

Form

990**Return of Organization Exempt From Income Tax**

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

Department of the Treasury
Internal Revenue Service

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

2005**Open to Public Inspection****A For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006.****B** Check if applicable:

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

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

C Name of organization**Meharry Medical College**

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

1005 Dr. D. B. Todd Blvd

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

Nashville, TN 37208-3599**D** Employer identification number**62 : 0488046****E** Telephone number**(615) 327-6241****F** Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **www.mmc.edu****J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **134,239,169****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	12,181,417	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	85,852,144	
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		98,033,561
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		27,250,071
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		1,678,014
	6a Gross rents	6a		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶ Net gain (loss) on investments)	7		2,813,456	
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b Less: cost or other basis and sales expenses		8b	
	c Gain or (loss) (attach schedule)		8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		4,464,067	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		134,239,169	
Expenses	13 Program services (from line 44, column (B))	13		86,816,057
	14 Management and general (from line 44, column (C))	14		26,834,380
	15 Fundraising (from line 44, column (D))	15		2,231,853
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		115,882,290
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		18,356,879
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		80,327,504
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		98,684,381

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	2,376,751	1,001,169	1,241,817
26	Other salaries and wages	26	50,679,267	39,825,961	9,969,524
27	Pension plan contributions	27	1,784,583	1,373,254	377,103
28	Other employee benefits	28	8,679,624	6,679,057	1,834,103
29	Payroll taxes	29	3,289,295	2,531,145	695,065
30	Professional fundraising fees	30	279,339		279,339
31	Accounting fees	31	161,223		161,223
32	Legal fees	32	531,628		531,628
33	Supplies	33	5,135,524	3,916,457	1,191,352
34	Telephone	34	329,645	246,179	78,060
35	Postage and shipping	35	143,769	60,801	48,555
36	Occupancy	36	4,722,160	3,526,509	1,118,208
37	Equipment rental and maintenance	37	593,254	300,806	292,448
38	Printing and publications	38	258,623	193,140	61,242
39	Travel	39	1,520,452	1,138,497	331,743
40	Conferences, conventions, and meetings	40	315,701	219,617	95,535
41	Interest	41	2,457,654		2,457,654
42	Depreciation, depletion, etc. (attach schedule)	42	4,615,901	3,447,155	1,038,852
43	Other expenses not covered above (itemize):				
a	Insurance	43a	1,671,130	1,248,000	423,130
b	Other Professional Fees	43b	13,592,986	10,018,331	3,297,521
c	Membership Dues	43c	320,590	145,853	173,997
d	Student Aid	43d	5,067,599	5,067,599	
e	Other	43e	7,355,592	5,876,527	1,415,620
f	43f			
g	43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	115,882,290	86,816,057	26,834,380
					2,231,853

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

What is the organization's primary exempt purpose? ►		Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small>
a Education of students in the fields of medicine, dentistry, public health, medical science and allied health professional. Degrees conferred include: MD, DDS, MSPH, MSCI, and PhD.	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	39,943,807
b Medical research in such fields as Cancer, Cardiovascular, Neuroscience, Seatbelt Safety, along with research training.	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	18,202,809
c General health care delivery, primary and specialty care, dental and mental health care.	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	21,687,259
d Public Service: Funds expended for activities that are established primarily to provide non-instructional services beneficial to individuals and groups external to the institution. Cost of providing health services to the community.	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,982,181
e Other program services (attach schedule)	(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).		86,816,057

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	7,084,483	45	6,792,680
	46 Savings and temporary cash investments	0	46	0
	47a Accounts receivable	35,380,939		
	b Less: allowance for doubtful accounts	11,277,458	47c	24,103,481
	48a Pledges receivable	3,482,584		
	b Less: allowance for doubtful accounts	0	48c	3,482,584
	49 Grants receivable	0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use	212,877	52	68,017
	53 Prepaid expenses and deferred charges	1,263,280	53	1,185,533
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	55,731,782	54	66,148,944
	55a Investments—land, buildings, and equipment: basis	36,677,768		
	b Less: accumulated depreciation (attach schedule)	0	55c	36,677,768
56 Investments—other (attach schedule)	0	56	0	
57a Land, buildings, and equipment: basis	121,984,693			
b Less: accumulated depreciation (attach schedule)	61,237,526	57c	60,747,167	
58 Other assets (describe ►)	0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58.	185,465,607	59	199,206,174	
Liabilities	60 Accounts payable and accrued expenses	19,789,363	60	18,869,526
	61 Grants payable	1,733,585	61	2,144,810
	62 Deferred revenue	2,654,556	62	2,491,791
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	69,101,590	64a	64,997,514
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ► See Schedule)	11,859,009	65	12,018,152
66 Total liabilities. Add lines 60 through 65	105,138,103	66	100,521,793	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	(5,389,028)	67	5,697,415
	68 Temporarily restricted	19,407,598	68	19,163,199
	69 Permanently restricted	66,308,934	69	73,823,767
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	80,327,504	73	98,684,381
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	185,465,607	74	199,206,174

Yes	No
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1	2	3
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75b	✓
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75c		✓

75d	✓	
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Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]**Part VI** Other Information (See the instructions.)




	Yes	No
76		✓

77		✓

78a	✓
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78b		
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79		✓
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80a		✓

<p>  </p>	<p>  </p>	<p>  </p>
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<p> 1. 1990年12月1日以前，在北京市区范围内，凡从事过本行业的人员，均须参加本行业职业技能鉴定。 </p>	<p> 2. 凡从事本行业的人员，在参加职业技能鉴定前，必须经过本行业职业技能鉴定站（点）的培训。 </p>	<p> 3. 凡从事本行业的人员，在参加职业技能鉴定前，必须经过本行业职业技能鉴定站（点）的培训。 </p>
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THE UNIVERSITY OF CHICAGO PRESS

81b		
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Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b		✓	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		✓
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		✓
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	✓
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ▶ <u>See Schedule</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	986
91a	The books are in care of ▶ <u>Dora S. Moore</u> Telephone no. ▶ <u>(615) 327-6241</u> Located at ▶ <u>1005 Dr. D. B. Todd Blvd, Nashville, TN</u> ZIP + 4 ▶ <u>37208-3599</u>		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	91b	✓
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	✓
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>92</u>		

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
93 Program service revenue:						
a Tuition and Fees			03			16,232,587
b Sales and Service of Education Depts			03	896,967		
c Patient Revenue			03	10,120,517		
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agencies						
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments						
96 Dividends and interest from securities			03	1,678,014		
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property			03	2,813,456		
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue: a College			03	4,464,067		
b						
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))				19,973,021		16,232,587
105 Total (add line 104, columns (B), (D), and (E))						36,205,608

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

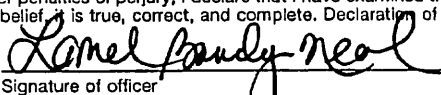
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	All activity reported in column (E) of part VII contributes importantly to Meharry's tax exempt missions of health education, research and health care.

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>2/14/07</u>	
	LaMel Bandy-Neal, Vice President of Finance			
	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no. ()	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization

Meharry Medical College

Employer identification number

62 : 0488046

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Anthony C. Disher, Meharry Medical College Nashville, TN 37208-3599	Chairman-Medical Radiology	\$325,000	\$14,438	0
Michael A. Marks, Meharry Medical College Nashville, TN 37208-3599	Assoc. Professor-Medical Radiology	304,224	3,633	0
Janice Whitty, Meharry Medical College Nashville, TN 37208-3599	Assoc Professor-Medical OB/GYN	300,000	12,287	0
Samuel Okpaku, Meharry Medical College Nashville, TN 37208-3599	Chairman-Medical Psychiatry	299,000	3,630	0
Billy Ballard, Meharry Medical College Nashville, TN 37208-3599	Chairman-Professor Pathology	278,996	11,938	0
Total number of other employees paid over \$50,000	247			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Vanderbilt University Medical Center 1162 22nd Ave South, Nashville, TN 37212	Medical Services	\$1,858,109
Staff Care 5001 Stateman Drive, Irving, TX 75063	Healthcare Staffing Services	1,191,520
Medical Doctor Associates 145 Technology Parkway, NorthWest, Norcross, GA 30092	Medical Services	849,420
XEROX PO Box 827598, Philadelphia, PA 19101-7598	Professional Svcs	540,089
Aramark Facility Services 22506 Network Place, Chicago, IL 60673-1225	Custodial Management Svcs	313,014
Total number of others receiving over \$50,000 for professional services	31	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?		✓
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		✓
b Do you have a section 403(b) annuity plan for your employees?	✓	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
N/A	

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ►					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ►					26d
e Public support (line 26c minus line 26d total) ►					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ►					27c
d Add: Line 27a total, _____ and line 27b total, _____ ►					27d
e Public support (line 27c total minus line 27d total) ►					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ►					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 ✓	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30 ✓	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <u>Non-discriminating statement accompanies all solicitations, etc.</u>	31 ✓	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a ✓	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b ✓	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c ✓	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d ✓	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	✓
b Admissions policies?	33b	✓
c Employment of faculty or administrative staff?	33c	✓
d Scholarships or other financial assistance?	33d	✓
e Educational policies?	33e	✓
f Use of facilities?	33f	✓
g Athletic programs?	33g	✓
h Other extracurricular activities?	33h	✓
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a ✓	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	✓
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35 ✓	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 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	41	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

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

4-Year Averaging Period Under Section 501(h)

 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements.			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body.			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

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

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	✓
	(ii) Other assets	a(ii)	✓
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	✓
	(iii) Rental of facilities, equipment, or other assets	b(iii)	✓
	(iv) Reimbursement arrangements	b(iv)	✓
	(v) Loans or loan guarantees	b(v)	✓
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:		

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Meharry Medical College
 EIN: 62-0488046
 Form 990
 Form 990 Tax Year Ended 2005
 Fiscal Year Ended 06/30/2006

*Attachment

Part IV Line 54 Investments - Securities (at fair value):

Marketable Securities:	<u>Beginning</u>	<u>Ending</u>
Cash equivalents	\$ 1,924,645	\$ 573,234
Mutual funds	6,403,248	7,130,197
Common stocks	30,184,652	46,767,833
Real Estate	2,907,637	2,184,567
Bonds	14,251,600	9,433,113
Other	60,000.00	60,000.00
Total Investments - Securities	\$ 55,731,782	\$ 66,148,944

Part IV Line 55 Investments - Land, Buildings, & Equipment (basis):

	<u>Beginning</u>	<u>Ending</u>
Investments in real estate	** \$ 38,594,476	\$ 36,677,768

Part IV Line 57a Land, building and equipment:

	<u>Beginning</u>	<u>Ending</u>
Land and Improvements	\$ 5,453,212	\$ 5,453,212
Building and Improvements	83,296,235	91,565,591
Equipment (Fixed, Major, Minor)	19,493,937	19,516,360
Artwork	433,194	433,194
Library and visual aids	5,016,336	5,016,336
	-	-
Total	113,692,914	121,984,693

<u>Line 57b</u> <u>Less: Accumulated Depreciation</u>	** (59,252,633)	(61,237,526)
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<u>Line 57c</u> <u>Net land, buildings and equipment</u>	\$ 54,440,281	\$ 60,747,167
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*Attachment

Part IV **Line 64a** **Tax-exempt bond liabilities**

	<u>Beginning</u>	<u>Ending</u>
Revenue Bonds, Series 2001	\$ 10,615,000	\$ 9,985,000
Revenue Bonds, Series 1998	10,260,000	8,080,000
Revenue Bonds, Series 1996	46,676,590	45,402,514
Housing Revenue Bonds, Series 1992	1,550,000	1,530,000
Total	\$ 69,101,590	\$ 64,997,514

Part IV

Line 65 **Other Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Funds held in trust for others	\$ 141,250	\$ 157,714
Federal student loans refundable	11,717,759	11,860,438
Total	\$ 11,859,009	\$ 12,018,152

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Form 990

Form 990 Tax Year Ended 2005

Fiscal Year Ended 06/30/2006

* Attachment

Part II

Line 42 Depreciation, depletion, etc.

Type	Description	Plant Fund Useful Life	Plant Fund Cost	Plant Fund Accum Dep	Plant Fund Net Bk Val	Plant Fund Depreciation
71	Land	n/a	\$ 3,217,697.49	\$ -	\$ 3,217,697.49	\$ -
72	Land Improvements	40	2,235,514.20	1,884,448.68	351,065.52	55,670.28
73	Buildings	40	30,857,001.03	20,749,649.12	10,107,351.91	761,836.64
74	Buildings Improvement	30	60,708,590.63	22,296,548.76	38,412,041.87	1,596,912.20
Total Buildings			91,565,591.66	43,046,197.88	48,519,393.78	2,358,748.84
75	Equipment - Fixed	10	350,374.52	-	350,374.52	-
76	Equipment - Major M.	10	10,882,531.30	6,736,271.11	4,146,260.19	677,137.45
77	Equipment - Minor	5	8,283,453.85	6,819,014.33	1,464,439.52	1,205,493.58
Total Equipment			19,516,359.67	13,555,285.44	5,961,074.23	1,882,631.03
78	Library Books & Visual	12	5,016,336.05	2,751,594.00	2,264,742.05	318,851.23
80	Artwork	n/a	433,193.64	-	433,193.64	-
			\$ 121,984,692.71	\$ 61,237,526.00	\$ 60,747,166.71	\$ 4,615,901.38

Part V List of Officers, Directors, Trustees, & Key Employees. (List each officer, director, trustee, & key employee whether compensated or not)

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employees benefit plans	(E) Expense account & other allowances
John E. Maupin, Jr., D.D.S. Nashville, TN	President 40 hrs./week	418,650.67	18,613.38	51,519.00
A. Cherrie Epps, Ph.D. Nashville, TN	Sr. Advisor to the President, Academic Affairs & Dean Emeritus, School of Medicine 40 hrs./Week	198,425.95	14,462.71	36,323.88
LaMel Bandy-Neal Nashville, TN	Vice President of Finance 40 hrs./week	209,230.73	7,361.70	
Leilani Boulware Nashville, TN	General Counsel, VP for Administration 40 hrs./week	200,647.50	10,720.70	
Jim S. Powlus Nashville, TN	VP, Information Technology 40 hrs./week	127,018.88	5,652.74	
Robert S. Poole Nashville, TN	VP, Advancement & College Relations 40 hrs./week	133,765.00	10,321.61	
Dr. Valerie Montgomery-Rice, MD Nashville, TN	Dean, School of Medicine 40 hrs./week Position as Dean began March 2006	407,157.45	11,938.32	
William Butler, DDS Nashville, TN	Dean, School of Dentistry 40 hrs./week	273,008.91	14,883.36	

Part V List of Officers, Directors, Trustees, & Key Employees. (List each officer, director, trustee, & key employee whether compensated or not)

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (if any)	(D) Contributions to employees benefit plans	(E) Expense account & other allowances
Maria F. Lima, Ph.D. Nashville, TN	Dean, School of Graduate Studies 40 hrs./week	171,826.82	10,901.64	
Dr. George Breaux Nashville, TN	Board of Trustees, Special Trustee-Faculty Senate, Chair/Assoc Prof Professional Educ 40 hrs./week	149,176.15	2,945.04	
Dr. Luther B. Adair, II Nashville, TN	Board of Trustees/Young Alumni Meharry Medical College	-	-	
Dr. Frank S. Royal, Sr. Nashville, TN	Board of Trustees, Chairman Emeritus Meharry Medical College	-		

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MR. LORENZO WILLIAMS Gary, Williams, Parenti, Finney, Lewis, McManus, Watson & Sperando 320 South Indian River Drive Fort Pierce, Florida 34948	DR. ROBERT L. WILLIAMS, JR. Ob/Gyn 1136 Cleveland Avenue, Suite 611 East Point, Georgia 30344
DR. HOWARD C. WILLIS 1005 Talbotton Road Suite B Columbus, Georgia 31904	DR. CLAUD R. YOUNG Virginia Park Medical Center 8500 14 th Street Detroit, Michigan 48206

****Please note that the names and addresses may change after May, 2006. Please contact us for current information after May 31, 2006. Thank you.**

EIN: 62-0488046
Form 990
Form 990 Tax Year Ended 2005
Fiscal Year Ended 06/30/2006

Part VI **Line 90a** **List of states with which a copy of return is filed.**

	<u>States</u>
1	Alabama
2	Alaska
3	Arizona
4	Arkansas
5	California
6	Connecticut
7	Florida
8	Georgia
9	Illinois
10	Indiana
11	Iowa
12	Kansas
13	Kentucky
14	Louisiana
15	Maine
16	Maryland
17	Massachusetts
18	Michigan
19	Minnesota
20	Mississippi
21	New Hampshire
22	New Jersey
23	New Mexico
24	New York
25	North Carolina
26	North Dakota
27	Ohio
28	Oklahoma
29	Oregon
30	Pennsylvania
31	Rhode Island
32	South Carolina
33	Tennessee
34	Texas
35	Utah
36	Virginia
37	Washington
38	West Virginia
39	Wisconsin

MEHARRY MEDICAL COLLEGE

N: 62-0488046

Form 990

Year Ended: 2005

Calendar Year Ended: 06/30/2006

Schedule A Part V Line 31

The statement below appears in the Meharry Medical College General Catalog)

Notices

Meharry Medical College is an EOE/AA employer and does not discriminate on the basis of gender, age, race, religion, color, national origin, handicap, veteran, or immigrant status in its admissions, employment and education programs or activities. Inquiries concerning the College's non-discrimination policies may be referred to the Office of the General Counsel, S.S. Krege Learning Resources Center, (615)327-6102, or to the Affirmative Action Officer, Office of the President, (615) 327-6904.

The information in this catalog is current and accurate as of August 1998. The College reserves the right to change prerequisites for admission, programs of study, courses, requirements for graduation, tuition and fees, policies, academic programs, lecturers, faculty, teaching staffs and any other matter described in the catalog without prior notice.