addr 2: CSZ: Reno, NV 89509 Country: United States				
Richard R Davis	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Bessemer Securities Corporation Addr 2: 630 Fifth Avenue - 39th Flr CSZ: New York, NY 10111 Country: United States				
Dr Jerome King Del Pino	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: The United Methodist Church Addr 2: 1001 19th Avenue South CSZ: Nashville, TN 37212 Country: United States				
Dr Spencer Disher	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 196 Centre Street NE Addr 2: CSZ: Orangeburg, SC 29115 Country: United States				
Eddie D Davis	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 801 Pennsylvania Ave NW 725 Addr 2: CSZ: Washington, DC 20004 Country: United States				
Derric A Gregory Sr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 8 Coolidge Place Addr 2: CSZ: Durham, NC 27705				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United States				
Dr Cornelius Hopper	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 14201 Skyline Boulevard				
Addr 2:				
CSZ: Oakland, CA 94619				
Country: United States				
Dr Martin D Jeffries	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 101 Hall Street 124				
Addr 2:				
CSZ: Hindsville, GA 31313				
Country: United States				
Dr Shedrick D Jones	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 4330 Olympiad Drive				
Addr 2:				
CSZ: Los Angeles, CA 90043				
Country: United States				
Dr Norman Jones	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 2950 Polo Club Road				
Addr 2:				
CSZ: Nashville, TN 37221				
Country: United States				
Kevin P Lavender	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: Fifth Third Bank				
Addr 2: 424 Church Street Ste 700				
CSZ: Nashville, TN 37219				
Country: United States				
Dr Abraham McIntosh	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 6971 Hogan Drive				
Addr 2:				
CSZ: Sacramento, CA 95822				
Country: United States				
Dr Jonathan Perlin	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: One Park Plaza				
Addr 2: HCA Clinical Services Group				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Nashville, TN 37203 Country: United States				
The Honorable Mary Pruitt	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Legislative Plaza Suite 25 Addr 2: CSZ: Nashville, TN 37243-0158 Country: United States				
Dr Edward W Reed	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1807 Parkway Terrace Addr 2: CSZ: Memphis, TN 38114 Country: United States				
Mr Edgar G Rios	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1650 Tysons Blvd Suite 900 Addr 2: CSZ: McLean, VA 22102 Country: United States				
Ray M Robinson	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 75 Piedmont Avenue Addr 2: CSZ: Atlanta, GA 30303 Country: United States				
Dr Frank S Royal Sr	0	\$0.00	\$0.00	\$0.00
Title: Chairman Emeritus Addr 1: East End Medical Center Addr 2: 1122 North 25th Street Suite 8 CSZ: Richmond, VA 23223 Country: United States				
Dr Justin Turner	0	\$0.00	\$0.00	\$0.00
Title: Trustee Young Alumni Addr 1: 1908 Meharry Boulevard Addr 2: CSZ: Nashville, TN 37208 Country: United States				
Ms Robyn Turner	0	\$0.00	\$0.00	\$0.00
Title: Trustee Student Observer Addr 1: 1908 Meharry Boulevard				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 2: CSZ: Nashville, TN 37208 Country: United States				
Dr Neal A Vanselow	0	\$0.00	\$0.00	\$0.00
Title: Trustee Professor Emeritus Addr 1: 18942 East Mountaineer Addr 2: CSZ: Rio Verde, AZ 85263 Country: United States				
Carol H Williams Hood	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Carol H Williams Advertising Addr 2: 555 12th Street Suite 1700 CSZ: Oakland, CA 94607 Country: United States				
James E Williams	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: One CNN Center 14th Fl South Tower Addr 2: Suite SW 1419C CSZ: Atlanta, GA 30303 Country: United States				
Lorenzo Williams	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 320 South Indian River Drive Addr 2: CSZ: Fort Pierce, FL 34948 Country: United States				
Dr Robert L Williams Jr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1136 Cleveland Ave Suite 611 Addr 2: CSZ: East Point, GA 30344 Country: United States				
Dr Claud R Young	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Virginia Park Medical Center Addr 2: 8500 14th Street CSZ: Detroit, MI 48206 Country: United States				
Dr George Breaux	40	\$150,000.00	\$4,391.00	\$0.00
Title: Special Trustee-Faculty Senate				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 1: Meharry Medical College Addr 2: CSZ: Nashville, TN 37208 Country: United States				
Dr Wayne J Riley	40	\$464,268.00	\$33,552.00	\$38,000.00
Title: President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Dr Angela Franklin	40	\$274,423.00	\$16,856.00	\$0.00
Title: Executive Vice President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208 Country: United States				
LaMel Bandy Neal	40	\$283,150.00	\$34,802.00	\$0.00
Title: Vice President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Benjamin Rawlins	40	\$223,846.00	\$26,422.00	\$0.00
Title: General Counsel/SVP Administration Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Robert S Poole	40	\$180,000.00	\$28,701.00	\$0.00
Title: Vice President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Valerie Montgomery Rice	40	\$445,081.00	\$27,650.00	\$0.00
Title: Dean and Sr Vice President for Health Affairs Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
William Butler	40	\$299,038.00	\$15,830.00	\$0.00

Name and Address		Ave. Hrs/week	Comp.	Benefits	Expenses
Title:	Dean School of Dentistry				
Addr 1:	1005 Dr D B Todd Blvd				
Addr 2:					
CSZ:	Nashville, TN 37208-3599				
Country:	United States				
Maria F Lima		40	\$175,307.00	\$27,971.00	\$0.00
Title:	Dean School of Graduate Studies				
Addr 1:	1005 Dr D B Todd Blvd				
Addr 2:					
CSZ:	Nashville, TN 37208-3599				
Country:	United States				
TOTALS			\$2,495,113.00	\$216,175.00	\$38,000.00

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Part: VIII

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Relationship of Activities**

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
93 a	All activity reported in column (E) of part VII contributes importantly to Meharry Medical College tax exempt missions of health education, research, and health care.
93 c	Dental services to the public is considered health care and is an exempt function as it relates to Meharry Medical College tax exempt mission of health education, research and clinical services.
93 b	Patient care revenue relates to Meharry Medical College important tax exempt missions of health education, research, and clinical care.
103 a	Miscellaneous revenue used to further the tax-exempt mission of Meharry Medical College, which includes health education, research and clinical care.
96	Dividends and interest are received from investments in our endowment. Dividends and interest are used to fund scholarships and programs that are directly related to the tax-exempt mission of Meharry Medical College.

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MEHARRY MEDICAL COLLEGE
62-0488046

Publicize Racially Nondiscriminatory Policy

Explanation/Description

A non-discriminatory policy statement accompanies all soliciations.

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Question: 34

MEHARRY MEDICAL COLLEGE
62-0488046

Financial Assistance

Explanation

The organization receives financial aid from the government for its students.