

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VANDERBILT UNIVERSITY MEDICAL CENTER</b> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1161 21ST AVE S., SUITE D3300 MCN</b> City or town, state or province, country, and ZIP or foreign postal code <b>NASHVILLE, TN 37232</b> <b>D</b> Employer identification number <b>35-2528741</b> <b>E</b> Telephone number <b>(615) 322-2381</b> <b>G</b> Gross receipts \$ <b>4,473,117,467</b> <b>F</b> Name and address of principal officer: <b>JEFFREY R. BALSER, MD, PHD</b> <b>SAME AS C ABOVE</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ _____ <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.VUMC.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____ <b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>TN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O, FORM 990, PART III, LINE 1</u>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> <span style="float: right;"><b>11</b></span>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> <span style="float: right;"><b>10</b></span>
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . . <b>5</b> <span style="float: right;"><b>26,949</b></span>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <span style="float: right;"><b>1,266</b></span>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> <span style="float: right;"><b>24,676,538</b></span>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> <span style="float: right;"><b>0</b></span>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . . <b>302,808,739</b> <span style="float: right;"><b>355,841,563</b></span>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . . <b>3,608,520,465</b> <span style="float: right;"><b>3,740,845,973</b></span>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>21,250,369</b> <span style="float: right;"><b>36,001,277</b></span>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <b>5,609,895</b> <span style="float: right;"><b>4,843,829</b></span>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>3,938,189,468</b> <span style="float: right;"><b>4,137,532,642</b></span>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <b>79,456,591</b> <span style="float: right;"><b>105,176,985</b></span>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>2,035,260,271</b> <span style="float: right;"><b>2,179,645,238</b></span>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>92,802</b> <span style="float: right;"><b>0</b></span>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,430,765</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <b>1,621,217,366</b> <span style="float: right;"><b>1,761,807,022</b></span>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>3,736,027,030</b> <span style="float: right;"><b>4,046,629,245</b></span>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . . <b>202,162,438</b> <span style="float: right;"><b>90,903,397</b></span>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . . <b>2,801,330,205</b> <span style="float: right;"><b>3,192,191,146</b></span>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . . <b>2,000,428,282</b> <span style="float: right;"><b>2,264,561,545</b></span>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . . <b>800,901,923</b> <span style="float: right;"><b>927,629,601</b></span>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		5/2/19	
	Signature of officer	Date	
	Type or print name and title <b>CECELIA B. MOORE, CFO &amp; TREASURER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AERIAL M ORR</b>	Preparer's signature 	Date <b>5/1/19</b>
	Firm's name ▶ <b>ERNST &amp; YOUNG U.S. LLP</b>	Firm's EIN ▶ <b>34-6565596</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01598400</b>
	Firm's address ▶ <b>55 IVAN ALLEN BLVD, SUITE 1000, ATLANTA, GA 30308</b>	Phone no. <b>(404) 874-8300</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2017)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O FORM 990, PART III, LINE 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 2,522,911,080 including grants of \$ 18,685,965 ) (Revenue \$ 3,442,776,569 )  
PATIENT SERVICES - SEE SCHEDULE O FORM 990, PART III, LINE 4A**4b** (Code: ) (Expenses \$ 654,767,134 including grants of \$ 86,491,020 ) (Revenue \$ 131,002,936 )  
ACADEMIC AND SCIENTIFIC RESEARCH - SEE SCHEDULE O FORM 990, PART III, LINE 4B**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 138,529,136 including grants of \$ 0 ) (Revenue \$ 170,762,784 )

**4e** Total program service expenses ▶ 3,316,207,350

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	✓
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> ✓	
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b> ✓	
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> 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 . . . . .	<b>10</b> ✓	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b>	✓
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b>	✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> ✓	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. . . . .	<b>14b</b> ✓	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> ✓	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	✓

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input checked="" type="checkbox"/>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<input checked="" type="checkbox"/>	
<b>23</b> 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>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<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>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<input checked="" type="checkbox"/>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<input checked="" type="checkbox"/>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<input checked="" type="checkbox"/>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<input checked="" type="checkbox"/>	
<b>36</b> <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>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	



**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	2,177		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	26,949		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓		
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .					
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	✓		
<b>4a</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)? . . . . .	<b>4a</b>	✓		
<b>b</b>	If "Yes," enter the name of the foreign country: ► MZ . . . . . See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	✓		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>			
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>11</b>		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> <b>10</b>		
<b>2</b> 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? . . . . . <b>2</b>	<input checked="" type="checkbox"/>	
<b>3</b> 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? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		<input checked="" type="checkbox"/>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> 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 . . . . . <b>9</b>		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . <b>11a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	<input checked="" type="checkbox"/>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>	<input checked="" type="checkbox"/>	
<b>b</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? . . . . . <b>16b</b>	<input checked="" type="checkbox"/>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
SCOTT PHILLIPS, 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203, (615) 322-2381, FAX: (615) 322-8589

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY R. BALSER, MD, PHD PRESIDENT AND CEO	40.0	✓		✓				2,772,510	0	293,832
(2) GREGORY SCOTT ALLEN, JD DIRECTOR	1.0	✓						0	0	0
(3) MICHAEL M. E. JOHNS, MD DIRECTOR	1.0	✓						0	0	0
(4) EDITH SCOTT CARELL JOHNSON, JD DIRECTOR	1.0	✓						0	0	0
(5) RICHARD B. JOHNSTON, JR., MD DIRECTOR	1.0	✓						0	0	0
(6) SAMUEL E. LYNCH, DMD, DMSC DIRECTOR	1.0	✓						0	0	0
(7) DAVID W. PATTERSON, MD DIRECTOR	1.0	✓						0	0	0
(8) ROBERT C. SCHIFF, JR., MD DIRECTOR	1.0	✓						0	0	0
(9) THOMAS J. SHERRARD, III, JD DIRECTOR	1.0	✓						0	0	0
(10) JOHN F. STEIN, MBA DIRECTOR	1.0	✓						0	0	0
(11) NICHOLAS S. ZEPPUS, JD DIRECTOR	1.0	✓						0	0	0
(12) JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	40.0			✓				1,018,060	0	117,677
(13) CECELIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	39.8 0.2			✓				1,068,740	0	111,565
(14) C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF HEALTH SYSTEM OFFICER	40.0			✓				2,171,531	0	198,900

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	40.0			✓				882,602	0	105,234
(16) MITCHELL C. EDGEWORTH, MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	40.0				✓			812,621	0	86,371
(17) CHARLES L. GREGORY, MA, MBA, MH CEO, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	40.0				✓			805,478	0	83,327
(18) TRACI K. NORDBERG, JD CHIEF HR OFFICER	39.0 1.0				✓			703,983	0	77,932
(19) DAVID R. POSCH EXECUTIVE VICE PRESIDENT FOR POPULATION HEALTH	38.8 1.2				✓			883,634	0	30,734
(20) DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	40.0				✓			898,656	0	107,572
(21) WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	40.0				✓			918,549	0	29,410
(22) SCOTT T ARTHUR, MD VBJ FACULTY - ASST PROFESSOR	40.0					✓		1,271,113	0	29,819
(23) CLINTON J. DEVIN, MD COMPREHENSIVE SPINE CENTER - ASSOC PROFESSOR	40.0					✓		1,490,332	0	20,608
(24) JOHN W. KLEKAMP, MD VBJ FACULTY - ASST PROFESSOR	40.0					✓		1,300,953	0	36,194
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								16,998,762	0	1,329,175
<b>c Total from continuation sheets to Part VII, Section A</b>								3,274,965	0	80,520
<b>d Total (add lines 1b and 1c)</b>								20,273,727	0	1,409,695

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3,382

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

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **▶** **4** Yes No

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **▶** **5** Yes No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VANDERBILT UNIVERSITY, PMB 406310, 2301 VANDERBILT PLACE, NASHVILLE, TN 37240	VARIOUS SERVICES	189,337,313
TURNER UNIVERSAL CONSTRUCTION CO, 624 GRASSMERE PARK #4, NASHVILLE, TN 37211	CONSTRUCTION SERVICES	29,200,767
DELOITTE CONSULTING LLP, 30 ROCKEFELLER PLAZA, NEW YORK, NY 10112	PROFESSIONAL SERVICES	14,062,823
CROSS COUNTRY STAFFING, INC., 1970 BROADWAY, #1250, OAKLAND, CA 94612	STAFFING SERVICES	11,551,153
NTT DATA SERVICES LLC, 2413 NASHVILLE RD, BOWLING GREEN, KY 42101	DATA SERVICES	10,178,821

**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 **▶** 335



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	913,876			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	282,436,360			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	72,491,327			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		3,343,732			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		355,841,563			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	NET PATIENT SERVICE REVENUE	622110	3,442,776,569	3,439,873,898	2,902,671	
	<b>b</b>	ACADEMIC AND RESEARCH REVENUE	611310	131,002,936	131,002,936		
	<b>c</b>	OTHER PROGRAM REVENUE	611310	167,066,468	145,768,937	21,297,531	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,740,845,973			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		13,091,018		476,336	12,614,682
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .		477,335			477,335
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .	748,641				
	<b>b</b>	Less: rental expenses . . . . .	111,736				
	<b>c</b>	Rental income or (loss) . . . . .	636,905	0			
	<b>d</b>	Net rental income or (loss) . . . . .		636,905			636,905
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			338,239,760	19,746,169			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	323,551,847	11,523,823			
	<b>c</b>	Gain or (loss) . . . . .	14,687,913	8,222,346			
	<b>d</b>	Net gain or (loss) . . . . .		22,910,259			22,910,259
	<b>8a</b>	Gross income from fundraising events (not including \$ 913,876 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	430,692			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	397,419			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		33,273			33,273
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b>	REVENUE FROM UNCOLSOLILDATED ORGS	900099	3,696,316	3,696,316			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		3,696,316				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		4,137,532,642	3,720,342,087	24,676,538	36,672,454	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	75,516,165	75,516,165		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	24,959,549	24,959,549		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	4,701,271	4,701,271		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	13,227,456	1,051,968	11,729,824	445,664
<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) . . . . .	10,379	10,379		
<b>7</b> Other salaries and wages . . . . .	1,769,347,844	1,539,107,619	225,679,886	4,560,339
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	60,194,103	41,875,824	17,922,146	396,133
<b>9</b> Other employee benefits . . . . .	223,028,268	187,133,497	35,118,547	776,224
<b>10</b> Payroll taxes . . . . .	113,837,188	104,147,886	9,479,771	209,531
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	3,107,781	1,238,383	1,869,398	
<b>b</b> Legal . . . . .	1,628,163	1,410,418	217,745	
<b>c</b> Accounting . . . . .	1,058,476	23,876	1,034,600	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	414,256,213	146,280,501	267,750,263	225,449
<b>12</b> Advertising and promotion . . . . .	12,628,782	5,079,861	7,522,403	26,518
<b>13</b> Office expenses . . . . .	96,020,388	76,712,903	17,754,107	1,553,378
<b>14</b> Information technology . . . . .	64,902,238	17,200,801	47,682,533	18,904
<b>15</b> Royalties . . . . .	4,377	4,377		
<b>16</b> Occupancy . . . . .	221,145,979	179,672,085	39,147,663	2,326,231
<b>17</b> Travel . . . . .	20,374,713	18,077,328	2,182,444	114,941
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	14,448,439	12,484,036	1,911,324	53,079
<b>20</b> Interest . . . . .	62,695,544	60,270,777	2,424,767	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	105,653,599	83,209,120	22,444,479	
<b>23</b> Insurance . . . . .	14,565,060	14,564,085		975
<b>24</b> 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.)				
<b>a</b> DRUGS AND MEDICAL SUPPLIES . . . . .	706,125,249	704,428,059	1,183,377	513,813
<b>b</b> OTHER ACADEMIC AND RESEARCH . . . . .	6,262,392	2,289,428	3,858,276	114,688
<b>c</b> TAXES . . . . .	3,302,748	3,031,220	271,528	
<b>d</b> PROVISION FOR BAD DEBTS . . . . .	(1,406,826)	(1,406,826)		
<b>e</b> All other expenses . . . . .	15,033,707	13,132,760	1,806,049	94,898
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,046,629,245	3,316,207,350	718,991,130	11,430,765
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	43,465,820	<b>1</b>	109,809,546
	<b>2</b> Savings and temporary cash investments . . . . .	510,269,465	<b>2</b>	472,837,831
	<b>3</b> Pledges and grants receivable, net . . . . .	84,304,594	<b>3</b>	75,937,681
	<b>4</b> Accounts receivable, net . . . . .	447,731,680	<b>4</b>	541,129,165
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	275,133	<b>7</b>	1,473,349
	<b>8</b> Inventories for sale or use . . . . .	67,478,430	<b>8</b>	72,636,245
	<b>9</b> Prepaid expenses and deferred charges . . . . .	6,888,179	<b>9</b>	11,028,380
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,515,108,157		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 208,468,963	1,219,767,733	<b>10c</b> 1,306,639,194
	<b>11</b> Investments—publicly traded securities . . . . .	398,102,347	<b>11</b>	576,414,677
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	20,183,704	<b>12</b>	21,822,303
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,863,120	<b>15</b>	2,462,775
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,801,330,205	<b>16</b>	3,192,191,146	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	588,379,289	<b>17</b>	632,617,711
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	50,047,272	<b>19</b>	56,021,883
	<b>20</b> Tax-exempt bond liabilities . . . . .	528,375,952	<b>20</b>	705,661,946
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	647,418,477	<b>23</b>	693,141,612
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	22,273,292	<b>24</b>	28,928,941
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	163,934,000	<b>25</b>	148,189,452
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,000,428,282	<b>26</b>	2,264,561,545
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	713,978,991	<b>27</b>	813,204,943
	<b>28</b> Temporarily restricted net assets . . . . .	69,058,166	<b>28</b>	79,495,974
	<b>29</b> Permanently restricted net assets . . . . .	17,864,766	<b>29</b>	34,928,684
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	800,901,923	<b>33</b>	927,629,601
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,801,330,205	<b>34</b>	3,192,191,146

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,137,532,642
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,046,629,245
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	90,903,397
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	800,901,923
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,237,337
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	28,586,944
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	927,629,601

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
<b>3a</b> 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? . . .	✓	
<b>b</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** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) PAUL A. THOMAS, MD ----- VBJ FACULTY - ASSOC PROFESSOR	40.0 -----					✓		1,909,278	0	39,885
(26) TODD R. WURTH, MD ----- VBJ FACULTY - ASST PROFESSOR	40.0 -----					✓		1,365,687	0	40,635



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2017

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .			47,625,339	302,808,739	355,841,563	706,275,641
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	47,625,339	302,808,739	355,841,563	706,275,641
<b>5</b> 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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						706,275,641

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	47,625,339	302,808,739	355,841,563	706,275,641
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .			2,162,150	22,888,201	29,004,907	54,055,258
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .			0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	800,563	4,280,652	4,127,008	9,208,223
<b>11 Total support.</b> Add lines 7 through 10						769,539,122
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	7,928,568,609
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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 organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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</b> identify those supported organizations and explain 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.			
<b>b</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.			
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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> .			
<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.			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013 . . . . .			
c	From 2014 . . . . .			
d	From 2015 . . . . .			
e	From 2016 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013 . . .			
b	Excess from 2014 . . .			
c	Excess from 2015 . . .			
d	Excess from 2016 . . .			
e	Excess from 2017 . . .			

Schedule A (Form 990 or 990-EZ) 2017

## Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 -	THE AMOUNT REPORTED ON LINE 10 COMPRISES GROSS FUNDRAISING REVENUE OF \$430,692 AND REVENUE FROM UNCONSOLIDATED ORGANIZATIONS OF \$3,696,316.

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	UNCONSOLIDATED ORGS AND FUNDRAISING			800,563	4,280,652	4,127,008	9,208,223
	Total	0	0	800,563	4,280,652	4,127,008	9,208,223

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>VANDERBILT UNIVERSITY MEDICAL CENTER</b>	Employer identification number <b>35-2528741</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2017



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	335,413													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	335,413													
<b>d</b>	Other exempt purpose expenditures . . . . .	4,022,666,749													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	4,023,002,162													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**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 beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000
<b>c</b> Total lobbying expenditures		57,062	312,352	335,413	704,827
<b>d</b> Grassroots nontaxable amount		250,000	250,000	250,000	750,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
<b>f</b> Grassroots lobbying expenditures		0	0		0

Schedule C (Form 990 or 990-EZ) 2017

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

[SEE NEXT PAGE](#)

**Part IV**

**Supplemental Information.** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A, LINE 2 -	VUMC DULY FILED FEDERAL FORM 5768 ELECTING TO HAVE THE PROVISIONS OF 501(H) APPLY TO ITS TAX YEAR ENDING JUNE 30, 2015. THIS ELECTION WAS NOT REVOKED PRIOR TO VUMC'S TAX YEAR BEGINNING JULY 1, 2017.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**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
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$ 9,845
(ii) Assets included in Form 990, Part X . . . . .	▶ \$ 691,813
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
b Assets included in Form 990, Part X . . . . .	▶ \$

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

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

- a** ☒ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations

- d** ☐ Loan or exchange programs  
**e** ☐ Other .....

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	97,918,225	79,588,874	0	0	0
<b>b</b> Contributions	18,514,911	11,330,429	78,782,338		
<b>c</b> Net investment earnings, gains, and losses	8,271,392	10,665,314	1,142,039		
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,702,026	3,666,392	335,503		
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	122,002,502	97,918,225	79,588,874	0	0

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

- a** Board designated or quasi-endowment ▶ 77.82 %  
**b** Permanent endowment ▶ 18.39 %  
**c** Temporarily restricted endowment ▶ 3.79 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations  
**(ii)** related organizations

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>		✓
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		20,132,014		20,132,014
<b>b</b> Buildings		903,660,223	136,225,083	767,435,140
<b>c</b> Leasehold improvements		67,732,997	10,210,622	57,522,375
<b>d</b> Equipment		411,502,685	62,033,258	349,469,427
<b>e</b> Other		112,080,238	0	112,080,238
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,306,639,194



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (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 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) NOTE PAYABLE TO RELATED ORGANIZATION	89,583,333	
(3) FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	54,206,233	
(4) TENANT IMPROVEMENT ALLOWANCES	3,244,053	
(5) CAPITAL LEASES	1,155,833	
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	148,189,452	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

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

[SEE STATEMENT](#)

# Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	VUMC MAINTAINS VARIOUS COLLECTIONS OF ART AND SIMILAR ASSETS. SUCH COLLECTIONS INCLUDE, BUT ARE NOT LIMITED TO, PAINTINGS, PHOTOGRAPHY, SCULPTURES AND OTHER SIMILAR ITEMS. ALL SUCH COLLECTIONS FURTHER VUMC'S EXEMPT PURPOSE BY PROVIDING CULTURAL, HISTORICAL, AND EDUCATIONAL OPPORTUNITIES TO VUMC STAFF AND PATIENTS AND THE COMMUNITY AT LARGE THROUGH EXHIBITS AND DISPLAYS.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS ARE UTILIZED TO GENERATE EARNINGS AND SUBSEQUENT DISTRIBUTIONS FOR THE USE OF FUNDING MEDICAL RESEARCH, MEDICAL CHAIRS IN CLINICAL DEPARTMENTS, MEDICAL TRAINING FELLOWSHIPS, MEDICAL DIRECTORSHIPS, AND OTHER PROGRAMS CONSISTENT WITH THE MISSION OF THE INSTITUTION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	8,080
(2) EAST ASIA AND THE PACIFIC	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	73,950
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	431,737
(4) MIDDLE EAST AND NORTH AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	7,122
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	174,925
(6) SOUTH AMERICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	16,502
(7) SOUTH ASIA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	10,045
(8) SUB-SAHARAN AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	60,930
(9) RUSSIA AND NEIGHBORING STATES	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	5,993
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING-SUBCONTRACTS	N/A	65,926
(11) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING-SUBCONTRACTS	N/A	535,304
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING-SUBCONTRACTS	N/A	342,105
(13) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING-SUBCONTRACTS	N/A	168,434
(14) SOUTH AMERICA	0	5	GRANTMAKING-SUBCONTRACTS	N/A	2,411,387
(15) SOUTH ASIA	0	0	GRANTMAKING-SUBCONTRACTS	N/A	4,689
(16) SUB-SAHARAN AFRICA	0	6	GRANTMAKING-SUBCONTRACTS	N/A	1,173,426
(17) (SEE STATEMENT)					
<b>3a</b> Sub-total . . . . .	0	13			5,490,555
<b>b</b> Total from continuation sheets to Part I . . . . .	2	1,340			31,000,596
<b>c Totals</b> (add lines 3a and 3b)	2	1,353			36,491,151

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

Cat. No. 50082W

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	30,340	WIRE		N/A	N/A
(2)			SUB-SAHARAN AFRICA	RESEARCH	556,394	WIRE		N/A	N/A
(3)			SUB-SAHARAN AFRICA	RESEARCH	94,626	WIRE		N/A	N/A
(4)			EAST ASIA AND THE PACIFIC	RESEARCH	20,520	WIRE		N/A	N/A
(5)			SUB-SAHARAN AFRICA	GENERAL	95,867	WIRE		N/A	N/A
(6)			SOUTH AMERICA	RESEARCH	998,903	WIRE		N/A	N/A
(7)			EAST ASIA AND THE PACIFIC	RESEARCH	145,422	WIRE		N/A	N/A
(8)			SOUTH AMERICA	RESEARCH	40,000	WIRE		N/A	N/A
(9)			CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	65,926	WIRE		N/A	N/A
(10)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	50,100	CHECK		N/A	N/A
(11)			SUB-SAHARAN AFRICA	GENERAL	74,787	WIRE		N/A	N/A
(12)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	20,000	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	RESEARCH	18,174	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	RESEARCH	5,354	WIRE		N/A	N/A
(15)			EAST ASIA AND THE PACIFIC	RESEARCH	191,185	WIRE		N/A	N/A
(16)			(SEE STATEMENT)						

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

28

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

4

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2017

**Part I****Activities per Region** (continued)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	14,996
(18) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	114,736
(19) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	239,621
(20) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	8,809
(21) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	75,113
(22) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	5,309
(23) SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	102,956
(24) SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	1,253
(25) SUB-SAHARAN AFRICA	2	1,340	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	30,437,803

**Part II****Grants and Other Assistance to Organizations or Entities Outside the United States** (continued)

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	RESEARCH	16,966	WIRE		N/A	N/A
(17)		SOUTH AMERICA	RESEARCH	1,103,556	WIRE		N/A	N/A
(18)		SUB-SAHARAN AFRICA	RESEARCH	3,562	WIRE		N/A	N/A
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	23,760	CHECK		N/A	N/A
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	74,574	CHECK		N/A	N/A
(21)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	238,465	WIRE		N/A	N/A
(22)		SUB-SAHARAN AFRICA	GENERAL	26,414	WIRE		N/A	N/A
(23)		SOUTH AMERICA	RESEARCH	225,377	WIRE		N/A	N/A
(24)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	73,300	WIRE		N/A	N/A
(25)		EAST ASIA AND THE PACIFIC	RESEARCH	47,378	WIRE		N/A	N/A
(26)		SUB-SAHARAN AFRICA	RESEARCH	44,404	WIRE		N/A	N/A
(27)		SOUTH AMERICA	RESEARCH	43,550	WIRE		N/A	N/A
(28)		SUB-SAHARAN AFRICA	GENERAL	15,120	WIRE		N/A	N/A
(29)		SUB-SAHARAN AFRICA	GENERAL	154,611	WIRE		N/A	N/A
(30)		SUB-SAHARAN AFRICA	RESEARCH	14,261	WIRE		N/A	N/A
(31)		SUB-SAHARAN AFRICA	RESEARCH	52,885	WIRE		N/A	N/A
(32)		EAST ASIA AND THE PACIFIC	RESEARCH	130,799	WIRE		N/A	N/A

# Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>VANDERBILT UNIVERSITY MEDICAL CENTER MAINTAINS A FORMAL POLICY DEFINING ITS PROCEDURES FOR MONITORING THE USE OF SPONSORED FUNDS BY SUBRECIPIENTS LOCATED OUTSIDE OF THE UNITED STATES WHO ARE PERFORMING A PORTION OF A SPONSORED PROJECT EXTERNALLY AWARDED TO VANDERBILT UNIVERSITY MEDICAL CENTER. THE POLICY PROVIDES GUIDANCE TO ENSURE THAT SUBRECIPIENTS CONDUCT THEIR PORTIONS OF SPONSORED PROJECTS IN COMPLIANCE WITH LAWS, REGULATIONS, TERMS AND CONDITIONS OF AWARDS AND SUBAWARDS, AND THAT REIMBURSED COSTS INCURRED BY SUBRECIPIENTS ARE ALLOWED. THE POLICY ADDRESSES THE ROLES AND RESPONSIBILITIES OF CENTRAL OFFICES AND DEPARTMENTS OF THE MEDICAL CENTER AND DESCRIBES THE MONITORING PROCEDURES FOR EACH AREA.</p> <p>THE FULL TEXT OF VANDERBILT UNIVERSITY MEDICAL CENTER'S SUBRECIPIENT MONITORING GUIDELINES ARE AVAILABLE ONLINE AT THE FOLLOWING WEB ADDRESS:</p> <p><a href="https://finance.mc.vanderbilt.edu/are/ggc/policy.aspx">HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX</a></p>
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL  EAST ASIA AND THE PACIFIC: ACCRUAL  EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL  MIDDLE EAST AND NORTH AFRICA: ACCRUAL  NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL  RUSSIA AND NEIGHBORING STATES: ACCRUAL  SOUTH AMERICA: ACCRUAL  SOUTH ASIA: ACCRUAL  SUB-SAHARAN AFRICA: ACCRUAL</p>
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL  EAST ASIA AND THE PACIFIC: ACCRUAL  EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL  NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL  SOUTH AMERICA: ACCRUAL  SUB-SAHARAN AFRICA: ACCRUAL</p>

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶						

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

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>RF CELEBRITY GOLF</u> (event type)	(b) Event #2 <u>FRIENDS IN FASHION</u> (event type)	(c) Other events <u>12</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	302,760	255,697	786,111	1,344,568
	<b>2</b> Less: Contributions . . . . .	92,040	204,657	617,179	913,876
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	210,720	51,040	168,932	430,692
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .		18,095		18,095
	<b>7</b> Food and beverages . . . . .	27,012	41,748	39,462	108,222
	<b>8</b> Entertainment . . . . .	705	6,678	347	7,730
	<b>9</b> Other direct expenses . . . . .	1,183	30,384	231,805	263,372
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				397,419
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				33,273

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_



- 11** Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35 2528741

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%	✓	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		✓
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			93,163,362		93,163,362	2.30
<b>b</b> Medicaid (from Worksheet 3, column a)			658,070,059	523,798,076	134,271,983	3.31
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	751,233,421	523,798,076	227,435,345	5.61
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			9,895,785	1,985,988	7,909,797	0.20
<b>f</b> Health professions education (from Worksheet 5) . . . . .			191,858,245	56,049,264	135,808,981	3.35
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .					0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .			635,427,689	506,660,854	128,766,835	3.18
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .					0	0.00
<b>j Total.</b> Other Benefits . . . . .	0	0	837,181,719	564,696,106	272,485,613	6.72
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	1,588,415,140	1,088,494,182	499,920,958	12.33

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

Cat. No. 50192T

Schedule H (Form 990) 2017

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	0	0	0	0	0	0.00

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	40,140,643	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3	493,329	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	449,239,499
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	620,145,970
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(170,906,471)
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	✓	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	✓	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 (SEE STATEMENT)				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
Ambulatory Surgery Center of Cool Springs, LLC	Ambulatory Surgery Center	51.02	0.00	13.26
Vanderbilt Imaging Services, LLC	Radiology Services	66.67	0.00	33.33
New Light Imaging, LLC	Outpatient Diagnostic Imaging	66.67	0.00	33.33
One Hundred Oaks Imaging, LLC	Outpatient Diagnostic Imaging	80.00	0.00	20.00
Williamson Imaging, LLC	Outpatient Diagnostic Imaging	53.34	0.00	26.66
VIP Midsouth, LLC	Pediatric Clinics	51.00	0.00	49.00
Springfield VIP Realty, LLC	Own Real Estate Used as Medical Facility	49.00	0.00	51.00



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/38766</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/38766</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		



**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>2</u> <u>5</u> <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1, 'A, 4, 'B, 2, 'B, 3, etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p><b>FACILITY NAME:</b> VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p><b>DESCRIPTION:</b> INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, WAS OBTAINED THROUGH FACE-TO-FACE INTERVIEWS AND VIA COMMUNITY LISTENING SESSIONS. INTERVIEWS TOOK PLACE FROM FEBRUARY TO MAY 2015. LISTENING SESSIONS TOOK PLACE FROM MARCH TO JULY 2015. COMMUNITY SUMMITS WERE HELD IN SEPTEMBER OF 2015.</p> <p>VUMC IDENTIFIED LEADERS FROM PUBLIC HEALTH, GOVERNMENT, EDUCATION, THE FAITH COMMUNITY, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS, AND ACADEMIA AMONG OTHERS AS INTERVIEWEES. INTERVIEWEES WERE IDENTIFIED IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN EACH COUNTY AND WERE SELECTED BASED ON THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE COMMUNITY AND UNDERSERVED POPULATIONS. INTERVIEWEES ALSO INCLUDED HEALTH DEPARTMENT DIRECTORS FROM THE COMMUNITY SERVED, COMMUNITY PHYSICIANS, PUBLIC HEALTH RESEARCHERS, AND COMMUNITY BASED ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH. IN ALL, 81 COMMUNITY LEADERS WERE INTERVIEWED WITH PARTICULAR ATTENTION TO UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.</p> <p>ORGANIZATIONS REPRESENTED IN DAVIDSON COUNTY INTERVIEWS INCLUDED METRO NASHVILLE PUBLIC SCHOOLS, JOBS FOR LIFE, FAMILY &amp; CHILDREN'S SERVICES, SOCIAL SERVICES, THE HOMELESSNESS COMMISSION, NASHVILLE GENERAL, THE MARTHA O' BRYAN CENTER, THE COUNCIL ON AGING, NASHVILLE GENERAL HOSPITAL, LOCAL GOVERNMENT, THE HEALTHY NASHVILLE LEADERSHIP COUNCIL, NASHVILLE CARES, SAINT THOMAS HEALTH, VUMC, CONEXION AMERICAS, NASHVILLE LATINO HEALTH COALITION, MENTAL HEALTH AMERICA, THE SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, FAITH FAMILY CLINIC, SILOAM HEALTH, UNITED NEIGHBORHOOD HEALTH SERVICES, METRO TRANSIT AUTHORITY, INTERDENOMINATIONAL MINISTERS FELLOWSHIP, HCA, UNITED WAY, LOCAL FAITH INSTITUTIONS, MEHARRY MEDICAL COLLEGE, TENNESSEE STATE UNIVERSITY, VANDERBILT UNIVERSITY, NURSES FOR NEWBORNS, SECOND HARVEST, AND THE METRO PUBLIC HEALTH DEPARTMENT. ORGANIZATIONS REPRESENTED IN RUTHERFORD COUNTY INTERVIEWS INCLUDED THE UNIVERSITY OF TENNESSEE AGRICULTURAL EXTENSION OFFICE, MIDDLE TENNESSEE STATE UNIVERSITY, MURFREESBORO CITY SCHOOLS, LOCAL GOVERNMENT, SAINT THOMAS HEALTH, INTERFAITH DENTAL, PRIMARY CARE &amp; HOPE CLINIC, JOURNEY HOME, NATIONAL HEALTHCARE FOR THE HOMELESS COUNCIL, MURFREESBORO POLICE DEPARTMENT, VOLUNTEER BEHAVIORAL HEALTH, CITY OF MURFREESBORO TRANSPORTATION (ROVER), BOYS &amp; GIRLS CLUB, RUTHERFORD COUNTY SCHOOLS, RUTHERFORD COUNTY YMCA, SAINT LOUISE CLINIC, AND THE RUTHERFORD COUNTY HEALTH DEPARTMENT. ORGANIZATIONS REPRESENTED IN WILLIAMSON COUNTY INTERVIEWS INCLUDED LOCAL FAITH INSTITUTIONS, FRANKLIN HOUSING AUTHORITY, MERCY COMMUNITY HEALTHCARE, LOCAL GOVERNMENT, CHAMBER OF COMMERCE, WAVES, UNITED WAY, THE REFUGE CENTER, WILLIAMSON MEDICAL CENTER, WORKFORCE ESSENTIALS, GRACEWORKS, FRANKLIN SPECIAL SCHOOL DISTRICT, UNITED WAY OF WILLIAMSON COUNTY, THE DEPARTMENT OF CHILDREN'S SERVICE, COLUMBIA STATE COMMUNITY COLLEGE, AND THE WILLIAMSON COUNTY HEALTH DEPARTMENT .</p> <p>POPULATIONS SERVED BY THESE ORGANIZATIONS INCLUDE RACIAL AND ETHNIC MINORITY GROUPS, INDIVIDUALS SEEKING SOCIAL SERVICES SUCH AS HOUSING OR FOOD ASSISTANCE, INDIVIDUALS SEEKING AFFORDABLE HEALTHCARE, AT-RISK YOUTH, THOSE EXPERIENCING HOMELESSNESS, HISPANIC AND LATINO COMMUNITY LEADERS, THE MEDICALLY UNDER-SERVED, THOSE EXPERIENCING MENTAL ILLNESS, THOSE EXPERIENCING ADDICTION, CHILDREN AND OTHER LOW-INCOME, MINORITY, UNDER-SERVED, AND VULNERABLE POPULATIONS.</p> <p>TO UNDERSTAND COMMUNITY MEMBERS' OPINIONS OF HEALTH NEEDS, ELEVEN FOCUS GROUPS WERE CONDUCTED ACROSS THE THREE COUNTIES THAT REPRESENT THE COMMUNITY SERVED. THE FOCUS GROUPS IN DAVIDSON COUNTY WERE HELD IN COLLABORATION WITH THE UNITED WAY OF METROPOLITAN NASHVILLE, AS WELL AS COUNTY HEALTH DEPARTMENTS. IN DAVIDSON COUNTY, SESSIONS WERE HELD AT UNITED WAY FAMILY RESOURCE CENTERS (FRCS), WHICH SERVE 32,000 LOW-INCOME RESIDENTS ANNUALLY. UNITED WAY OF METROPOLITAN NASHVILLE RECRUITED PARTICIPANTS IN PARTNERSHIP WITH THE FRCS AND VUMC AND SAINT THOMAS HEALTH. ENGLISH AND SPANISH SPEAKERS WERE INCLUDED IN LISTENING SESSIONS IN EACH COUNTY. IN RUTHERFORD COUNTY, LISTENING SESSIONS WERE HELD IN COORDINATION WITH SAINT THOMAS HEALTH AND THE RUTHERFORD COUNTY HEALTH DEPARTMENT. RECRUITMENT WAS DONE IN COORDINATION WITH THE HOST SITES, WHICH INCLUDED FAITH AND HOPE CLINIC, THE SMYRNA BRANCH OF THE RUTHERFORD COUNTY HEALTH DEPARTMENT, AND FIRST BAPTIST CHURCH IN MURFREESBORO. IN WILLIAMSON COUNTY, RECRUITMENT WAS DONE IN COLLABORATION WITH THE WILLIAMSON COUNTY HEALTH DEPARTMENT, AND ONE SESSION EACH WAS HELD IN ENGLISH AND IN SPANISH. ACROSS THE THREE COUNTIES, MORE THAN THREE-QUARTERS OF PARTICIPANTS WERE FEMALE (78%), MORE THAN THREE-QUARTERS SPOKE ENGLISH (78%), MORE THAN A QUARTER WERE UNINSURED (26%), AND MORE THAN ONE-THIRD HAD NOT COMPLETED MORE THAN A HIGH SCHOOL EDUCATION (36%).</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p><b>FACILITY NAME:</b> VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p><b>DESCRIPTION:</b> VANDERBILT UNIVERSITY MEDICAL CENTER CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH ITS AFFILIATED HOSPITAL, VANDERBILT STALLWORTH REHABILITATION HOSPITAL.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENTLY CONDUCTED CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE - ALPHABETICALLY - 1) ACCESS TO CARE AND COORDINATION OF CARE; 2) MENTAL AND EMOTIONAL HEALTH / SUBSTANCE ABUSE; 3) SOCIAL DETERMINANTS; AND 4) WELLNESS AND DISEASE PREVENTION. VUMC IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2016 IMPLEMENTATION STRATEGY (IS).</p> <p>IN ALL THREE COUNTIES, THE COMMUNITY HEALTH IMPROVEMENT TEAM RELEASED A REQUEST FOR PROPOSALS FOR COMMUNITY PROJECTS THAT ADDRESSED ONE OR MORE OF THE CHNA PRIORITY AREAS, SPECIFICALLY REQUIRING APPLICANTS TO DISCUSS HOW THEIR PROPOSAL WOULD PROMOTE HEALTH EQUITY AND ADDRESS BROADER POLICY, ENVIRONMENTAL, OR SYSTEMS CHANGE. AFTER A COMPETITIVE REVIEW PROCESS WITH A COMMITTEE OF BOTH ACADEMIC AND COMMUNITY REVIEWERS, FIVE ORGANIZATIONS WERE SELECTED AS RECIPIENTS OF THESE AWARDS. THE GRANTEES RECEIVED UP TO \$7,500 TO CARRY OUT THEIR WORK OVER A PERIOD OF 12 MONTHS.</p> <p>IN WILLIAMSON COUNTY, VUMC COLLABORATED WITH UNITED WAY OF WILLIAMSON COUNTY, THE TENNESSEE AGRICULTURAL EXTENSION OFFICE, THE WILLIAMSON COUNTY HEALTH DEPARTMENT, AND THE TOWN OF FAIRVIEW TO HOLD A NUMBER OF LISTENING SESSIONS. THESE LISTENING SESSIONS WERE AN ATTEMPT TO HAVE A DEEPER UNDERSTANDING OF SOME OF THE BARRIERS TO HEALTH AND WELLNESS THAT HAD ARISEN IN THE PRIMARY AND SECONDARY DATA COLLECTION DURING THE CHNA PROCESS. THEMES THAT AROSE INCLUDED HIGH CHILDHOOD OBESITY IN FAIRVIEW RELATIVE TO THE REST OF THE COUNTY AND LACK OF AFFORDABLE OUTDOOR ACTIVITIES FOR FAMILIES WITH CHILDREN. HEARING THESE THEMES INFORMED THE WORK THAT FOLLOWED IN INTRODUCING FREE BIKE RENTALS AT A FREE COMMUNITY PARK CALLED BOWIE PARK, WHERE VISITORS CAN RECREATE ON A PLAYGROUND, WOODED TRAILS, OR AROUND A NEARBY LAKE. ADDITIONALLY, VUMC COLLABORATED ON THE INTRODUCTION OF A "BORN LEARNING" TRAIL AND UPCOMING WORK TO CONNECT BOWIE PARK WITH THE FAIRVIEW BRANCH OF THE PUBLIC LIBRARY. THIS TRAIL WILL CONTAIN A STORY WRITTEN AND ILLUSTRATED BY LOCAL SCHOOL CHILDREN IN EFFORTS TO ENHANCE BOTH CHILD LITERACY AND PHYSICAL ACTIVITY. IN ADDITION, VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM PARTICIPATES IN LOCAL GROUPS SUCH AS THE ANTI-DRUG COALITION, THE WILLIAMSON COUNTY HEALTH COUNCIL AND THE FRANKLIN WELLNESS COUNCIL, WHICH PROMOTE IMPROVEMENTS IN COMMUNITY HEALTH.</p> <p>IN DAVIDSON COUNTY, VUMC IS INVOLVED IN COLLABORATIVES FOCUSED ON THE FOUR PRIORITY NEEDS. THE SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, FOCUSED ON ACCESS TO AND QUALITY OF CARE FOR THE UNINSURED, CONTINUES TO MEET MONTHLY AT THE MEHARRY-VANDERBILT ALLIANCE AND LAUNCHED MY HEALTH CARE HOME, A WEB-BASED TOOL THAT FACILITATES FINDING AND ACCESSING FEDERALLY QUALIFIED HEALTH CENTERS AND FAITH-BASED AND CHARITABLE CLINICS THAT SERVE THE UNDER/UNINSURED. THE COMMUNITY HEALTH IMPROVEMENT TEAM HAS BEEN INVOLVED IN SUB-PROJECTS FOCUSED ON PHARMACY ACCESS FOR THE UNINSURED AS WELL AS AN ENVIRONMENTAL SCAN FOCUSED ON SPECIALTY CARE ACCESS FOR THE UNINSURED. VUMC COLLABORATED WITH THE METRO PUBLIC HEALTH DEPARTMENT AND NASHVILLE HEALTH IN THE INFANT VITALITY COLLABORATIVE, FOCUSED ON IMPROVING OUTCOMES FOR NEWBORNS, TODDLERS, AND FAMILIES WITH YOUNG CHILDREN. THE INFANT VITALITY INITIATIVE SEEKS TO ELIMINATE DISPARITIES IN BIRTH OUTCOMES, WHILE BRINGING TOGETHER CROSS-SECTOR COLLABORATIONS THAT CAN HAVE A MEANINGFUL IMPACT ON OUTCOMES FOR ALL FAMILIES. VUMC ALSO SERVES ON THE ALIGNMENT NASHVILLE BEHAVIORAL HEALTH COUNCIL AND HELPED ORGANIZE A FIRST-OF ITS-KIND NATIONAL SOCIAL EMOTIONAL LEARNING (SEL) CONFERENCE IN 2018, WHICH WAS ATTENDED BY OVER 800 EDUCATORS AND CARE PROVIDERS FOR CHILDREN FROM AROUND THE WORLD. THE COMMUNITY HEALTH IMPROVEMENT TEAM HAS ALSO SPEARHEADED A "COMMUNITY YOUTH BEHAVIORAL TEAM," WHICH HAS ENHANCED THE SHARING OF VUMC DATA WITH THE TENNESSEE ASSOCIATION OF MENTAL HEALTH ORGANIZATIONS (TAMHO), THE STATE CHILDREN'S COUNCIL ON MENTAL HEALTH, ACE NASHVILLE, AND OTHER CARE PROVIDERS, AS WELL AS PROVIDING A TABLE FOR DISCUSSION WITH OTHER LOCAL SERVICE PROVIDERS AND CARETAKERS OF CHILDREN - SUCH AS METRO NASHVILLE PUBLIC SCHOOLS (MNPS).</p> <p>IN RUTHERFORD COUNTY, VUMC COLLABORATED WITH THE COUNTY HEALTH DEPARTMENT AND RUTHERFORD COUNTY WELLNESS COUNCIL TO DISTRIBUTE MINI-GRANTS TO SEVENTEEN COMMUNITY ORGANIZATIONS WHICH WERE ENGAGED IN PROGRAMS ADDRESSING THE NEEDS ADOPTED IN THE CHNA. GRANTEES INCLUDED THE BIG BROTHERS &amp; BIG SISTERS OF MIDDLE TENNESSEE, SALVATION ARMY, THE COUNTY BOARD OF EDUCATION OFFICE OF COORDINATED SCHOOL HEALTH, INTERFAITH DENTAL CLINIC, NURSES FOR NEWBORNS, AND MURFREESBORO CITY SCHOOLS AMONG MANY OTHERS. PROGRAMS SUCH AS HOWARD'S HOPE ADDRESSED "WELLNESS" NEEDS BY HELPING YOUNG UNDER-SERVED CHILDREN LEARN SWIMMING SKILLS. MURFREESBORO CITY SCHOOLS RAN A "CHEF ACADEMY" WHICH TEACHES HEALTHY NUTRITION AND FOOD PREPARATION TECHNIQUES TO SCHOOL-AGED CHILDREN. THE BOYS AND GIRLS CLUB OF RUTHERFORD COUNTY RAN PROGRAMS TO ADDRESS MENTAL HEALTH / SUBSTANCE ABUSE BY TEACHING TEENS ABOUT SUBSTANCE AND TOBACCO USE AND ABUSE. ADDITIONALLY, VUMC HELPED DISTRIBUTE DOZENS OF COPIES OF "PLAY NICELY" TO SERVICE PROVIDERS. PLAY NICELY IS A HEALTHY DISCIPLINE HANDBOOK USED TO EDUCATE NEW OR PROSPECTIVE PARENTS ON HEALTHY DISCIPLINE STRATEGIES. FINALLY, SEVERAL VUMC STAFF HAVE PARTICIPATED IN THE OPIOID TASKFORCE SPEAR-HEADED BY SAINT THOMAS RUTHERFORD, WHICH HAS BECOME THE WE CARE COALITION.</p> <p>VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM ADDRESSED A MEETING OF THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES' COMMUNITY YOUTH INITIATIVE. THE DATA AND RESOURCES WERE SHARED AGAIN BY THE DIRECTOR OF RUTHERFORD COUNTY SCHOOLS IN A SEPARATE PRESENTATION TO SCHOOL LEADERS. MEMBERS OF THE COMMUNITY HEALTH IMPROVEMENT TEAM PRESENTED LOCAL DATA ON SUBSTANCE ABUSE AND MENTAL HEALTH TO THE PREVENTION COALITION FOR SUCCESS, ONE OF THE LARGEST AND LONGEST RUNNING ANTI-DRUG COALITIONS IN THE STATE OF TENNESSEE. VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM PRESENTED INFORMATION ON THE FOUR PRIORITY NEEDS AND DATA FROM THE CHNA TO UNITED WAYS OF RUTHERFORD AND CANNON COUNTIES' COMMUNITY IMPACT COMMITTEE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.vanderbilthealth.com/financialassistance/46618">HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46618</a></p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.vanderbilthealth.com/financialassistance/46619">HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46619</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.vanderbilthealth.com/financialassistance/">HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VUMC HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** VANDERBILT STALLWORTH REHABILITATION HOSPITAL**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 2**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	✓	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	✓	
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	✓	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	✓	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b> If "Yes," (list url): <u>HTTPS://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		✓
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group VANDERBILT STALLWORTH REHABILITATION HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> ✓	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> ✓	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group VANDERBILT STALLWORTH REHABILITATION HOSPITAL

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> ✓	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> ✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)****Name of hospital facility or letter of facility reporting group** VANDERBILT STALLWORTH REHABILITATION HOSPITAL

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .	<b>23</b>	✓
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .	<b>24</b>	✓
If "Yes," explain in Section C.		

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<p><b>FACILITY NAME:</b> VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p><b>DESCRIPTION:</b> INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, WAS OBTAINED THROUGH FACE-TO-FACE INTERVIEWS AND VIA COMMUNITY LISTENING SESSIONS. INTERVIEWS TOOK PLACE FROM FEBRUARY TO MAY 2015. LISTENING SESSIONS TOOK PLACE FROM MARCH TO JULY 2015. COMMUNITY SUMMITS WERE HELD IN SEPTEMBER OF 2015.</p> <p>STALLWORTH IDENTIFIED LEADERS FROM PUBLIC HEALTH, GOVERNMENT, EDUCATION, THE FAITH COMMUNITY, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS, AND ACADEMIA AMONG OTHERS AS INTERVIEWEES. INTERVIEWEES WERE IDENTIFIED IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN EACH COUNTY AND WERE SELECTED BASED ON THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE COMMUNITY AND UNDERSERVED POPULATIONS. INTERVIEWEES ALSO INCLUDED HEALTH DEPARTMENT DIRECTORS FROM THE COMMUNITY SERVED, COMMUNITY PHYSICIANS, PUBLIC HEALTH RESEARCHERS, AND COMMUNITY-BASED ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH. IN ALL, 81 COMMUNITY LEADERS WERE INTERVIEWED WITH PARTICULAR ATTENTION TO UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.</p> <p>ORGANIZATIONS REPRESENTED IN DAVIDSON COUNTY INTERVIEWS INCLUDED METRO NASHVILLE PUBLIC SCHOOLS, JOBS FOR LIFE, FAMILY &amp; CHILDREN'S SERVICES, SOCIAL SERVICES, THE HOMELESSNESS COMMISSION, NASHVILLE GENERAL, THE MARTHA O' BRYAN CENTER, THE COUNCIL ON AGING, NASHVILLE GENERAL HOSPITAL, LOCAL GOVERNMENT, THE HEALTHY NASHVILLE LEADERSHIP COUNCIL, NASHVILLE CARES, SAINT THOMAS HEALTH, STALLWORTH, CONEXION AMERICAS, NASHVILLE LATINO HEALTH COALITION, MENTAL HEALTH AMERICA, THE SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, FAITH FAMILY CLINIC, SILOAM HEALTH, UNITED NEIGHBORHOOD HEALTH SERVICES, METRO TRANSIT AUTHORITY, INTERDENOMINATIONAL MINISTERS FELLOWSHIP, HCA, UNITED WAY, LOCAL FAITH INSTITUTIONS, MEHARRY MEDICAL COLLEGE, TENNESSEE STATE UNIVERSITY, VANDERBILT UNIVERSITY, NURSES FOR NEWBORNS, SECOND HARVEST, AND THE METRO PUBLIC HEALTH DEPARTMENT. ORGANIZATIONS REPRESENTED IN RUTHERFORD COUNTY INTERVIEWS INCLUDED THE UNIVERSITY OF TENNESSEE AGRICULTURAL EXTENSION OFFICE, MIDDLE TENNESSEE STATE UNIVERSITY, MURFREESBORO CITY SCHOOLS, LOCAL GOVERNMENT, SAINT THOMAS HEALTH, INTERFAITH DENTAL, PRIMARY CARE &amp; HOPE CLINIC, JOURNEY HOME, NATIONAL HEALTHCARE FOR THE HOMELESS COUNCIL, MURFREESBORO POLICE DEPARTMENT, VOLUNTEER BEHAVIORAL HEALTH, CITY OF MURFREESBORO TRANSPORTATION (ROVER), BOYS &amp; GIRLS CLUB, RUTHERFORD COUNTY SCHOOLS, SAINT LOUISE CLINIC, RUTHERFORD COUNTY YMCA, AND THE RUTHERFORD COUNTY HEALTH DEPARTMENT. ORGANIZATIONS REPRESENTED IN WILLIAMSON COUNTY INTERVIEWS INCLUDED LOCAL FAITH INSTITUTIONS, FRANKLIN HOUSING AUTHORITY, MERCY COMMUNITY HEALTHCARE, LOCAL GOVERNMENT, CHAMBER OF COMMERCE, WAVES, UNITED WAY, THE REFUGE CENTER, WILLIAMSON MEDICAL CENTER, WORKFORCE ESSENTIALS, GRACEWORKS, FRANKLIN SPECIAL SCHOOL DISTRICT, UNITED WAY OF WILLIAMSON COUNTY, THE DEPARTMENT OF CHILDREN'S SERVICE, COLUMBIA STATE COMMUNITY COLLEGE, AND THE WILLIAMSON COUNTY HEALTH DEPARTMENT.</p> <p>POPULATIONS SERVED BY THESE ORGANIZATIONS INCLUDE RACIAL AND ETHNIC MINORITY GROUPS, INDIVIDUALS SEEKING SOCIAL SERVICES SUCH AS HOUSING OR FOOD ASSISTANCE, INDIVIDUALS SEEKING AFFORDABLE HEALTHCARE, AT-RISK YOUTH, THOSE EXPERIENCING HOMELESSNESS, HISPANIC AND LATINO COMMUNITY LEADERS, THE MEDICALLY UNDER-SERVED, THOSE EXPERIENCING MENTAL ILLNESS, THOSE EXPERIENCING ADDICTION, CHILDREN AND OTHER LOW-INCOME, MINORITY, UNDER-SERVED, AND VULNERABLE POPULATIONS.</p> <p>TO UNDERSTAND COMMUNITY MEMBERS' OPINIONS OF HEALTH NEEDS, ELEVEN FOCUS GROUPS WERE CONDUCTED ACROSS THE THREE COUNTIES THAT REPRESENT THE COMMUNITY SERVED. THE FOCUS GROUPS IN DAVIDSON COUNTY WERE HELD IN COLLABORATION WITH THE UNITED WAY OF METROPOLITAN NASHVILLE, AS WELL AS COUNTY HEALTH DEPARTMENTS. IN DAVIDSON COUNTY, SESSIONS WERE HELD AT UNITED WAY FAMILY RESOURCE CENTERS (FRCS), WHICH SERVE 32,000 LOW-INCOME RESIDENTS ANNUALLY. UNITED WAY OF METROPOLITAN NASHVILLE RECRUITED PARTICIPANTS IN PARTNERSHIP WITH THE FRCS AND STALLWORTH AND SAINT THOMAS HEALTH. ENGLISH AND SPANISH SPEAKERS WERE INCLUDED IN LISTENING SESSIONS IN EACH COUNTY. IN RUTHERFORD COUNTY, LISTENING SESSIONS WERE HELD IN COORDINATION WITH SAINT THOMAS HEALTH, AND THE RUTHERFORD COUNTY HEALTH DEPARTMENT. RECRUITMENT WAS DONE IN COORDINATION WITH THE HOST SITES, WHICH INCLUDED FAITH AND HOPE CLINIC, THE SMYRNA BRANCH OF THE RUTHERFORD COUNTY HEALTH DEPARTMENT, AND FIRST BAPTIST CHURCH IN MURFREESBORO. IN WILLIAMSON COUNTY, RECRUITMENT WAS DONE IN COLLABORATION WITH THE WILLIAMSON COUNTY HEALTH DEPARTMENT, AND ONE SESSION EACH WAS HELD IN ENGLISH AND IN SPANISH. ACROSS THE THREE COUNTIES, MORE THAN THREE-QUARTERS OF PARTICIPANTS WERE FEMALE (78%), MORE THAN THREE-QUARTERS SPOKE ENGLISH (78%), MORE THAN A QUARTER WERE UNINSURED (26%), AND MORE THAN ONE-THIRD HAD NOT COMPLETED MORE THAN A HIGH SCHOOL EDUCATION (36%).</p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p><b>FACILITY NAME:</b> VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p><b>DESCRIPTION:</b> VANDERBILT STALLWORTH REHABILITATION HOSPITAL CONDUCTED A HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH ITS AFFILIATED HEALTH SYSTEM, VANDERBILT UNIVERSITY MEDICAL CENTER.</p>
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://www.encompasshealth.com/locations/vanderbiltstallworth">HTTPS://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH</a>

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: VANDERBILT STALLWORTH REHABILITATION HOSPITAL ("STALLWORTH") IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENTLY CONDUCTED CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE: 1) ACCESS TO CARE AND COORDINATION OF CARE, 2) MENTAL AND EMOTIONAL HEALTH / SUBSTANCE ABUSE, 3) SOCIAL DETERMINANTS AND 4) WELLNESS AND DISEASE PREVENTION. STALLWORTH IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2016 IMPLEMENTATION STRATEGY (IS).</p> <p>STALLWORTH HOLDS MONTHLY GRAND ROUNDS FOR MEMBERS OF THE MEDICAL COMMUNITY TO DISCUSS TOPICS THAT HAVE AN IMPACT ON REHABILITATION AND POST-ACUTE CARE. IN ADDITION, STALLWORTH OFFERS A NUMBER OF SUPPORT GROUPS AND EDUCATIONAL CLASSES FOR PATIENTS AND CAREGIVERS. THE MONTHLY STROKE SUPPORT GROUP AND STROKE EDUCATION CLASSES, WHICH MEET WEEKLY, ARE OPEN TO BOTH PATIENTS AND CAREGIVERS. STALLWORTH WORKS TO BUILD STRONG COLLABORATIONS THROUGHOUT THE COMMUNITY AND THROUGHOUT THE COUNTRY AND CURRENTLY SUPPORTS THE WORK OF THE AMERICAN HEART AND STROKE ASSOCIATION, UNITED SPINAL ASSOCIATION, ACHILLES FOUNDATION, THE ARTHRITIS FOUNDATION, BRAIN INJURY ASSOCIATION OF TENNESSEE, WILLIAMSON COUNTY SENIOR EXPO, THE ANNUAL HAROLD "JOBE" BERNARD STROKE AND NEUROSCIENCES SYMPOSIUM, SENIOR HEALTH FAIRS, FIFTY FORWARD ASSISTED LIVING FACILITIES, MAURY COUNTY SENIOR CENTER, AND THE HENDERSONVILLE SENIOR CENTER.</p> <p>STALLWORTH IS PLANNING TO ADD FULL TIME LICENSED INDEPENDENT SOCIAL WORKERS IN TO ITS STAFFING TO PROVIDE A RESOURCE FOR THE INPATIENT POPULATION IN ADDITION TO EXPANDED PSYCHIATRIC CONSULTATION AVAILABILITY. STALLWORTH COLLABORATES WITH THE TRAUMA SURVIVORS NETWORK, WHICH PROVIDES A HOST OF FREE RESOURCES TO HELP PATIENTS AND FAMILIES COPE WITH THE CHALLENGES OF TRAUMA RECOVERY. IN ADDITION, THE SPINAL CORD INJURY PEER MENTOR PROGRAM, WHICH IS HELD TWICE MONTHLY, INCLUDES TRAINING FOR PEER MENTOR VOLUNTEERS WHO HELP PATIENTS AS THEY MAKE THE SIGNIFICANT LIFE CHANGES OFTEN ASSOCIATED WITH TRAUMA RECOVERY. FINALLY, HOUSING EVALUATIONS ARE DONE DURING THE PRE-ADMISSION PROCESS TO ASSESS HOME-READINESS AFTER A TRAUMATIC INJURY. ONCE AN INDIVIDUAL IS ADMITTED AS AN INPATIENT AT STALLWORTH, A RECURRING HOUSING ASSESSMENT IS DONE, AND STALLWORTH STAFF OFTEN CONNECT PATIENTS WITH COMMUNITY RESOURCES TO ASSIST IN THE TRANSITION. THROUGH ON-GOING PARTNERSHIPS AND ENGAGEMENT OF KEY STAKEHOLDERS, STALLWORTH WILL CONTINUE TO COLLABORATE TO MEET THE NEEDS IDENTIFIED IN THE MOST RECENT NEEDS ASSESSMENT.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="http://www.encompasshealth.com/locations/vanderbiltstallworth/for-patients/financial-assistance">HTTP://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH/FOR-PATIENTS/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.encompasshealth.com/locations/vanderbiltstallworth/for-patients/financial-assistance">HTTP://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH/FOR-PATIENTS/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="http://www.encompasshealth.com/locations/vanderbiltstallworth/for-patients/financial-assistance">HTTP://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH/FOR-PATIENTS/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE AT THE FRONT DESK, IN THE MAIN ELEVATOR TO THE PATIENT CARE UNITS &amp; ALONG THE BACK HALLWAY OF THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 27

Name and address	Type of Facility (describe)
<b>1</b> AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC 2009 MALLORY LANE, SUITE 100 FRANKLIN, TN 37067	AMBULATORY SURGERY TREATMENT CENTER
<b>2</b> VANDERBILT-MAURY RADIATION ONCOLOGY, LLC 1003 RESERVE BOULEVARD SPRING HILL, TN 37174	ONCOLOGY SERVICES
<b>3</b> ONE HUNDRED OAKS IMAGING, LLC 719 THOMPSON LANE NASHVILLE, TN 37204	OUTPATIENT DIAGNOSTIC CENTER
<b>4</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC 134 PEWITT DRIVE BRENTWOOD, TN 37027	AMBULATORY CLINIC
<b>5</b> SPRING HILL IMAGING CENTER, LLC 5421 MAIN STREET SPRING HILL, TN 37174	OUTPATIENT DIAGNOSTIC CENTER
<b>6</b> WILLIAMSON IMAGING, LLC (D/B/A COOL SPRINGS IMAGING) 2009 MALLORY LANE, SUITE 150 FRANKLIN, TN 37067	OUTPATIENT DIAGNOSTIC CENTER
<b>7</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC 919 MURFREESBORO PIKE FRANKLIN, TN 37064	AMBULATORY CLINIC
<b>8</b> VANDERBILT-GATEWAY CANCER CENTER, GP 375 ALFRED THUN ROAD CLARKSVILLE, TN 37040	ONCOLOGY SERVICES
<b>9</b> VANDERBILT IMAGING SERVICES, LLC (D/B/A VANDERBILT IMAGING BELLE MEADE) 4525 HARDING ROAD, SUITE 102 NASHVILLE, TN 37232	OUTPATIENT DIAGNOSTIC CENTER
<b>10</b> VANDERBILT IMAGING SERVICES, LLC (D/B/A HILLSBORO IMAGING SERVICES) 1909 ACKLEN AVENUE NASHVILLE, TN 37212	OUTPATIENT DIAGNOSTIC CENTER

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**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 27

Name and address	Type of Facility (describe)
<b>1</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC 1834 WEST MCEWEN DR, SUITE B FRANKLIN, TN 37067	AMBULATORY CLINIC
<b>2</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC 3098 CAMPBELL STATION PKWY SPRING HILL, TN 37174	AMBULATORY CLINIC
<b>3</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC 940 OLDHAM DRIVE NOLENSVILLE, TN 37135	AMBULATORY CLINIC
<b>4</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 7601 HIGHWAY 70 S BELLEVUE, TN 37221	AMBULATORY CLINIC
<b>5</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 1954 MADISON STREET CLARKSVILLE, TN 37043	AMBULATORY CLINIC
<b>6</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 9100 CAROTHERS PKWY FRANKLIN, TN 37067	AMBULATORY CLINIC
<b>7</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 585 NASHVILLE PIKE GALLATIN, TN 37066	AMBULATORY CLINIC
<b>8</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 198 E MAIN STREET HENDERSONVILLE, TN 37075	AMBULATORY CLINIC
<b>9</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 400 TULIP GROVE ROAD HERMITAGE, TN 37076	AMBULATORY CLINIC
<b>10</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 5000 MURFREESBORO ROAD LAVERGNE, TN 37086	AMBULATORY CLINIC

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**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 27

Name and address	Type of Facility (describe)
<b>1</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 1303 W. MAIN STREET LEBANON, TN 37087	AMBULATORY CLINIC
<b>2</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 2401 OLD FORT PKWY MURFREESBORO, TN 37128	AMBULATORY CLINIC
<b>3</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 3500 GALLATIN PIKE NASHVILLE, TN 37216	AMBULATORY CLINIC
<b>4</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 5555 EDMONDSON PIKE NASHVILLE, TN 37211	AMBULATORY CLINIC
<b>5</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 518 DONELSON PIKE NASHVILLE, TN 37214	AMBULATORY CLINIC
<b>6</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 4243 HARDING PIKE NASHVILLE, TN 37205	AMBULATORY CLINIC
<b>7</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 400 SAM RIDLEY PKWY SMYRNA, TN 37167	AMBULATORY CLINIC
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2017

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COSTING METHODOLOGY USED TO CALCULATE CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COSTS REPORTED WAS BASED ON AN OVERALL COST-TO-CHARGE RATIO FOR ALL PATIENT POPULATIONS. THE COST TO CHARGE RATIO WAS CALCULATED USING IRS WORKSHEET 2.
SCHEDULE H, PART I, LINE 7K - VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS	COLUMN (F) COMMUNITY BENEFIT EXPENSE: THE TOTAL COMMUNITY BENEFIT EXPENSE USING PART I, LINE 7, COLUMN (C) (BEFORE DIRECT OFFSETTING REVENUE) AS A PERCENTAGE OF TOTAL EXPENSES IS 39.17%.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	COSTING METHODOLOGY - BAD DEBT EXPENSE: LINES 2 & 3: THE COSTING METHODOLOGY USED TO CALCULATE BAD DEBT EXPENSE REPORTED IN PART III, LINES 2 AND 3 WAS BASED ON AN OVERALL COST-TO-CHARGE RATIO FOR ALL PATIENT POPULATIONS. DISCOUNTS AND PAYMENTS ON ACCOUNTS CONSIDERED AS BAD DEBT OFFSET THE TOTAL BAD DEBT EXPENSE RECORDED.  PROCESS TO DETERMINE AMOUNT OF BAD DEBT ATTRIBUTABLE TO INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE - THE ACCOUNTS THAT HAVE NOT BEEN PAID ARE FIRST REVIEWED UNDER A PRESUMPTIVE CHARITY POLICY. FOR THOSE ACCOUNTS THAT DO NOT MEET PRESUMPTIVE ELIGIBILITY CRITERIA, IT IS ESTIMATED THAT 3% OF THE BALANCES ARE ATTRIBUTABLE TO INDIVIDUALS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE. THIS ESTIMATE IS BASED ON EXPERIENCE OF PATIENT ACCOUNTING MANAGEMENT AS WELL AS A METHODOLOGICAL REVIEW OF OUTSTANDING PATIENT ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE AUDITED FINANCIAL STATEMENTS OF VUMC DISCLOSE THE CONSOLIDATED AMOUNT OF BAD DEBT EXPENSE. THIS INFORMATION IS CONTAINED IN FOOTNOTE 4, PATIENT SERVICE REVENUE, PATIENT ACCOUNTS RECEIVABLE, AND ESTIMATED THIRD-PARTY SETTLEMENTS, ON PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	COSTING METHODOLOGY - MEDICARE ALLOWABLE COSTS: THE METHODOLOGY FOR DETERMINING MEDICARE ALLOWABLE COSTS CONSISTED OF APPLYING AN OVERALL HOSPITAL COST-TO-CHARGE RATIO TO GROSS MEDICARE CHARGES FROM THE HOSPITAL BILLING SYSTEM. THE RESULTING SHORTFALL IS ENTIRELY DEEMED AS COMMUNITY BENEFIT BECAUSE THE COST OF PROVIDING RELATED CARE CONSISTENTLY EXCEEDS REIMBURSEMENT FROM MEDICARE.  THE HOSPITAL ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE ORGANIZATION BELIEVES THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT FULLY COMPENSATE HOSPITALS FOR THE COST OF PROVIDING HOSPITAL CARE TO MEDICARE BENEFICIARIES. IN FY18, SUCH SHORTFALLS AMOUNTED TO \$170,906,471.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	COLLECTION PRACTICES: ALTHOUGH VANDERBILT UNIVERSITY MEDICAL CENTER'S POLICIES DO NOT CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, IN PRACTICE, IF A PATIENT QUALIFIES FOR A 100% CHARITY CARE WRITE OFF, THE ACCOUNT IS CLOSED AND NO FURTHER COLLECTION EFFORTS ARE MADE. IF A PATIENT QUALIFIES FOR A PARTIAL CHARITY CARE WRITE OFF, THE ACCOUNT IS REDUCED FOR THE APPLICABLE CHARITY DISCOUNT AND NORMAL COLLECTION EFFORTS ARE MADE. ALTHOUGH NO EXTRAORDINARY COLLECTION ACTIONS WERE TAKEN IN FY18, THE EXTRAORDINARY COLLECTION ACTIONS THAT MAY BE TAKEN, AFTER REASONABLE EFFORTS ARE MADE TO ENSURE A PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE ON THE REMAINING BALANCE, INCLUDE:  - ATTACHMENT OR SEIZURE OF A BANK ACCOUNT OR OTHER PERSONAL PROPERTY  - COMMENCEMENT OF A CIVIL ACTION AGAINST AN INDIVIDUAL  - WAGE GARNISHMENT
SCHEDULE H, PART V, SECTION B, LINE 20 - EXTRAORDINARY COLLECTION ACTIONS	THE VUMC FINANCIAL ASSISTANCE POLICY PERMITS THE USE OF ECAS. HOWEVER, VUMC DID NOT ENGAGE IN ANY ECAS DURING FY2018.  THE STALLWORTH FINANCIAL ASSISTANCE POLICY EXPLICITLY FORBIDS THE USE OF ECAS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>VUMC CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THE VANDERBILT PATIENT AND FAMILY ADVISORY COUNCIL IS MADE UP OF COMMUNITY VOLUNTEERS WHICH PARTNERS WITH VUMC' S HEALTH CARE TEAM AND LEADERSHIP TO ASSESS NEEDS AND EVALUATE SERVICES AND PROGRAMS. VUMC AND STALLWORTH HAVE ALSO FORMED THE COMMUNITY HEALTH IMPROVEMENT WORKING GROUP, AN INTERNAL COMMITTEE OF PROGRAM MANAGERS WHICH MEETS REGULARLY AND MAKES RECOMMENDATIONS TO THE CHNA ADVISORY COMMITTEE. THE CHNA ADVISORY COMMITTEE IS MADE UP OF VUMC AND STALLWORTH SENIOR LEADERS WHO MEET TO CONTINUALLY ASSESS THE NEEDS OF THE COMMUNITY AND DRIVE IMPROVEMENTS IN CARE AND PROCESSES FOR THE COMMUNITIES THEY SERVE.</p> <p>VUMC FURTHER ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY PLAYING AN ACTIVE ROLE IN GROUPS SUCH AS THE HEALTHY NASHVILLE LEADERSHIP COUNCIL, WILLIAMSON COUNTY HEALTH COUNCIL, AND THE RUTHERFORD COUNTY WELLNESS COUNCIL. VUMC REVIEWS THE MANY NEEDS ASSESSMENTS PUBLISHED BY THESE LOCAL GROUPS (ALIGNMENT NASHVILLE, SAINT THOMAS HEALTH, NASHVILLE AREA CHAMBER OF COMMERCE, METRO SOCIAL SERVICES, HEALTHY NASHVILLE, AND THE TN DEPARTMENT OF HEALTH, AMONG OTHERS) TO HELP GAUGE THE NEEDS AND RESOURCES WITHIN THE COMMUNITY. IN 2018, VUMC COMPLETED A SYSTEMATIC REVIEW OF MORE THAN 20 RECENT ASSESSMENTS COMPLETED BY COMMUNITY PARTNERS, HIGHLIGHTING POPULATIONS SERVED, GEOGRAPHIC AREA COVERED, AND THEMES HIGHLIGHTED IN THE REPORT. IN ADDITION, VUMC HAS DEVELOPED PARTNERSHIPS WITH THE STATE DEPARTMENT OF HEALTH TO STAY ABREAST OF IMPORTANT COMMUNITY HEALTH NEEDS.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>VUMC PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER VUMC'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VUMC HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p> <p>STALLWORTH PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE POSTED AT VARIOUS LOCATIONS WITHIN THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>VANDERBILT UNIVERSITY MEDICAL CENTER, LOCATED IN NASHVILLE, TENNESSEE, SERVES PRIMARILY TENNESSEE, NORTHERN ALABAMA AND SOUTHERN KENTUCKY. VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC (EXCLUDES VANDERBILT HEALTH SERVICES, LLC AND SUBSIDIARIES) HAVE APPROXIMATELY 61,000 ANNUAL DISCHARGES. VUMC ALSO PROVIDES APPROXIMATELY 2.2 MILLION ANNUAL OUTPATIENT VISITS, INCLUDING 117,000 TO THE EMERGENCY DEPARTMENTS. VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS PROVIDE CRITICAL AND OFTEN UNIQUE HEALTH CARE RESOURCES TO THE COMMUNITY AND PROVIDE BROAD ACCESS TO CARE. THE MAJORITY OF VUMC'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES: DAVIDSON, WILLIAMSON, RUTHERFORD AND MONTGOMERY.</p> <p>VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LOCATED IN NASHVILLE, TENNESSEE, SERVES MIDDLE TENNESSEE, SOUTHERN KENTUCKY AND THE NORTHERN PARTS OF MISSISSIPPI, ALABAMA AND GEORGIA. THIS 80-BED HOSPITAL IS A JOINT VENTURE BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND HEALTHSOUTH AND OFFERS COMPREHENSIVE ACUTE REHABILITATION SERVICES. ANNUALLY, VANDERBILT STALLWORTH REHABILITATION HOSPITAL HAS APPROXIMATELY 1,300 DISCHARGES. THE MAJORITY OF STALLWORTH'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES - DAVIDSON, WILLIAMSON, RUTHERFORD AND MONTGOMERY.</p>
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>FOR INFORMATION ON HOW VUMC PROMOTES THE HEALTH OF THE COMMUNITY PLEASE SEE:</p> <p>"VANDERBILT UNIVERSITY MEDICAL CENTER FACTS 2017-2018" AS FOUND AT:  <a href="https://www.vanderbilthealth.com/patientandvisitorinfo/48538">HTTPS://WWW.VANDERBILT.EDU/CNDR/48538</a></p> <p>"VANDERBILT IN TENNESSEE: COUNTY BY COUNTY" AS FOUND AT:  <a href="https://www.vanderbilt.edu/cnrg/map/">HTTPS://WWW.VANDERBILT.EDU/CNDR/48538</a></p> <p>"VANDERBILT INJECTS \$9.5 BILLION INTO TENNESSEE ECONOMY" AS FOUND AT:  <a href="https://news.vanderbilt.edu/2017/03/27/vanderbilt-injects-9-5-billion-into-tennessee-economy/">HTTPS://NEWS.VANDERBILT.EDU/2017/03/27/VANDERBILT-INJECTS-9-5-BILLION-INTO-TENNESSEE-ECONOMY/</a></p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC ALSO HAS OWNERSHIP INTEREST IN SEVERAL AFFILIATED ENTITIES, WHICH PROVIDE CLINICAL SERVICES. VUMC'S HOSPITALS, CLINICS, AND AFFILIATED ENTITIES PROVIDE THE FOLLOWING HEALTHCARE SERVICES TO THE COMMUNITIES IT SERVES: EMERGENCY CARE, INPATIENT HOSPITAL CARE, OUTPATIENT TREATMENT, DIAGNOSTIC TESTING, ANCILLARY CARE, PRIMARY CARE SERVICES, AND HOME HEALTH CARE. VUMC PROVIDES A NUMBER OF CLINICAL SERVICES UNIQUE TO ITS REGION INCLUDING: A LEVEL 1 TRAUMA CENTER, A LEVEL 1 PEDIATRIC TRAUMA CENTER, A COMPREHENSIVE REGIONAL BURN CENTER, A LEVEL 4 NEONATAL INTENSIVE CARE UNIT, TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER, THE VANDERBILT-ESKIND DIABETES CENTER, AND THE VANDERBILT-INGRAM CANCER CENTER, THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN TENNESSEE TO TREAT BOTH ADULT AND PEDIATRIC CANCER PATIENTS.</p> <p>IN ADDITION, VUMC'S HEALTH CARE SYSTEM INCLUDES THE VANDERBILT HEALTH AFFILIATED NETWORK, AN AFFILIATED NETWORK OF DOCTORS, REGIONAL HEALTH SYSTEMS AND OTHER HEALTH CARE PROVIDERS THAT COLLABORATE TO PROVIDE COORDINATED AND COST-EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED. THESE ARE CONTRACTUAL AFFILIATE RELATIONSHIPS ONLY WITH NO OWNERSHIP INTEREST IN THE FACILITIES OR PHYSICIAN PRACTICES. VUMC ALSO COLLABORATES WITH OTHER HOSPITAL SYSTEMS IN THE REGION, PROVIDING HEALTH CARE AND/OR RESEARCH AND ACADEMIC SUPPORT.</p> <p>FOR A LIST OF ALL ORGANIZATIONS RELATED TO VANDERBILT UNIVERSITY MEDICAL CENTER AND THE PRIMARY ACTIVITY OF EACH, PLEASE REFER TO SCHEDULE R.</p>
SCHEDULE H, PART VI, LINE 7 -	NOT APPLICABLE.
-	<p>VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") CONDUCTED AN EXTENSIVE REVIEW OF ITS POLICIES AND PROCEDURES TO ENSURE COMPLIANCE WITH THE REQUIREMENTS OF IRC § 501(R). VUMC IDENTIFIED OMISSIONS IN FY 2018 AS PART OF THIS REVIEW THAT VUMC BELIEVES ARE MINOR AND EITHER INADVERTENT OR DUE TO REASONABLE CAUSE, AS DESCRIBED IN REV. PROC. 2015-21. VUMC HAS DECIDED, IN THE INTERESTS OF TRANSPARENCY, TO PROVIDE THIS DISCLOSURE AS PART OF ITS FORM 990 FILING PURSUANT TO SECTION 6 OF REV. PROC. 2015-21.</p> <p>VUMC OPERATES TWO HOSPITAL FACILITIES FOR WHICH IT MUST SATISFY THE REQUIREMENTS OF § 501(R). FIRST, VUMC OPERATES ITS MAIN HOSPITAL FACILITY AT 1211 22ND AVENUE SOUTH IN NASHVILLE, TENNESSEE. SECOND, FOR PURPOSES OF TREAS. REG. §1.501(R)-1(22), VUMC ALSO OPERATES VANDERBILT STALLWORTH REHABILITATION HOSPITAL ("STALLWORTH") AT 2201 CHILDRENS WAY IN NASHVILLE. THE REVIEW THAT VUMC UNDERTOOK ADDRESSED § 501(R) COMPLIANCE AT EACH OF THESE HOSPITAL FACILITIES.</p> <p>VUMC MAKES PHYSICAL COPIES OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND FINANCIAL ASSISTANCE POLICY ("FAP") AVAILABLE TO THE PUBLIC AT VUMC AND STALLWORTH AS REQUIRED BY §501(R). VUMC'S REVIEW INDICATED, HOWEVER, THAT VUMC SHOULD PROVIDE CERTAIN PATIENT-FACING EMPLOYEES WITH ADDITIONAL TRAINING TO ENSURE THAT THEY COULD IDENTIFY THE PHYSICAL LOCATION WITHIN THE HOSPITAL FACILITY WHERE PATIENTS COULD OBTAIN PHYSICAL COPIES OF THESE DOCUMENTS. ALL VUMC AND STALLWORTH PATIENT-FACING, NON-CLINICAL STAFF COLLECTING PAYMENTS FROM PATIENTS RECEIVED THIS ADDITIONAL TRAINING DURING FY18. AN ONLINE LEARNING MODULE WAS ALSO DEVELOPED AND IS NOW ASSIGNED ANNUALLY TO APPROPRIATE VUMC PERSONNEL AS WELL AS ANY NEW HIRES IN APPLICABLE AREAS.</p> <p>VUMC ALSO DETERMINED AS PART OF ITS § 501(R) REVIEW TO ENHANCE PUBLIC AWARENESS OF ITS FAP AND THE FINANCIAL ASSISTANCE AVAILABLE TO DISADVANTAGED MEMBERS OF ITS COMMUNITY. ACCORDINGLY, VUMC DISSEMINATED INFORMATION TO COMMUNITY PARTNERS IN EACH OF THE FOLLOWING CATEGORIES: (1) A PUBLIC/GOVERNMENT AGENCY SERVING LOW-INCOME INDIVIDUALS IN THE NASHVILLE COMMUNITY; (2) A HEALTH CLINIC IN DOWNTOWN NASHVILLE THAT PROVIDES FREE OR DISCOUNTED HEALTH CARE TO LOW-INCOME PERSONS; AND (3) A NONPROFIT ORGANIZATION. THE COMMUNITY PARTNERS IDENTIFIED IN EACH GROUP RESPECTIVELY ARE METRO ACTION COMMISSION; SHADE TREE CLINIC; AND ROOM IN THE INN. SIMILARLY, STALLWORTH DESIGNATED A COMMUNITY LIAISON TO ATTEND REGULAR FUNCTIONS IN THE COMMUNITY, DISPLAY THE FAP AT THESE FUNCTIONS, AND PROVIDE COPIES OF THE FAP TO COMMUNITY MEMBERS. FINALLY, VUMC HAS IMPLEMENTED QUARTERLY REVIEWS OF ITS WEBSITE LINKS TO ENSURE INFORMATION REQUIRED BY § 501(R) IS AVAILABLE TO THE PUBLIC.</p> <p>VUMC PROVIDES A PATIENT BILLING BROCHURE AT BOTH ADMISSION AND DISCHARGE TO PATIENTS WHICH CONTAINED INFORMATION REGARDING THE FAP AND HOW TO OBTAIN FINANCIAL ASSISTANCE. DURING FY18, VUMC UPDATED THE PATIENT BILLING BROCHURE BY LABELING IT THE "PLAIN LANGUAGE SUMMARY" AND REVISING IT TO EXPRESSLY STATE THAT NO PATIENT WHO QUALIFIED FOR FINANCIAL ASSISTANCE WOULD BE CHARGED MORE THAN THE AMOUNTS GENERALLY BILLED ("AGB"), AS REQUIRED BY TREAS. REG. §1.501(R)-1(24).</p> <p>FINALLY, VUMC IDENTIFIED MINOR ERRORS IN THE FAPS THAT APPLIED TO VUMC AND STALLWORTH, RESPECTIVELY. ALTHOUGH BOTH VUMC AND STALLWORTH CALCULATED AND APPLIED THE AMOUNTS GENERALLY BILLED ("AGB") CORRECTLY, THE CALCULATIONS WERE NOT EXPLICITLY STATED IN THE FAP. SIMILARLY, VUMC LIMITED CHARGES TO AGB IN PRACTICE, BUT THIS FACT WAS NOT STATED IN THE FAP. VUMC AND STALLWORTH ALSO REVISED THEIR RESPECTIVE FAPS TO STATE MORE CLEARLY THE SPECIFIC CRITERIA USED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE.</p>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

35-2528741

**Part I General Information on Grants and Assistance**

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, HANOVER, NH 03755	02-0222111	501(C)(3)	38,862		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(2)</b> NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501(C)(3)	127,940		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(3)</b> BOSTON UNIVERSITY PO BOX 28763, NEW YORK, NY 10087-8763	04-2103547	501(C)(3)	241,763		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(4)</b> HARVARD UNIVERSITY PO BOX 415649, BOSTON, MA 02241-5649	04-2103580	501(C)(3)	105,988		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(5)</b> MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	316,565		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(6)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	840,696		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(7)</b> BRIGHAM & WOMENS HOSPITAL INC PO BOX 3887, BOSTON, MA 02241-3887	04-2312909	501(C)(3)	155,276		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(8)</b> MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829, BOSTON, MA 02241-3829	04-2697983	501(C)(3)	636,144		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(9)</b> BOSTON'S CHILDREN'S HOSPITAL PO BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	290,188		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(10)</b> BAYSTATE MEDICAL CENTER INC PO BOX 414168, BOSTON, MA 02241-4168	04-2790311	501(C)(3)	46,477		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(11)</b> NEW ENGLAND RESEARCH INSTITUTES 480 PLEASANT STREET, WATERTOWN, MA 02472	04-2919509	N/A	48,551		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 185

**3** Enter total number of other organizations listed in the line 1 table ▶ 21

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

Cat. No. 50055P

Schedule I (Form 990) (2017)

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT ASSISTANCE	129	170,579			
2 PATIENT ASSISTANCE	337		98,085	FMV	HEALTHCARE SUPPLIES, MEDICINE
3 PATIENT ASSISTANCE	1,300		15,126	FMV	CAR SEATS, HOME SAFETY KITS
4 PATIENT ASSISTANCE	10,462		16,874,107	FMV	PRESCRIPTION DRUGS
5 PATIENT ASSISTANCE	460		1,356,287	FMV	POST ACUTE CARE
6 PATIENT ASSISTANCE	21		107,983	FMV	PATIENT TEMPORARY HOUSING
7 (SEE STATEMENT)					

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

(SEE STATEMENT)



**Part II****Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) UNIVERSITY OF MASSACHUSETTS ATTN: MEDICAL SCHOOL BURSAR, 55 LAKE AVE NORTH, WORCESTER, MA 01655	04-3167352	GOVT	51,862		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(13) DANA-FARBER PARTNERS CANCER CARE INC 450 BROOKLINE AVENUE, ATTN: JIM HUSE, BOSTON, MA 02215-5450	04-3320640	501(C)(3)	40,307		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(14) TUFTS MEDICAL CENTER 800 WASHINGTON STREET, BOX 453, BOSTON, MA 02111	04-3400617	501(C)(3)	39,066		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(15) BROWN UNIVERSITY BOX 1911, 69 BROWN STREET, 2ND FLOOR, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	56,717		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(16) YALE UNIVERSITY PO BOX 1873, NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	69,358		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(17) WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVENUE, 9TH FLOOR, NEW YORK, NY 10022	13-1623978	501(C)(3)	399,166		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(18) ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, NEW YORK, NY 10065	13-1624158	501(C)(3)	49,795		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(19) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE, BRONX, NY 10461	13-1624225	501(C)(3)	78,151		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(20) THE FOUNDATION FOR AIDS RESEARCH AMFAR, 120 WALL STREET, 13TH FLOOR, NEW YORK, NY 10005-3908	13-3163817	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(21) DATA SOLUTIONS LLC 2601 HENRY HUDSON PARKWAY, SUITE 1 E, BRONX, NY 10463	13-3979408	N/A	16,820		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(22) NEW YORK UNIVERSITY SCHOOL OF MEDICINE P O BOX 415026, BANK OF AMERICA, BOSTON, MA 02241-5026	13-5562308	501(C)(3)	711,813		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(23) THE TRUSTEES OF COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE, PO BOX 29789, NEW YORK, NY 10087	13-5598093	501(C)(3)	1,384,788		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(24) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ATTN RAJ APPAVU, ONE GUSTAVE L LEVY PLACE, NEW YORK, NY 10029	13-6171197	501(C)(3)	573,847		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(25) RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK 35 STATE STREET, ALBANY, NY 12207-2826	14-1368361	501(C)(3)	31,397		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(26) HEALTH RESEARCH INC P O BOX 2966, BUFFALO, NY 14240	14-1402155	501(C)(3)	70,709		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(27) SYRACUSE UNIVERSITY BURSAR OPERATIONS, 119 BOWNE HALL, SYRACUSE, NY 13244-1140	15-0532081	501(C)(3)	362,374		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(28) RAMBISS LLC PO BOX 578, CHELTENHAM, MD 20623	20-1240325	N/A	9,282		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(29) HOSPITAL AUTHORITY OF METRO NASHVILLE & NASHVILLE GENERAL HOSPITAL 1818 ALBION ST, NASHVILLE, TN 37208	20-2844893	GOVT	184,251		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(30) VALLEY HOSPITAL INC 223 NORTH VAN DIEN AVENUE, ATTN: RESEARCH 1 LINWOOD, RIDGEWOOD, NJ 07450	22-1487307	501(C)(3)	5,670		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(31) CHILDRENS HOSPITAL OF PHILADELPHIA LOCKBOX 1457, PO BOX 8500, PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	702,459		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(32) THOMAS JEFFERSON UNIVERSITY 125 9TH STREET, 2ND FLOOR, PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	9,100		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(33) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PO BOX 785541, PHILADELPHIA, PA 19178- 5541	23-1352685	501(C)(3)	64,986		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(34) GEISINGER CLINIC 100 N ACADEMY AVENUE, DANVILLE, PA 17822	23-6291113	501(C)(3)	386,005		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(35) INSTITUTE FOR CANCER RESEARCH ATTN: ACCOUNTS RECEIVABLE, 333 COTTMAN AVE, SUITE C227, PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	54,791		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(36) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVENUE NORTH, J6-330, PO BOX 19024, SEATTLE, WA 98109-1024	23-7156071	501(C)(3)	23,411		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(37) CANCER PREVENTION INST OF CALIFORNIA 2201 WALNUT AVENUE, SUITE 300, FREMONT, CA 94538	23-7427232	501(C)(3)	7,635		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(38) UNIVERSITY OF PITTSBURGH OFFICE OF RESEARCH/COST ACCOUNTING, 3109 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260	25-0965591	501(C)(3)	1,251,266		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(39) ALLEGHENY SINGER RESEARCH INSTITUTE RESEARCH ACCOUNTING AND REPORTING, PO BOX 951765, CLEVELAND, OH 44193	25-1320493	501(C)(3)	188,596		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(40) PROGRESO COMMUNITY CENTER 5666 NOLENSVILLE PIKE, NASHVILLE, TN 37211	26-0635611	501(C)(3)	21,243		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(41) THE BROAD INSTITUTE INC 415 MAIN ST, CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	4,330,547		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(42) HEALTH RESEARCH TX LLC 5 NESHAMINY INTERPLEX PLAZA, SUITE 205, TREVOSE, PA 19053	27-1776538	N/A	192,638		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(43) SELECT PHYSICIANS ALLIANCE PL 1127 NIKKI VIEW DR, BRANDON, FL 33511	27-3337174	N/A	34,736		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(44) REGENSTRIEF INSTITUTE INC 1101 WEST 10TH STREET, INDIANAPOLIS, IN 46202	30-0007730	501(C)(3)	59,149		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(45) CHILDRENS HOSPITAL MEDICAL CENTER ACCOUNTING OFFICE MLC 4900, 3333 BURNET AVENUE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	373,397		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(46) UNIVERSITY OF CINCINNATI PO BOX 932641, SRS ACCOUNTING, CLEVELAND, OH 44193	31-6000989	GOVT	748,834		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(47) OHIO STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, OBIC, ATTN: MICHAEL ADKINS, 1960 KENNY ROAD, COLUMBUS, OH 43210	31-6025986	GOVT	81,319		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(48) THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653, DETROIT, MI 48278-1653	31-6056230	501(C)(3)	78,864		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(49) OHIO STATE UNIVERSITY RESEARCH FOUNDATION FINANCIAL SERVICES & PROCUREMENTS, 1960 KENNY ROAD, 4TH FLOOR, COLUMBUS, OH 43210	31-6401599	501(C)(3)	20,416		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(50) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	501(C)(3)	708,164		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(51) ILLUMINA INC 12864 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	33-0804655	N/A	30,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(52) POSITIVE ORAL HEALTH CONSULTING LLC 3020 NE 32ND AVE, #1119, FORT LAUDERDALE, FL 33308	33-3087230	N/A	9,537		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(53) CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE, 9500 EUCLID AVENUE, JN5-01, CLEVELAND, OH 44195	34-0714585	501(C)(3)	209,061		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(54) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, 417 YOST HALL, CLEVELAND, OH 44106	34-1018992	501(C)(3)	319,986		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(55) CENTRAL AMERICAN MEDICAL OUTREACH INC 322 WESTWOOD AVENUE, ORRVILLE, OH 44667	34-1740695	501(C)(3)	123,904		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(56) METROHEALTH SYSTEM PO BOX 73308, CLEVELAND, OH 44193	34-6004382	N/A	15,400		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(57) INDIANA UNIVERSITY DEPT 78867, PO BOX 78000, DETROIT, MI 48278-0867	35-6001673	GOVT	249,544		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(58) PURDUE UNIVERSITY 23510 NETWORK PLACE, SPONSORED PROGRAM SERVICES, CHICAGO, IL 60673-1235	35-6002041	GOVT	327,228		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(59) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET, ACCOUNTS RECEIVABLE, CHICAGO, IL 60637	36-2167012	501(C)(3)	64,596		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(60) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208-1112	36-2167817	501(C)(3)	900,940		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(61) RUSH UNIVERSITY MEDICAL CENTER FUND ACCOUNTING, 1700 WEST VAN BUREN, ROOM 277, CHICAGO, IL 60612-3244	36-2174823	501(C)(3)	218,921		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(62) UNIVERSITY OF CHICAGO FINANCIAL SERVICES, 6054 SOUTH DREXEL AVENUE, CHICAGO, IL 60637	36-2177139	501(C)(3)	107,870		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(63) UNIVERSITY OF ILLINOIS GRANTS AND CONTRACTS, 28395 NETWORK PLACE, SPRINGFIELD, IL 62708-4610	37-6000511	GOVT	157,279		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(64) UNIVERSITY OF VERMONT 217 WATERMAN BUILDING, 85 SOUTH PROSPECT STREET, BURLINGTON, VT 05405-0160	37-6047339	GOVT	636,740		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(65) OAKLAND UNIVERSITY OFFICE OF RESEARCH ADMINISTRATION, 529 WILSON HALL, ROCHESTER, MI 48309	38-1714400	GOVT	66,349		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(66) ARBOR RESEARCH COLLABORATIVE FOR HEALTH ATTN: ACCOUNTING, 340 E HURON STREET, SUITE 300, ANN ARBOR, MI 48104	38-3289521	501(C)(3)	97,744		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(67) MICHIGAN STATE UNIVERSITY CONTRACT & GRANT ADMINISTRATION, HANNAH ADMINISTRATION, EAST LANSING, MI 48824	38-6005984	GOVT	80,101		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(68) REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131, PITTSBURGH, PA 15251-2131	38-6006309	GOVT	493,120		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(69) WAYNE STATE UNIVERSITY CASHIER'S OFFICE, PO BOX 02788, DETROIT, MI 48202	38-6028429	GOVT	89,320		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(70) MEDICAL COLLEGE OF WISCONSIN PO BOX 26509, 8701 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226	39-0806261	501(C)(3)	34,366		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(71) BLOODCENTER OF WISCONSIN INC BOX 78961, MILWAUKEE, WI 53278-0961	39-0807235	501(C)(3)	150,001		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(72) AURORA HEALTH CARE INC PO BOX 341880, ATTN SENG CHEUNG, MILWAUKEE, WI 53234-1881	39-1442285	501(C)(3)	107,736		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(73) UNIVERSITY OF WISCONSIN - MADISON 21 NORTH PARK STREET, SUITE 6401, MILWAUKEE, WI 53278-0538	39-1805963	GOVT	64,340		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(74) BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN UW-MADISON GAR ACCOUNT, DRAWER 538, MILWAUKEE, WI 53278-0538	39-6006492	GOVT	162,211		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(75) MAYO CLINIC ROCHESTER PO BOX 860334, RESEARCH FINANCE - ROCHESTER, MINNEAPOLIS, MN 55486-0334	41-6011702	501(C)(3)	427,976		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(76) UNIVERSITY OF IOWA GRANT ACCOUNTING, B5 JESSUP HALL, IOWA CITY, IA 52242	42-6004813	GOVT	9,100		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(77) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE SPONSORED PROJECTS ACCOUNTING, 700 ROSEDALE AVENUE, CB #1034, SAINT LOUIS, MO 63112-1408	43-0653611	501(C)(3)	2,464,227		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(78) HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY, ATTN: ACCOUNTS RECEIVABLE, HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	19,718		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(79) CHILDRENS MERCY HOSPITALS & CLINICS PO BOX 803852, KANSAS CITY, MO 64180-3852	44-0605373	501(C)(3)	26,092		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(80) BAPTIST CLINICAL RESEARCH INSTITUTE BAPTIST MEMORIAL HEALTHCARE, CORPORATION, ATTN: JENNIFER, MEMPHIS, TN 38120	45-3032246	501(C)(3)	386,275		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(81) ORTHOPEDIC INSTITUTE 810 EAST 23RD STREET, SIOUX FALLS, SD 57117-5116	46-0316404	N/A	20,228		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(82) SANFORD RESEARCH PO BOX 5064, SIOUX FALLS, SD 57104-5064	46-0450378	501(C)(3)	210,796		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(83) RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY 65 DAVIDSON ROAD, ROOM 306, PISCATAWAY, NJ 08854-5602	46-2354111	GOVT	40,021		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(84) FLORIDA COMMUNITY HEALTH WORKER COALITION 6605 5TH AVE NORTH, SPC SA BUILDING, ROOM 307, SAINT PETERSBURG, FL 33710	47-3503638	501(C)(3)	18,600		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(85) PULMONIX LLC 1200 NORTH ELM STREET, ROOM 2M150, GREENSBORO, NC 27401	47-4299622	N/A	19,055		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(86) UNIVERSITY OF KANSAS CENTER FOR RESEARCH MAIL STOP 1039, 3901 RAINBOW BOULEVARD, KANSAS CITY, KS 66160	48-0680117	501(C)(3)	10,500		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(87) JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX SERVICES, BANK OF AMERICA, 12529 COLLECTIONS CENTER DR, CHICAGO, IL 60693	52-0595110	501(C)(3)	359,299		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(88) ATLANTIC HEALTH SYSTEM INC 475 SOUTH STREET, MORRISTOWN, NJ 07962	52-1958352	501(C)(3)	8,350		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(89) UNIVERSITY OF MARYLAND BALTIMORE SPONSORED PROJECTS ACCOUNTING, PO BOX 41428, BALTIMORE, MD 21203-6428	52-6002033	GOVT	374,801		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(90) GEORGETOWN UNIVERSITY CLINICAL RESEARCH OPENSTIONS OFFICE, 3970 RESERVOIR ROAD NW 212, WASHINGTON, DC 20057	53-0196603	501(C)(3)	12,088		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(91) VIRGINIA COMMONWEALTH UNIVERSITY GRANTS AND CONTRACTS ACCOUNTING, 730 EAST BROAD STREET, RICHMOND, VA 23284	54-6001758	GOVT	11,795		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(92) VIRGINIA POLYTECHNIC INSTITUTE & STATE OFFICE OF SPONSORED PROGRAMS, NORTH END CENTER (MC 0170), BLACKSBURG, VA 24061	54-6001805	GOVT	19,140		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(93) WEST VIRGINIA UNIVERSITY RESEARCH CORP 886 CHESTNUT RIDGE RD, SECOND FLOOR ROOM 202, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	21,475		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(94) DUKE UNIVERSITY DUKE UNIVERSITY ACCOUNTS RECEIVABLE, PO BOX 602651, CHARLOTTE, NC 28260	56-0532129	501(C)(3)	626,701		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(95) WAKE FOREST UNIVERSITY HEALTH SCIENCES TRANSLATIONAL SCIENCE INSTITUTE, OFFICE OF CLINICAL RESEARCH, MEDICAL CENTER BOULEVARD, WINSTON SALEM, NC 27157	56-0532138	501(C)(3)	5,020		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(96) UNIVERSITY OF NORTH CAROLINA CHARLOTTE 9201 UNIVERSITY CITY BLVD, GRANTS & CONTRACTS ADMIN, CHARLOTTE, NC 28223	56-0791228	GOVT	70,840		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(97) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL OFFICE OF SPONSORED RESEARCH, C/O BANK OF AMERICA LOCKBOX SERVICE, PO BOX 402420, ATLANTA, GA 30384	56-6001393	GOVT	1,440,274		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(98) MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVE, SUITE 604 MSC 808, CHARLESTON, SC 29425	57-6000722	GOVT	40,982		NOT APPLICABLE	NOT APPLICABLE	RESEARCH



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(99) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST, ROOM 612, COLUMBIA, SC 29208	57-6001153	GOVT	1,420,616		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(100) EMORY UNIVERSITY PO BOX 935084, ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	776,348		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(101) MOREHOUSE SCHOOL OF MEDICINE ATTN: ACCOUNTS RECEIVABLE (CASHIER), 720 WESTVIEW DRIVE SW, ATLANTA, GA 30310	58-1438873	501(C)(3)	450,482		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(102) SAINT THOMAS HOSPITAL FOUNDATION ATTN: DAN THOMPSON, 4220 HARDING ROAD, NASHVILLE, TN 37205	58-1663055	501(C)(3)	73,553		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(103) SAINT THOMAS HEALTH ATTN: LYNN PETERSON, 4220 HARDING RD, NASHVILLE, TN 37205	58-1716804	501(C)(3)	40,600		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(104) GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION PO BOX 3999, ATLANTA, GA 30302-3999	58-1845423	501(C)(3)	6,462		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(105) CHILDREN'S HEALTHCARE OF ATLANTA INC ATTN: SHAKEETA NICHOLSON, FINANCE OFFICE OF GRANTS ACCOUNTING, 1587 NORTHEAST EXPRESSWAY, ATLANTA, GA 30329	58-2367819	501(C)(3)	29,996		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(106) HEARTS FOR HEARING FOUNDATION 11500 NORTH PORTLAND AVE, OKLAHOMA CITY, OK 73120	58-2670613	501(C)(3)	42,358		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(107) UNIVERSITY OF MIAMI OFFICE OF RESEARCH ADMIN, PO BOX 405803, ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	1,686,972		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(108) H LEE MOFFITT CANCER CENTER 1209 MAGNOLIA DR, TAMPA, FL 33612-9497	59-2451713	501(C)(3)	377,464		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(109) UNIVERSITY OF SOUTH FLORIDA ATTN: RESEARCH PROJECTS RECEIVABLES, PO BOX 864568, ORLANDO, FL 32886-4568	59-3102112	GOVT	44,631		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(110) FLORIDA HEALTH SCIENCES CENTER OFFICE OF CLINICAL RESEARCH, 5 TAMPA GENERAL CIRCLE, HMT 470, TAMPA, FL 33606	59-3458145	501(C)(3)	8,295		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(111) UNIVERSITY OF FLORIDA CFO CONTRACTS & GRANTS OFFICE, BOX 113001, GAINESVILLE, FL 32611	59-6002052	GOVT	1,615,937		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(112) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION OFFICE OF SPONSORED PROGRAMS ADMIN, 300 EAST MARKET ST, SUITE 300, LOUISVILLE, KY 40202-1959	61-1029626	501(C)(3)	43,841		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(113) OREGON STATE UNIVERSITY A312 KERR ADMIN BLDG, CORVALLIS, OR 97331-2140	61-1730890	GOVT	57,484		NOT APPLICABLE	NOT APPLICABLE	RESEARCH



(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(114) UNIVERSITY OF KENTUCKY RESEARCH C/O PNC BANK, PO BOX 931113, CLEVELAND, OH 44193	61-6033693	501(C)(3)	215,058		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(115) FISK UNIVERSITY ATTN: THELMA JACKSON, OFFICE OF BUDGET AND GRANTS, 1000 17TH AVENUE NORTH, NASHVILLE, TN 37208	62-0202000	501(C)(3)	13,864		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(116) BELMONT UNIVERSITY 1900 BELMONT BLVD, NASHVILLE, TN 37212	62-0465076	501(C)(3)	15,958		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(117) VANDERBILT UNIVERSITY CONTRACT & GRANT PMB 401591, NASHVILLE, TN 37240-1591	62-0476822	501(C)(3)	14,288,557		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION & PUBLIC SERVICE & CONTRIBUTION
(118) TENNESSEE VALLEY HEALTHCARE SYSTEM ATTN: DEBBIE MOORE, DEPARTMENT OF VETERAN AFFAIRS, 1310 24TH AVENUE SOUTH, NASHVILLE, TN 37212-2637	62-0484828	GOVT	26,617		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(119) DAVID LIPSCOMB UNIVERSITY COLLEGE OF PHARMACY, ONE UNIVERSITY PARK DR., NASHVILLE, TN 37204	62-0485733	501(C)(3)	6,199		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(120) MEHARRY MEDICAL COLLEGE ATTN: GRANTS & CONTRACTS, 1005 DR D B TODD BLVD, LRC SUITE 612, NASHVILLE, TN 37208	62-0488046	501(C)(3)	2,213,186		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(121) ST JUDES CHILDRENS RESEARCH HOSPITAL PO BOX 1000, DEPT 949, MEMPHIS, TN 38148-0949	62-0646012	501(C)(3)	21,070		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(122) UNIVERSITY OF MEMPHIS PO BOX 1000, DEPARTMENT 313, MEMPHIS, TN 38148-0313	62-0648618	GOVT	49,350		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(123) METRO PUBLIC HEALTH DEPARTMENT 222 3RD AVENUE NORTH, SUITE 750, NASHVILLE, TN 37201	62-0694743	GOVT	76,083		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(124) TENNESSEE STATE UNIVERSITY 3500 JOHN A MERRITT BOULEVARD, NASHVILLE, TN 37209	62-0786119	GOVT	8,179		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(125) NASHVILLE CARES 633 THOMPSON LANE, NASHVILLE, TN 37204	62-1274532	501(C)(3)	8,226		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(126) MIDDLE TENNESSEE RESEARCH INSTITUTE 1310 24TH AVENUE SOUTH, ROOM F-201, NASHVILLE, TN 37212	62-1387860	501(C)(3)	155,112		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(127) CUMBERLAND PEDIATRIC FOUNDATION 3102 WEST END AVENUE, SUITE 175, NASHVILLE, TN 37203	62-1615913	501(C)(3)	349,821		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(128) UNIVERSITY OF TENNESSEE MEMPHIS 62 SOUTH DUNLAP STREET, SUITE 300, MEMPHIS, TN 38163	62-6001636	GOVT	408,314		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(129) JACKSON MADISON COUNTY GENERAL HOSPITAL ATTN: DEBRA LEWIS, 620 SKYLINE DRIVE, JACKSON, TN 38301-3956	62-6010402	GOVT	48,100		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(130) EAST TENNESSEE STATE UNIVERSITY FINANCIAL SERVICES, PO BOX 70732, JOHNSON CITY, TN 37614-0732	62-6021046	GOVT	82,420		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(131) FRANKLIN PRIMARY HEALTH CENTER INC PO BOX 2048, MOBILE, AL 36652-2048	63-0695975	501(C)(3)	78,300		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(132) MONTGOMERY AIDS OUTREACH, INC PO BOX 11087, MONTGOMERY, AL 36111	63-0959628	501(C)(3)	252,225		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(133) AUBURN UNIVERSITY CONTRACT AND GRANTS ACCOUNTING, 208 M. WHITE SMITH HALL, 381 MELL STREET, AUBURN UNIVERSITY, AL 36849- 5110	63-6000724	GOVT	7,420		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(134) UNIVERSITY OF ALABAMA AT BIRMINGHAM GRANTS AND CONTRACTS ACCOUNTING, 1720 SECOND AVE SOUTH, AB 990, BIRMINGHAM, AL 35294-0109	63-6005396	GOVT	784,114		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(135) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER ATTN: OFFICE OF SPONSORED PROGRAM, POST AWARD DIVISION, 2500 N STATE ST, JACKSON, MS 39216-4505	64-6008520	GOVT	288,375		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(136) MIAMI-DADE AREA HEALTH EDUCATION CENTER 1200 NW 78TH AVE, SUITE 209, MIAMI, FL 33126	65-0009277	501(C)(3)	19,251		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(137) ADMINISTRATORS OF THE TULANE EDUCATIONAL TULANE UNIVERSITY 800 EAST COMMERCE ROAD, SUITE 203, HARAHAN, LA 70123	72-0423889	501(C)(3)	35,968		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(138) LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER SPONSORED PROJECTS, 433 BOLIVAR STREET, ROOM 612, NEW ORLEANS, LA 70112-2223	72-6000848	GOVT	16,239		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(139) LSU HEALTH SCIENCES CENTER NEW ORLEANS 1901 PERDIDO STREET, SUITE 3205, NEW ORLEANS, LA 70112	72-6087770	GOVT	304,112		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(140) UNIVERSITY OF TEXAS HEALTH SCIENCE FINANCIAL ADMINISTRATIVE SUPPORT, PO BOX 301418, DALLAS, TX 75303-1418	74-1586031	GOVT	180,294		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(141) BAYLOR COLLEGE OF MEDICINE ATTN: MEREEENA FRANCIS MANACKAL, 1504 TAUB LOOP, HOUSTON, TX 77030	74-1613878	501(C)(3)	294,687		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(142) UNIVERSITY OF TEXAS HEALTH SCIENCE FINANCIAL ADMIN SUPPORT, PO BOX 301418, DALLAS, TX 75303	74-1761309	GOVT	183,126		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(143) NATIONAL JEWISH HEALTH ATTN: TREASURY DEPT M216, 1400 JACKSON STREET, DENVER, CO 80206	74-2044647	501(C)(3)	67,442		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(144) UNIVERSITY OF TEXAS AT AUSTIN ATTN: KATY COTTEN, 105 EAST 24TH STREET, STOP A5300, AUSTIN, TX 78712-1224	74-6000203	GOVT	79,112		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(145) UNIVERSITY OF TEXAS MEDICAL BRANCH OFFICE OF SPONSORED PROGRAMS, DEPT #750, PO BOX 660120, DALLAS, TX 75266	74-6000949	GOVT	224,172		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(146) THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER ACCOUNTS RECEIVABLE, HOUSTON, TX 77210-4461	74-6001118	GOVT	41,766		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(147) UNIVERSITY OF TEXAS DALLAS ATTN: ACCOUNTS RECEIVABLE, 800 W. CAMPBELL ROAD, AD37, RICHARDSON, TX 75080-3021	75-1305566	GOVT	99,064		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(148) TEXAS HEALTH RESEARCH AND EDUCATION INST 612 EAST LAMAR BLVD, SUITE 600, ARLINGTON, TX 76011	75-2562191	501(C)(3)	5,049		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(149) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL OFFICE OF POST AWARD ADMINISTRATION, PO BOX 841765, DALLAS, TX 75284-1765	75-6002868	GOVT	43,870		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(150) PALO ALTO VETERANS INSTITUTE FOR RESEARCH POST OFFICE BOX V-38, PALO ALTO, CA 94304	77-0207331	501(C)(3)	141,942		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(151) NAVAL MEDICAL RESEARCH CENTER 503 ROBERT GRANT AVE, SILVER SPRING, MD 20910-7500	80-0520146	GOVT	175,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(152) GREENWAY HEALTH LLC 4301 WEST BOY SCOUT BLVD, SUITE 800, TAMPA, FL 33607	80-0847459	N/A	218,567		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(153) RADIOLOGY IMAGING ASSOCIATES PC 10700 EAST GEDDES AVE, SUITE 200, ENGLEWOOD, CO 80112	84-0597929	N/A	9,055		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(154) DENVER HEALTH AND HOSPITAL AUTHORITY UMB BANK OF COLORADO, PO BOX 17093, DENVER, CO 80217-0093	84-1343242	GOVT	24,299		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(155) UNIVERSITY OF COLORADO DENVER OFFICE OF GRANTS & CONTRACTS F428, PO BOX 910238, DENVER, CO 80291-0238	84-6000555	GOVT	348,720		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(156) DIGNITY HEALTH ATTN: MISC A/R CASH, FILE 57431, LOS ANGELES, CA 90074-8781	86-0096787	N/A	66,581		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(157) MAYO CLINIC RESEARCH FINANCE - ARIZONA, PO BOX 860334, MINNEAPOLIS, MN 55486-0334	86-0800150	501(C)(3)	25,305		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(158) WESTERN INSTITUTE FOR BIOMEDICAL RESEARCH PO BOX 58719, SALT LAKE CITY, UT 84158	87-0470748	501(C)(3)	61,993		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(159) METHODIST HOSPITAL RESEARCH INSTITUTE OFFICE OF GRANTS AND CONTRACTS, PO BOX 4805, HOUSTON, TX 77210-4805	87-0721923	501(C)(3)	67,523		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(160) UNIVERSITY OF UTAH GRANTS & CONTRACTS ACCOUNTING, 201 S PRESIDENTS CIR, ROOM 406, SALT LAKE CITY, UT 84112-9020	87-6000525	GOVT	217,451		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(161) SEATTLE CHILDREN'S HOSPITAL PO BOX 24728, SEATTLE, WA 98124-0728	91-0564748	501(C)(3)	60,653		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(162) CENTER FOR INFECTIOUS DISEASE RESEARCH 307 WESTLAKE AVE NORTH, SUITE 500, SEATTLE, WA 98109	91-0961784	501(C)(3)	309,995		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(163) INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVE EAST, # 400, SEATTLE, WA 98102	91-1608978	501(C)(3)	667,347		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(164) UNIVERSITY OF WASHINGTON BOX 354966, SEATTLE, WA 98125-4966	91-6001537	GOVT	1,984,370		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(165) LELAND STANFORD JUNIOR UNIVERSITY PO BOX 44253, SAN FRANCISCO, CA 94144- 4253	94-1156365	501(C)(3)	918,663		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(166) REGENTS OF THE UNIVERSITY OF CALIFORNIA CONTRACTS & GRANTS ACCOUNTING, 1855 FOLSOM STREET, SUITE 425 BOX 0897, SAN FRANCISCO, CA 94143-0897	94-6036493	GOVT	226,416		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(167) UNIVERSITY OF SOUTHERN CALIFORNIA SPONSORED PROJECTS, 3500 S FIGUEROA STREET, SUITE 102, LOS ANGELES, CA 90074-2095	95-1642394	501(C)(3)	2,033,741		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(168) CALIFORNIA INSTITUTE OF TECHNOLOGY TREASURY SERVICES, 1200 E. CALIFORNIA BOULEVARD, MAIL CODE 117-15, PASADENA, CA 91125	95-1643307	501(C)(3)	380,619		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(169) CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BLVD, LOS ANGELES, CA 90048	95-1644600	501(C)(3)	649,349		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(170) CITY OF HOPE NATIONAL MEDICAL CENTER 1450 EAST DUARTE ROAD, ROOM 1012, DUARTE, CA 91010	95-1683875	501(C)(3)	186,028		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(171) UNIVERSITY OF CALIFORNIA IRVINE ATTN: ACCOUNTING OFFICE, 120 THEORY, SUITE 200, IRVINE, CA 92697-1050	95-2226406	GOVT	23,468		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(172) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR, MC0009, LA JOLLA, CA 92093-0009	95-6006144	GOVT	291,102		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(173) UNIVERSITY OF HAWAII OFFICE OF RESEARCH SERVICES, 2440 CAMPUS ROAD, BOX 368, HONOLULU, HI 96822	99-6000354	GOVT	60,387		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(174) INSTITUTO DE INVESTIGACION NUTRUCIONAL 121 ALHAMBRA PLAZA, SUITE 1200, CORAL GABLES, FL 33134	N/A	N/A	364,581		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(175) CITY PUBLICATIONS / NASHVILLE LIFESTYLES PO BOX 5061, BRENTWOOD, TN 37024	06-1032273	N/A	6,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(176) MARCH OF DIMES 1275 MAMARONECK AVE, WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(177) ASSOCIATION OF OPERATING ROOM NURSES, INC. 2170 S PARKER RD, SUITE 400, DENVER, CO 80231	13-1882322	501(C)(6)	11,400		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(178) AMERICAN HEART ASSOCIATION 1818 PATTERSON ST, NASHVILLE, TN 37203	13-5613797	501(C)(3)	261,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(179) TENNESSEE EMERGENCY MEDICAL SERVICES FOR CHILDREN FOUNDATION 3841 GREEN HILLS VILLAGE DRIVE, SUITE 3045, NASHVILLE, TN 37215	20-2802786	501(C)(3)	12,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(180) JDRF DIABETES FOUNDATION 105 WESTPARK DR, #415, BRENTWOOD, TN 37027	23-1907729	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(181) ACOUSTIC NEUROMA ASSOCIATION 600 PEACHTREE PARKWAY, SUITE 108, CUMMING, GA 30041	23-2170836	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(182) HERITAGE FOUNDATION 112 BRIDGE ST, FRANKLIN, TN 37064	23-7042596	501(C)(3)	13,375		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(183) TENNESSEE KIDNEY FOUNDATION 37 PEABODY STREET, SUITE 206, NASHVILLE, TN 37210	27-0812507	501(C)(3)	7,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(184) TEDX NASHVILLE 330 HUDSON ST., 11TH FLOOR, NEW YORK, NY 10013	27-2013937	501(C)(3)	30,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(185) JACKSON GENERALS BASEBALL CLUB LP 4 FUN PLACE, JACKSON, TN 38305	32-0303574	N/A	8,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(186) WILLIAMSON, INC. 5005 MERIDIAN BLVD, #150, FRANKLIN, TN 37067	36-4720381	501(C)(6)	23,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(187) GREEN HILLS MALL 2126 ABBOTT MARTIN RD, NASHVILLE, TN 37215	38-2033632	N/A	35,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(188) INSTITUTE FOR HEALTHCARE IMPROVEMENT 20 UNIVERSITY ROAD, 7TH FLOOR, CAMBRIDGE, MA 02138	38-3017223	501(C)(3)	6,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(189) SPRING HILL CHAMBER OF COMMERCE PO BOX 1815, SPRING HILL, TN 37174	45-0484327	501(C)(6)	5,700		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(190) THE NASHVILLE FOOD PROJECT 3605 HILLSBORO PIKE, NASHVILLE, TN 37215	45-2905951	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(191) THE GOVERNOR'S FOUNDATION FOR HEALTH 511 UNION ST, #720, NASHVILLE, TN 37219	45-3635908	501(C)(3)	16,666		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(192) SCOTT HAMILTON CARES PO BOX 30619, NASHVILLE, TN 37230	47-2328142	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(193) PILGRIMAGE PRESENTS, LLC PO BOX 3314, HOUMA, LA 70361	47-3296867	N/A	17,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(194) T. J. MARTELL FOUNDATION 1114 17TH AVE S, SUITE 101, NASHVILLE, TN 37212	51-0180178	501(C)(3)	65,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(195) NATIONAL BUSINESS GROUP ON HEALTH 20 F ST. NEW, SUITE 200, WASHINGTON, DC 20001	52-1147591	501(C)(3)	250,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(196) NATIONAL ACADEMY OF SCIENCES ATTN: OFFICE OF CONTRACTS AND GRANTS, 500 FIFTH ST. NW, KECK 1057, WASHINGTON, DC 20001	53-0196932	501(C)(3)	30,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(197) BELMONT UNIVERSITY 1900 BELMONT BLVD, NASHVILLE, TN 37212	62-0465076	501(C)(3)	12,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(198) JUNIOR LEAGUE OF NASHVILLE 2202 CRESTMOOR RD, NASHVILLE, TN 37215	62-0476815	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(199) NASHVILLE SYMPHONY ORCHESTRA 209 10TH AVENUE SOUTH, TICKET OFFICE, SUITE 221, NASHVILLE, TN 37203	62-0550979	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(200) MENTAL HEALTH AMERICA OF MD TN 446 METROPLEX DR., SUITE A-224, NASHVILLE, TN 37211	62-0637710	501(C)(3)	15,200		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(201) HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVENUE, NASHVILLE, TN 37214	62-0909363	501(C)(3)	34,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(202) RONALD MCDONALD HOUSE CHARITIES OF NASHVILLE 2144 FAIRFAX AVENUE, NASHVILLE, TN 37212	62-1310717	501(C)(3)	8,200		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(203) COMMUNITY FOUNDATION OF MIDDLE TN 3833 CLEGHORN AVENUE, SUITE 400, NASHVILLE, TN 37215	62-1471789	501(C)(3)	54,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(204) CUMBERLAND PEDIATRIC FOUNDATION 3102 WEST END AVENUE, SUITE 175, NASHVILLE, TN 37203	62-1615913	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(205) NATIONAL ALLIANCE ON MENTAL ILLNESS DAVIDSON COUNTY 1101 KERMIT DR., SUITE 506, NASHVILLE, TN 37217	80-0597038	501(C)(3)	6,950		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(206) AMERICAN SOCIETY FOR MATRIX BIOLOGY (ASMB) 9650 ROCKVILLE PIKE, BETHESDA, MD 20814	91-2055099	501(C)(3)	17,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION



**Part III****Grants and Other Assistance to Individuals in the United States** (continued)

(a) Type of grant or assistance	(b) Number of Recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(7) AWARDS AND RESEARCH GRANTS	437	6,273,584			
(8) PATIENT ASSISTANCE	638		62,074	FMV	AMBULANCE RIDES
(9) PATIENT ASSISTANCE	224		1,724	FMV	CAB RIDES

## Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>VANDERBILT UNIVERSITY MEDICAL CENTER MAINTAINS A FORMAL POLICY DEFINING ITS PROCEDURES FOR MONITORING THE USE OF SPONSORED FUNDS BY SUBRECIPIENTS WHO ARE PERFORMING A PORTION OF A SPONSORED PROJECT EXTERNALLY AWARDED TO VANDERBILT UNIVERSITY MEDICAL CENTER. THE POLICY PROVIDES GUIDANCE TO ENSURE THAT SUBRECIPIENTS CONDUCT THEIR PORTIONS OF SPONSORED PROJECTS IN COMPLIANCE WITH LAWS, REGULATIONS, TERMS AND CONDITIONS OF AWARDS AND SUBAWARDS, AND THAT REIMBURSED COSTS INCURRED BY SUBRECIPIENTS ARE ALLOWED. THE POLICY ADDRESSES THE ROLES AND RESPONSIBILITIES OF CENTRAL OFFICES AND DEPARTMENTS OF THE MEDICAL CENTER AND DESCRIBES THE MONITORING PROCEDURES FOR EACH AREA. THE FULL TEXT OF VANDERBILT UNIVERSITY MEDICAL CENTER'S SUBRECIPIENT POLICY IS AVAILABLE ONLINE AT THE FOLLOWING WEB ADDRESS:</p> <p><a href="HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX">HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX</a></p>

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

**Compensation Information**

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

35-2528741

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)       |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

	Yes	No
1b	✓	

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

2	✓	
---	---	--

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . . **4a** ✓
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . **4b** ✓
- c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . **4c** ✓

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . . **5a** ✓
- b** Any related organization? . . . . . **5b** ✓

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . . **6a** ✓
- b** Any related organization? . . . . . **6b** ✓

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

7	✓	
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**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

8		✓
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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

9		
---	--	--

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

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JEFFREY R. BALSER, MD, PHD PRESIDENT AND CEO	(i)	1,976,514	764,580	31,416	263,338	30,494	3,066,342	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	(i)	791,156	214,082	12,822	93,338	24,339	1,135,737	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> CECILIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	(i)	819,563	219,435	29,742	95,338	16,227	1,180,305	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF HEALTH SYSTEM OFFICER	(i)	1,682,240	454,925	34,366	183,151	15,749	2,370,431	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	(i)	666,171	185,609	30,822	80,974	24,260	987,836	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> MITCHELL C. EDGEWORTH, MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	(i)	632,446	168,590	11,585	60,588	25,783	898,992	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> CHARLES L. GREGORY, MA, MBA, MH CEO, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	(i)	604,284	168,590	32,604	60,588	22,739	888,805	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> TRACI K. NORDBERG, JD CHIEF HR OFFICER	(i)	527,491	147,182	29,310	68,338	9,594	781,915	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> DAVID R. POSCH EXECUTIVE VICE PRESIDENT FOR POPULATION HEALTH	(i)	684,546	184,245	14,843	13,338	17,396	914,368	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	(i)	672,740	195,094	30,822	83,151	24,421	1,006,228	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	(i)	711,192	191,972	15,385	13,151	16,259	947,959	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> SCOTT T ARTHUR, MD VBJ FACULTY - ASST PROFESSOR	(i)	840,021	420,052	11,040	13,151	16,668	1,300,932	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> CLINTON J. DEVIN, MD COMPREHENSIVE SPINE CENTER - ASSOC PROFESSOR	(i)	836,942	642,350	11,040	13,151	7,457	1,510,940	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> JOHN W. KLEKAMP, MD VBJ FACULTY - ASST PROFESSOR	(i)	926,443	344,768	29,742	13,151	23,043	1,337,147	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> PAUL A. THOMAS, MD VBJ FACULTY - ASSOC PROFESSOR	(i)	1,473,308	403,906	32,064	13,151	26,734	1,949,163	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> TODD R. WURTH, MD VBJ FACULTY - ASST PROFESSOR	(i)	904,723	431,654	29,310	13,151	27,484	1,406,322	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2017

# 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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	VANDERBILT UNIVERSITY MEDICAL CENTER EXCLUDES THE BENEFITS FROM TAXABLE INCOME WHEN A DOCUMENTED BUSINESS PURPOSE IS SERVED.  1 OFFICER RECEIVED CHARTER TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.  2 OFFICERS AND 1 DIRECTOR RECEIVED FIRST-CLASS TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	2 OFFICERS AND 3 KEY EMPLOYEES RECEIVED SOCIAL CLUB DUES BENEFITS INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	2 KEY EMPLOYEES RECEIVED TAX GROSS-UP PAYMENT BENEFITS THAT WERE INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	3 DIRECTORS RECEIVED COMPANION TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.  1 OFFICER RECEIVED COMPANION TRAVEL BENEFITS THAT WERE AND WERE NOT INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	CERTAIN INDIVIDUALS LISTED IN FORM 990, SCHEDULE J, PART II PARTICIPATE IN NONQUALIFIED DEFERRED COMPENSATION PLANS. AMOUNTS CONTRIBUTED TO THE PLANS INCLUDE FIXED PERCENTAGES OF ANNUAL BONUS PAYMENTS AND FIXED DOLLAR AMOUNTS. CONTRIBUTIONS TO THE PLAN VEST WHEN INDIVIDUALS COMPLETE THEIR CONTRACT TERM OR CONTINUE EMPLOYMENT TO A DESIGNATED DATE. CURRENT YEAR ACCRUALS OF COMPENSATION ASSOCIATED WITH THESE PLANS ARE INCLUDED IN THE AMOUNTS REPORTED FOR EACH INDIVIDUAL IN SCHEDULE J, PART II, COLUMN (C). THE PAYOUT OF THESE AMOUNTS IN FUTURE YEARS WILL BE INCLUDED IN THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) FOR SUCH INDIVIDUALS. AMOUNTS ACCRUED IN PRIOR YEARS AND PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN (C) WILL BE REPORTED IN SCHEDULE J, PART II, COLUMN (F). NO PAYOUTS WERE MADE UNDER THESE PLANS TO PARTICIPATING INDIVIDUALS IN 2017.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED VARIABLE INCENTIVE COMPENSATION BASED ON THE ACHIEVEMENT OF PRE-ESTABLISHED GOALS WHERE JUDGMENT WAS DETERMINED BY THE COMPENSATION COMMITTEE. INCENTIVE PAYMENTS ARE SHOWN IN SCHEDULE J, PART II, COLUMN B(II).

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE - SERIES 2018	62-6139016	000000000	04/20/2018	53,385,000	REFUNDING OF THE 2016F ISSUE		✓		✓		✓
<b>B</b>	THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE SERIES 2017A	62-6139016	592041YC5	07/26/2017	126,334,390	(SEE STATEMENT)		✓		✓		✓
<b>C</b>	THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE - SERIES 2016A	62-6139016	592041WH6	04/29/2016	536,573,506	(SEE STATEMENT)		✓		✓		✓
<b>D</b>												

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	53,385,000		126,967,477		536,573,506			
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	285,000		1,334,390		10,700,399			
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .			91,187,075		525,873,107			
<b>11</b> Other spent proceeds . . . . .	53,100,000							
<b>12</b> Other unspent proceeds . . . . .			34,446,012					
<b>13</b> Year of substantial completion . . . . .	2018				2016			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	✓			✓		✓		
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		✓		✓		✓		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	✓			✓	✓			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓			

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓		✓			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.59 %		0.00 %		1.03 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		0.00 %		0.11 %		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.59 %		0.00 %		1.14 %		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓			

**Part IV Arbitrage**

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



## Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .		✓		✓		✓		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .		✓		✓		✓		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	✓		✓		✓			

## Part V Procedures To Undertake Corrective Action

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

(SEE STATEMENT)

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

# Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	ROW (B) - THE ISSUE IS FINANCING VARIOUS NEW CAPITAL PROJECTS FOR THE MEDICAL CENTER.  ROW (C) - COST OF CONSTRUCTION, RENOVATION, REMODELING AND EQUIPPING OF CAPITAL PROJECTS FOR THE BORROWER.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN (B) - THE 2017A ISSUE GENERATED \$633,087 IN ACCUMULATED EARNINGS DURING THE TAX YEAR ENDING JUNE 30, 2018. AS OF JUNE 30, 2018, THE ACCUMULATED EARNINGS WERE UNSPENT PROCEEDS THAT ARE DULY INCLUDED IN SCHEDULE K, PART II, LINE 12.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	✓	21	9,845	MARKET VALUE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		1,085	SELLING COST
5 Clothing and household goods . . . . .	✓		60,805	SELLING COST
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	79	3,259,532	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	✓	13	2,565	MARKET VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( MEALS )	✓	7	2,353	MARKET VALUE
26 Other ▶ ( GIFT CERTIFICATES )	✓	35	7,547	MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0
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	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 isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
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? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN (B) - NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTIONS MADE.
SCHEDULE M, PART I - LINE 5 - CLOTHING AND HOUSEHOLD GOODS	DONATION OF VARIOUS HOUSEHOLD ITEMS FOR SILENT AUCTION BENEFITING THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT.

**SCHEDULE O  
(Form 990 or 990-EZ)**Department of Treasury Internal  
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the Organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer Identification Number

35-2528741

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 -	<p>VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") IS ONE OF THE NATION'S LONGEST SERVING AND MOST PRESTIGIOUS ACADEMIC MEDICAL CENTERS. THROUGH ITS HISTORIC BOND WITH VANDERBILT UNIVERSITY, VUMC CULTIVATES DISTINGUISHED RESEARCH AND EDUCATIONAL PROGRAMS TO ADVANCE A CLINICAL ENTERPRISE THAT PROVIDES COMPASSIONATE AND PERSONALIZED CARE AND SUPPORT FOR MILLIONS OF PATIENTS AND FAMILY MEMBERS EACH YEAR. WORLD-LEADING ACADEMIC DEPARTMENTS AND COMPREHENSIVE CENTERS OF EXCELLENCE PURSUE SCIENTIFIC DISCOVERIES, TRANSFORMATIONAL EDUCATIONAL AND CLINICAL ADVANCEMENTS ACROSS THE ENTIRE SPECTRUM OF HEALTH AND DISEASE.</p> <p>THROUGH THE EXCEPTIONAL CAPABILITIES AND CARING SPIRIT OF ITS PEOPLE, VUMC WILL LEAD IN IMPROVING THE HEALTHCARE OF INDIVIDUALS AND COMMUNITIES REGIONALLY, NATIONALLY, AND INTERNATIONALLY, COMBINING ITS TRANSFORMATIVE LEARNING PROGRAMS AND COMPELLING DISCOVERIES TO PROVIDE DISTINCTIVE PERSONALIZED CARE.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p data-bbox="467 142 721 170">4A. PATIENT SERVICES -</p> <p data-bbox="467 184 1500 527">VUMC PROVIDES HIGH QUALITY MEDICAL AND HEALTH CARE SERVICES REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF VUMC, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER THAT PART OF VUMC'S MISSION IS TO SERVE THE COMMUNITY. THEREFORE, IN KEEPING WITH VUMC'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY ARE PROVIDED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS. THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED-PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH VUMC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED. DURING THE FISCAL YEAR, VUMC SERVICED 61,381 INPATIENTS AND 2,161,423 EMERGENCY AND OUTPATIENT CLINIC VISITS.</p> <p data-bbox="467 548 1484 632">VUMC'S LEADERSHIP IN THE DELIVERY OF ACADEMICALLY BASED HEALTH CARE IS RECOGNIZED BY THE NATION'S MOST TRUSTED ADVISORY BODIES AND REPORTING ORGANIZATIONS, INCLUDING THE NATIONAL ACADEMIES, THE MAGNET RECOGNITION PROGRAM, U.S. NEWS &amp; WORLD REPORT, THE LEAPFROG GROUP, BECKER'S HOSPITAL REVIEW AND OTHERS:</p> <p data-bbox="467 653 1500 779">*U.S. NEWS &amp; WORLD REPORT: FOR 2018 NAMED TO 'HONOR ROLL' OF NATION'S TOP 20 HOSPITALS, #1 HOSPITAL IN TENNESSEE FOR THE SEVENTH CONSECUTIVE YEAR; #1 METRO NASHVILLE; 10 ADULT CLINICAL SPECIALTIES RANKED AMONG THE NATION'S BEST; MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT IS NAMED AS ONE OF THE ELITE CHILDREN'S HOSPITAL IN THE NATION BY U.S. NEWS, WITH 10 OUT OF 10 SPECIALTIES NATIONALLY RANKED IN 2018</p> <p data-bbox="467 800 1474 842">*BECKER'S HOSPITAL REVIEW: ONE OF THE "100 GREAT HOSPITALS IN AMERICA" AND THE ONLY HEALTH CARE FACILITY IN TENNESSEE TO MAKE THE LIST IN 2018</p> <p data-bbox="467 863 1500 926">*THE LEAPFROG GROUP: MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT NAMED A LEAPFROG TOP HOSPITAL FOR 2017, MAKING IT ONE OF ONLY NINE PEDIATRIC HOSPITALS IN THE NATION TO RECEIVE THIS DESIGNATION</p> <p data-bbox="467 947 1490 1010">*NATIONAL INSTITUTES OF HEALTH: VANDERBILT UNIVERSITY SCHOOL OF MEDICINE CURRENTLY RANKED 10TH AMONG THE TOP GRANT AWARDEES FOR MEDICAL RESEARCH IN THE U.S. AS OF DECEMBER 2017</p> <p data-bbox="467 1031 1451 1094">*MAGNET DESIGNATION FROM AMERICAN NURSES CREDENTIALING CENTER: VANDERBILT UNIVERSITY MEDICAL CENTER IS THE ONLY ORGANIZATION THAT IS MAGNET-DESIGNATED IN MIDDLE TENNESSEE, HAVING ACHIEVED ITS THIRD CONSECUTIVE DESIGNATION IN 2017</p> <p data-bbox="467 1115 1484 1178">*AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM: AMONG THE NATION'S 100 "MOST WIRED" HOSPITALS AND HEALTH SYSTEMS FOR ITS EFFORTS IN INNOVATIVE MEDICAL TECHNOLOGY IN 2018</p> <p data-bbox="467 1199 1490 1262">*THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION AND THE ARNOLD P. GOLD FOUNDATION AWARDED VUMC THE DEWITT C. "BUD" BALDWIN AWARD FOR EXCELLENCE IN MEDICAL EDUCATION IN 2017</p> <p data-bbox="467 1283 1484 1346">*VUMC WAS NAMED TO THE 'HONOR ROLL' OF THE NATION'S TOP HOSPITALS BY U.S. NEWS AND WORLD REPORT IN ITS 2018-2019 RANKING OF 'AMERICA'S BEST HOSPITALS.' VUMC WAS ONE OF ONLY 20 HOSPITALS NATIONWIDE TO EARN THIS DISTINCTION.</p> <p data-bbox="467 1367 1500 1451">*FOR THE SEVENTH TIME, VUMC WAS NAMED A LEADER IN LGBTQ HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN HEALTHCARE EQUALITY INDEX (HEI) 2018. VUMC IS THE ONLY ORGANIZATION IN TENNESSEE TO REPEATEDLY BE RECOGNIZED FOR ITS COMMITMENT TO ADOPTING LGBTQ-INCLUSIVE PATIENT, VISITATION AND EMPLOYMENT POLICIES.</p> <p data-bbox="467 1472 1500 1556">* THE CEO ROUNDTABLE ON CANCER RE-ACCREDITED VUMC AS A CEO CANCER GOLD STANDARD EMPLOYER FOR VUMC'S EFFORTS TO REDUCE THE RISK OF CANCER FOR EMPLOYEES AND THEIR FAMILIES. VUMC HAS EARNED THE CEO CANCER GOLD STANDARD DESIGNATION EVERY YEAR SINCE 2008.</p> <p data-bbox="467 1577 1500 1619">ALONG WITH THE VARIOUS NATIONAL RANKINGS, THERE ARE SEVERAL VUMC PROGRAMS UNIQUE TO TENNESSEE OR THE REGION, WHICH INCLUDE:</p> <p data-bbox="467 1640 1240 1661">*ONLY LEVEL 1 (HIGHEST LEVEL) TRAUMA CENTER IN MIDDLE TENNESSEE</p> <p data-bbox="467 1682 1451 1724">*ONLY LEVEL 4 (HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNIT, AS WELL AS A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT AND PEDIATRIC TRAUMA PROGRAM</p> <p data-bbox="467 1745 1500 1829">*VANDERBILT-INGRAM CANCER CENTER, THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN TENNESSEE THAT CONDUCTS RESEARCH AND CARES FOR CHILDREN AND ADULTS; ALSO, A MEMBER OF THE ELITE NATIONAL COMPREHENSIVE CANCER NETWORK, A GROUP OF THE NATION'S TOP 21 CLINICAL CANCER INSTITUTES</p> <p data-bbox="467 1850 1338 1892">*ONLY JOINT COMMISSION-ACCREDITED PROGRAM FOR TRAUMATIC BRAIN INJURY REHABILITATION (ONE OF SEVEN NATIONALLY)</p> <p data-bbox="467 1913 867 1934">*DEDICATED REGIONAL BURN CENTER</p> <p data-bbox="467 1955 1435 1976">*LIFELIGHT, AN INTEGRATED AIR AND GROUND EMERGENCY PATIENT TRANSPORT SYSTEM</p>

Return Reference - Identifier	Explanation
	<p>*TENNESSEE POISON CENTER</p> <p>*TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER, SERVING BOTH ADULT AND PEDIATRIC PATIENTS</p> <p>FOR MORE INFORMATION REGARDING HEALTH CARE AT VANDERBILT UNIVERSITY MEDICAL CENTER, VISIT <a href="https://www.vanderbilthealth.com/patientandvisitorinfo/48538">HTTPS://WWW.VANDERBILTHEALTH.COM/PATIENTANDVISITORINFO/48538</a></p>
FORM 990, PART III, LINE 4B -	<p>4B. ACADEMIC AND SCIENTIFIC RESEARCH -</p> <p>VUMC IS AN INTERNATIONALLY RECOGNIZED RESEARCH INSTITUTION. A MAJORITY OF VUMC'S RESEARCH FUNDING, INCLUDING SUBSTANTIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH, IS RECEIVED FROM THE FEDERAL GOVERNMENT. FUNDING IS ALSO RECEIVED FROM FOUNDATIONS, ASSOCIATIONS, CORPORATIONS, AND OTHER SOURCES. VUMC'S RESEARCHERS ARE AT THE FOREFRONT OF DISCOVERY AND ARE POSING INNOVATIVE SOLUTIONS TO SOME OF THE MOST CHALLENGING QUESTIONS ABOUT DISEASES AFFECTING HUMANKIND.</p> <p>OUR PROGRAMS IN GRADUATE MEDICAL EDUCATION ARE CONSISTENTLY AMONG THE MOST SELECTIVE, AND ARE NATIONALLY RECOGNIZED FOR THEIR DIVERSITY &amp; INCLUSION, INNOVATION AND CAPACITY TO TRANSFORM THE EDUCATIONAL EXPERIENCE, WHILE THE BREADTH OF OUR SCIENTIFIC DISCOVERY IS PROPELLED BY A RESEARCH ENTERPRISE THAT IS CONSISTENTLY RANKED AMONG THE NATION'S TOP 10 IN TOTAL FEDERAL FUNDING.</p> <p>FOR MORE INFORMATION REGARDING RESEARCH AT VANDERBILT UNIVERSITY MEDICAL CENTER VISIT: <a href="https://www.vumc.org/oor/">HTTPS://WWW.VUMC.ORG/OOR/</a></p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$138,529,136 INCLUDING GRANTS OF \$0)(REVENUE \$170,762,784)</p> <p>4D. OTHER PROGRAM SERVICES -</p> <p>OTHER PROGRAM SERVICES INCLUDE PUBLIC HEALTH SERVICE, ACADEMIC SUPPORT, INSTITUTIONAL SUPPORT, AND OTHER AUXILIARY SERVICES. VANDERBILT UNIVERSITY MEDICAL CENTER ENGAGES IN A VARIETY OF PUBLIC SERVICE PROJECTS, INCLUDING, BUT NOT LIMITED TO FORMULATING NEW APPROACHES TO INCREASE HEALTH, SAFETY, QUALITY AND OUTCOMES, WHILE DECREASING TOTAL COSTS; AND MANY OTHER SPONSORED COMMUNITY HEALTH AND EDUCATIONAL PROGRAMS.</p> <p>TO READ MORE ABOUT VUMC'S ROLE IN THE COMMUNITY, VISIT <a href="https://www.vanderbilthealth.com/main/38766">HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/38766</a></p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE OF THE BOARD OF THE DIRECTORS CONSISTS OF AT LEAST THREE DIRECTORS, INCLUDING THE BOARD CHAIRPERSON, THE CEO OF VUMC, AND THE CHANCELLOR OF VANDERBILT UNIVERSITY. THE EXECUTIVE COMMITTEE IS EMPOWERED TO EXERCISE ALL OF THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, SUBJECT TO CERTAIN RESTRICTIONS INVOLVING MAJOR CORPORATE DECISIONS.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PARTIES	<p>AS A RESULT OF VUMC'S CONTINUING RELATIONSHIP WITH VANDERBILT UNIVERSITY, DAVID W. PATTERSON, ROBERT C. SCHIFF, JR., GREGORY SCOTT ALLEN, AND NICHOLAS S. ZEPPOS SERVE ON THE VANDERBILT UNIVERSITY BOARD OF TRUST AND WERE APPOINTED BY VANDERBILT UNIVERSITY TO SERVE ON THE VUMC BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY VUMC AND PROVIDED TO ERNST &amp; YOUNG, VUMC'S INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER REVIEW BY ERNST &amp; YOUNG, VUMC PROVIDES A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW TO ALL GENERAL OFFICERS, WHICH INCLUDES THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND SECRETARY. ONCE THIS REVIEW PROCESS IS COMPLETE, THE AUDIT AND COMPLIANCE COMMITTEE IS PROVIDED ELECTRONIC ACCESS TO THE DRAFT FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW. THE FINAL FORM 990 AND ALL REQUIRED SCHEDULES ARE MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE FILING OF THE RETURN.</p>



Return Reference - Identifier	Explanation																				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>VUMC REQUIRES THAT FOR ANY STAFF MEMBER DISCLOSING A POTENTIAL CONFLICT OF INTEREST, THE CONFLICT BE REVIEWED BY THE INDIVIDUAL'S MANAGER, AS WELL AS BY THE DIRECTOR OF CONFLICT OF INTEREST. FOR VUMC-EMPLOYED VANDERBILT FACULTY, THE COI PROCESS IS MANAGED BY THE OFFICE OF FACULTY AFFAIRS. ANY REPORTED CONFLICT WILL BE MANAGED, MITIGATED, OR ELIMINATED. THE MANAGER IS REQUIRED TO RESPOND THAT ANY RECOMMENDED MANAGEMENT PLAN HAS BEEN IMPLEMENTED OR THAT THE REPORTED CONFLICT NO LONGER EXISTS. FOR THOSE CONFLICTS IN WHICH VUMC MAY HAVE AN INSTITUTIONAL INTEREST, THOSE IN WHICH HUMAN SUBJECT RESEARCH IS PERFORMED, OR THOSE DEEMED UNMANAGEABLE, ARE REVIEWED BY THE MEDICAL CENTER COI COMMITTEE (VUMC-EMPLOYED VANDERBILT FACULTY) AND THE STAFF COI COMMITTEE DETERMINES APPROPRIATE ACTIONS.</p> <p>THE MEDICAL CENTER COI COMMITTEE MEMBERS ARE APPOINTED BY THE CEO OF VUMC. THE STAFF COI COMMITTEE MEMBERS ARE SELECTED BY THE GENERAL COUNSEL/CORPORATE SECRETARY FOR VUMC. THE STAFF COI COMMITTEE IS CHAIRED BY THE GENERAL COUNSEL/CORPORATE SECRETARY. BOTH COMMITTEES REPORT BI-ANNUALLY TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, THE MATTERS BROUGHT BEFORE THE COMMITTEES AND THE RESULTING ACTIONS.</p> <p>MEMBERS OF THE VUMC BOARD OF DIRECTORS (BOD) AND VUMC GENERAL OFFICERS ALSO MUST COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURES AND MANAGEMENT PLANS ARE DEVELOPED TO MANAGE, MITIGATE, OR ELIMINATE ANY POTENTIAL CONFLICTS OF INTEREST. BOD MEMBERS ARE NOTIFIED OF THEIR PLANS AND THE PLANS ARE THOROUGHLY DISCUSSED WITH THEM TO ENSURE COMPLIANCE. THOSE WITH DISCLOSED POTENTIAL CONFLICT OF INTEREST ARE PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, ALONG WITH THEIR RESPECTIVE MANAGEMENT ACTION PLANS, WHERE APPLICABLE. MANAGEMENT PLANS MAY INCLUDE RESTRICTIONS ON MEMBERS SUCH AS RECUSING THEMSELVES DURING DELIBERATIONS AND DECISIONS IN WHICH A POTENTIAL CONFLICT MAY EXIST, WITH THE MINUTES OF THE MEETING REFLECTING THEIR RECUSAL.</p> <p>ADDITIONALLY, ALL MEMBERS OF THE VUMC COMMUNITY ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE THROUGHOUT THE YEAR. THE SAME PROCESSES NOTED ABOVE OCCUR FOR THESE DISCLOSURES.</p>																				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>FORM 990, PART VI, LINES 15A &amp; 15B -</p> <p>TO ENSURE THAT VUMC IS PAYING REASONABLE TOTAL COMPENSATION, IS NOT VIOLATING THE PRIVATE INUREMENT PROHIBITION, WHICH REQUIRES THAT NONE OF THE ORGANIZATION'S INCOME OR ASSETS UNREASONABLY BENEFIT ANY OF ITS DIRECTORS, OFFICERS, OR KEY EMPLOYEES, AND IS IN COMPLIANCE WITH THE INTERMEDIATE SANCTIONS PROVISIONS WITH RESPECT TO THE GENERAL OFFICERS, VUMC'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE MADE UP OF OUTSIDE, INDEPENDENT, BOARD MEMBERS TO REVIEW AND RECOMMEND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE TOTAL COMPENSATION ANNUALLY FOR THE GENERAL OFFICERS. THE COMMITTEE UTILIZES AN OUTSIDE CONSULTING FIRM TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS AND COMPLIANCE WITH ALL INTERNAL REVENUE SERVICE RULES CONCERNING EXECUTIVE COMPENSATION, INCLUDING THE INTERNAL REVENUE CODE PROVISION RELATED TO INTERMEDIATE SANCTIONS, DEFERRED COMPENSATION, AND PRIVATE INUREMENT. THE COMPENSATION COMMITTEE REVIEWS THE EXECUTIVE COMPENSATION PHILOSOPHY AND AFFIRMS THAT IT IS IN LINE WITH THE BOARD'S EXPECTATION. EACH YEAR THE TOTAL COMPENSATION REVIEW AND RECOMMENDATIONS ARE RECORDED IN THE MINUTES OF THE COMPENSATION COMMITTEE MEETINGS. THE FULL BOARD IS INFORMED ANNUALLY OF THE TOTAL COMPENSATION OF THE GENERAL OFFICERS DURING PRIVATE SESSION.</p>																				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>VUMC'S GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. VUMC'S FINANCIAL STATEMENTS ARE POSTED TO THE EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE FOLLOWING WEBSITE:</p> <p>HTTPS://WW2.MC.VANDERBILT.EDU/DCCI/23390.</p>																				
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table><tr><th>(a) Description</th><th>(b) Total Expenses</th><th>(c) Program Service Expenses</th><th>(d) Management and General Expenses</th><th>(e) Fundraising Expenses</th></tr><tr><td>SHARED SERVICES AGREEMENTS</td><td>232,488,041</td><td>11,907,899</td><td>220,517,731</td><td>62,411</td></tr><tr><td>CONSULTING AND OTHER PROFESSIONAL FEES</td><td>88,214,629</td><td>52,327,848</td><td>35,724,185</td><td>162,596</td></tr><tr><td>OTHER PURCHASED SERVICES</td><td>93,553,543</td><td>82,044,754</td><td>11,508,347</td><td>442</td></tr></table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	SHARED SERVICES AGREEMENTS	232,488,041	11,907,899	220,517,731	62,411	CONSULTING AND OTHER PROFESSIONAL FEES	88,214,629	52,327,848	35,724,185	162,596	OTHER PURCHASED SERVICES	93,553,543	82,044,754	11,508,347	442
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OTHER PURCHASED SERVICES	93,553,543	82,044,754	11,508,347	442																	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS</td><td>34,987,000</td></tr><tr><td>NET ASSETS RELEASED FROM RESTRICTIONS</td><td>- 7,042,000</td></tr><tr><td>ENDOWMENT APPRECIATION</td><td>759,000</td></tr><tr><td>CHANGE IN NON-CONTROLLING INTEREST NET ASSETS</td><td>- 167,000</td></tr><tr><td>OTHER CHANGES IN NET ASSETS</td><td>49,944</td></tr></table>	(a) Description	(b) Amount	TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS	34,987,000	NET ASSETS RELEASED FROM RESTRICTIONS	- 7,042,000	ENDOWMENT APPRECIATION	759,000	CHANGE IN NON-CONTROLLING INTEREST NET ASSETS	- 167,000	OTHER CHANGES IN NET ASSETS	49,944								
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**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

**Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

35-2528741

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VANDERBILT HEALTH SERVICES, LLC (62-1176354) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	HOLDING COMPANY	TN	927,939	(3,250,535)	VUMC
(2) FRIENDS IN GLOBAL HEALTH, LLC (26-0170070) 2525 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	PUBLIC HEALTH	TN	30,025,069	(306)	VHS
(3) VANDERBILT-WILSON RADIATION ONCOLOGY, LLC (26-1241612) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	HOLDING COMPANY	TN	1,927,380	1,605,033	VHS
(4) VANDERBILT HEALTH AFFILIATED NETWORK, LLC (46-1571024) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203	CLINICAL NETWORK	TN	23,447,922	13,938,992	VHS
(5) PROJECT HOLDING COMPANY, LLC (81-3915926) 4350 LASSITER AT NORTH HILLS AVE, SUITE 300, RALEIGH, NC 27609-5793	HOLDING COMPANY	TN	0	9,645,014	VUMC
(6) (SEE STATEMENT)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) VANDERBILT HOME CARE SERVICES, INC. (62-1404948) 2120 BELCOURT AVENUE, NASHVILLE, TN 37212	HOME HEALTH	TN	501(C)(3)	g	VHS	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	✓	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	✓	

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	O	95,296	FMV
(1) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	S	3,459,717	FMV
(2) VANDERBILT GATEWAY CANCER CENTER, G.P.	L	730,443	FMV
(3) VANDERBILT GATEWAY CANCER CENTER, G.P.	O	96,007	FMV
(4) VANDERBILT GATEWAY CANCER CENTER, G.P.	Q	263,714	FMV
(5) (SEE STATEMENT)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
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(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Schedule R (Form 990) 2017

**Part I****Identification of Disregarded Entities** (continued)

(a) Name, address and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
(6) VANDERBILT HEALTH PROFESSIONAL SOLUTIONS, LLC (30-0964540) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	HOLDING COMPANY	TN	6	4,857,691	VUMC
(7) VANDERBILT HEALTH RX SOLUTIONS, LLC (82-1456647) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY ADMINISTRATION	TN	223,445	1,110,146	VHPS
(8) VANDERBILT HEALTH PHARMACY GROUP, LLC (82-1462688) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY SERVICES	TN	35,017	134,883	VHRXS
(9) RETAIL HEALTH CLINICS, LLC (82-1942209) 2525 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	WALK-IN CLINICS	TN	5,554,261	(401,275)	VHS
(10) NASHVILLE BIOSCIENCES, LLC (82-4174759) 2525 WEST END AVE., SUITE 930, NASHVILLE, TN 37203	RESEARCH & DEVELOPMENT IN BIOTECHNOLOGY	TN	1,167,900	1,163,840	VUMC
(11) VANDERBILT HEALTH SUPPLY CHAIN SOLUTIONS, LLC (82-4143617) MCN 1161 21ST AVE, D-3300, NASHVILLE, TN 37203	CONSULTING	TN	553,413	928,800	VHPS
(12) VANDERBILT HEALTH PURCHASING COLLABORATIVE, LLC (82-4148840) MCN 1161 21ST AVE, D-3300, NASHVILLE, TN 37203	GROUP PURCHASING ORGANIZATION	TN	2,651,517	269,600	VHSCS
(13) ACO OF CENTRAL ALABAMA 1, LLC (82-1681443) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	TN	703,030	1,065,895	VWRO
(14) ACO OF LOUISIANA, LLC (82-1686154) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	TN	439,950	634,625	VWRO
(15) ACO OF NORTH DELAWARE, LLC (81-2692564) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	TN	209,400	418,702	VWRO
(16) MID SOUTH ACO, LLC (82-1685569) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	TN	570,000	574,529	VWRO

**Part III**
**Identification of Related Organizations Taxable as a Partnership** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC (62-1809227) 40 BURTON HILLS BLVD., STE. 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	VHS	RELATED	3,497,280	3,462,426		✓			✓	51.02
(2) NEW LIGHT IMAGING, LLC (14-1895171) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	MANAGEMENT SERVICES	TN	VHS	RELATED	1,073,012	149,755		✓			✓	66.67
(3) ONE HUNDRED OAKS IMAGING, LLC (26-3762022) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	DIAGNOSTIC IMAGING	TN	VHS/VIS	RELATED	3,349,305	2,249,673		✓			✓	80.00
(4) SPRINGFIELD VIP REALTY, LLC (26-1237360) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	REAL ESTATE	TN	VUMC	EXCLUDED	14,019	427,429		✓		✓		49.00
(5) VANDERBILT GATEWAY CANCER (20-3844791) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	ONCOLOGY SERVICES	DE	VHS	RELATED	614,186	2,270,267		✓		✓		50.00
(6) VANDERBILT IMAGING SERVICES, LLC (62-1787098) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	RADIOLOGY SERVICES	TN	VHS	RELATED	5,689,276	1,583,015		✓			✓	66.67
(7) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LP (63-1077470) 3660 GRANDVIEW PARKWAY, STE. 200, BIRMINGHAM, AL 35243	REHAB SERVICES	TN	VUMC/VHS	RELATED	(6,234)	4,120,571		✓		✓		50.00
(8) VANDERBILT-MAURY RADIATION ONCOLOGY, LLC (46-0757412) 1003 RESERVE BLVD., STE 120, SPRING HILL, TN 37174	ONCOLOGY SERVICES	TN	VHS	RELATED	104,125	1,323,091		✓		✓		40.00
(9) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES (62-1864145) 512 AUTUMN SPRINGS CT., STE C, FRANKLIN, TN 37067	WALK-IN CLINICS	TN	VHS	RELATED	443,589	4,210,017		✓		✓		51.00
(10) VIP MIDSOUTH, LLC (62-1654580) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VIP	RELATED	163,254	1,972,306		✓		✓		51.00
(11) WILLIAMSON IMAGING, LLC (62-1855535) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	DIAG. IMAGING	TN	VIS	RELATED	1,773,841	1,134,056		✓			✓	53.34



**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VANDERBILT INTEGRATED PROVIDERS (62-1650124) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VHS	C CORPORATION	2,078,282	2,101,536	100.00	✓	
(2) CHARITABLE REMAINDER TRUST (5)	CHARITABLE TRUST	TN	VUMC	TRUST	N/A	N/A	N/A	✓	
(3) PERPETUAL TRUSTS (1)	CHARITABLE TRUST	TN	VUMC	TRUST	N/A	N/A	N/A	✓	

**Part V****Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	L	366,036	FMV
(7) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	O	97,087	FMV
(8) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	Q	299,168	FMV
(9) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	K	410,620	FMV
(10) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	Q	2,510,045	FMV
(11) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	S	425,933	FMV
(12) VANDERBILT HOME CARE SERVICES, INC.	B	1,679,534	FMV
(13) VANDERBILT HOME CARE SERVICES, INC.	L	566,444	FMV
(14) VANDERBILT HOME CARE SERVICES, INC.	M	3,749,908	FMV
(15) VANDERBILT HOME CARE SERVICES, INC.	O	262,440	FMV
(16) VANDERBILT HOME CARE SERVICES, INC.	Q	246,322	FMV
(17) VANDERBILT HOME CARE SERVICES, INC.	S	3,497,738	FMV
(18) VIP MIDSOUTH, LLC	L	120,310	FMV
(19) VIP MIDSOUTH, LLC	O	68,257	FMV
(20) VIP MIDSOUTH, LLC	Q	234,909	FMV
(21) VANDERBILT INTEGRATED PROVIDERS	B	337,498	FMV
(22) VANDERBILT INTEGRATED PROVIDERS	L	57,118	FMV
(23) VANDERBILT INTEGRATED PROVIDERS	Q	57,197	FMV
(24) VANDERBILT INTEGRATED PROVIDERS	O	78,008	FMV
(25) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	O	9,209,393	FMV
(26) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	Q	2,885,278	FMV
(27) VANDERBILT IMAGING SERVICES, LLC	O	316,707	FMV
(28) VANDERBILT IMAGING SERVICES, LLC	Q	178,061	FMV
(29) VANDERBILT IMAGING SERVICES, LLC	S	5,223,259	FMV
(30) NEW LIGHT IMAGING, LLC	O	259,495	FMV
(31) NEW LIGHT IMAGING, LLC	S	968,911	FMV
(32) WILLIAMSON IMAGING, LLC (COOL SPRINGS IMAGING)	Q	104,518	FMV
(33) ONE HUNDRED OAKS IMAGING, LLC	Q	435,450	FMV
(34) ONE HUNDRED OAKS IMAGING, LLC	S	1,527,488	FMV
(35) PERPETUAL TRUSTS (1)	S	123,480	FMV