

Public Inspection Copy

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

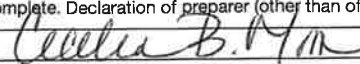

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization VANDERBILT UNIVERSITY MEDICAL CENTER
	D Employer identification number 35-2528741
	E Telephone number (615) 322-2381
	G Gross receipts \$ 629,880,223
	F Name and address of principal officer: JEFFREY R. BALSER, MD, PHD SAME AS C ABOVE
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I 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	
J Website: ▶ WWW.MC.VANDERBILT.EDU	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 2015	
M State of legal domicile: TN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O FORM 990, PART III,</u> LINE 1
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10
Revenue	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 589
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,365,777
	b Net unrelated business taxable income from Form 990-T, line 34 7b (1,588,024)
Expenses	8 Contributions and grants (Part VIII, line 1h) 8 47,625,339
	9 Program service revenue (Part VIII, line 2g) 9 579,202,171
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2,086,682
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 934,801
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0 629,848,993
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 10,479,753
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 312,797,502
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 0 0
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,470,400
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 268,615,443
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 591,892,698
	19 Revenue less expenses. Subtract line 18 from line 12 19 0 37,956,295
	20 Total assets (Part X, line 16) 20 0 2,518,986,311
	21 Total liabilities (Part X, line 26) 21 0 1,975,809,474
	22 Net assets or fund balances. Subtract line 21 from line 20 22 0 543,176,837

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.

Sign Here		5/8/17
	Signature of officer	Date
Paid Preparer Use Only	CECELIA B. MOORE, CFO & TREASURER	
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	GWEN SPENCER	
	Firm's name ▶ PRICEWATERHOUSECOOPERS, LLP	Firm's EIN ▶ 13-4008324
	Firm's address ▶ 101 SEAPORT BOULEVARD, BOSTON, MA 02210	Phone no. (617) 530-5000
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

Public Inspection Copy

Form 990 (2015)

Page **2**

Part III Statement of Program Service Accomplishments

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



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 \$ 398,564,547 including grants of \$ 2,809,115) (Revenue \$ 534,933,905)
PATIENT SERVICES - SEE SCHEDULE O FORM 990, PART III, LINE 4A

4b (Code:) (Expenses \$ 96,301,027 including grants of \$ 7,647,087) (Revenue \$ 16,512,773)
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 \$ 22,893,158 including grants of \$ 23,551) (Revenue \$ 28,522,431)

4e Total program service expenses 517,758,732

Form **990** (2015)

Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18 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	18	✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓

Public Inspection Copy

Form 990 (2015)

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	✓	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	✓	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	✓	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	✓	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		✓
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	✓	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	✓	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Form 990 (2015)

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

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
1a Enter the number of voting members of the governing body at the end of the tax year 1a 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		✓
6 Did the organization have members or stockholders? 6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	✓	
b Each committee with authority to act on behalf of the governing body? 8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		✓

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		✓
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? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	✓	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	✓	
13 Did the organization have a written whistleblower policy? 13	✓	
14 Did the organization have a written document retention and destruction policy? 14	✓	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	✓	
b Other officers or key employees of the organization 15b	✓	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a	✓	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b	✓	

Section C. Disclosure

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	✓		✓				0	0	0
(2) BRUCE R. EVANS DIRECTOR	1.0	✓						0	0	0
(3) MICHAEL M. E. JOHNS DIRECTOR	1.0	✓						0	0	0
(4) EDITH SCOTT CARELL JOHNSON DIRECTOR	1.0	✓						0	0	0
(5) RICHARD B. JOHNSTON JR. DIRECTOR	1.0	✓						0	0	0
(6) SAMUEL E. LYNCH DIRECTOR	1.0	✓						0	0	0
(7) JACKSON W. MOORE DIRECTOR	1.0	✓						0	0	0
(8) DAVID W. PATTERSON DIRECTOR	1.0	✓						0	0	0
(9) THOMAS J. SHERRARD II DIRECTOR	1.0	✓						0	0	0
(10) JOHN F. STEIN DIRECTOR	1.0	✓						0	0	0
(11) NICHOLAS S. ZEPPUS DIRECTOR	1.0	✓						0	0	0
(12) C. WRIGHT PINSON MBA, MD DEPUTY CEO AND CHIEF CLINICAL OFFICER	40.0			✓				0	0	0
(13) JOHN F. MANNING JR., MBA, PHD COO AND CORPORATE CHIEF OF STAFF	40.0			✓				0	0	0
(14) CECILIA B. MOORE MHA, CPA, CHFP CFO AND TREASURER	40.0			✓				0	0	0

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			✓				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
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? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

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
NONE		
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	0	

Part VIII Statement of RevenueCheck 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	72,198				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	34,450,419				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,102,722				
	g	Noncash contributions included in lines 1a-1f: \$		140,444				
	h	Total. Add lines 1a-1f		47,625,339				
Program Service Revenue	Business Code							
	2a	NET PATIENT SERVICE REVENUE	622110	534,933,905	534,373,305	560,600		
	b	ACADEMIC AND RESEARCH REVENUE	611310	16,512,773	16,512,773			
	c	OTHER PROGRAM REVENUE	611310	27,755,493	23,950,316	3,805,177		
	d							
	e							
	f	All other program service revenue		0	0	0	0	
g	Total. Add lines 2a-2f		579,202,171					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,996,682			1,996,682	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		174			174	
	6a	Gross rents	(i) Real	165,294				
		b	Less: rental expenses	(ii) Personal	29,370			
		c	Rental income or (loss)		135,924	0		
	d	Net rental income or (loss)		135,924			135,924	
	7a	Gross amount from sales of assets other than inventory	(i) Securities		90,000			
		b	Less: cost or other basis and sales expenses	(ii) Other		0		
		c	Gain or (loss)		0	90,000		
	d	Net gain or (loss)		90,000			90,000	
	8a	Gross income from fundraising events (not including \$ 72,198 of contributions reported on line 1c). See Part IV, line 18		33,625				
		b	Less: direct expenses		1,860			
		c	Net income or (loss) from fundraising events		31,765			31,765
	9a	Gross income from gaming activities. See Part IV, line 19						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances							
	b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11a	REVENUE FROM UNCONSOLIDATED ORGS	900099	766,938	766,938				
b								
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d		766,938					
12	Total revenue. See instructions.		629,848,993	575,603,332	4,365,777	2,254,545		

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,745,472	5,745,472		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,472,692	1,472,692		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,261,589	3,261,589		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,301,842	9,000	2,211,842	81,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	549	549		
7 Other salaries and wages	257,171,805	227,471,721	28,757,107	942,977
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,221,761	10,457,473	1,704,013	60,275
9 Other employee benefits	25,291,108	21,640,141	3,526,237	124,730
10 Payroll taxes	15,810,437	13,528,101	2,204,363	77,973
11 Fees for services (non-employees):				
a Management	623,177	264,007	359,170	
b Legal	1,644,671	359,576	1,285,095	
c Accounting	33,657	15,167	18,490	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	62,600,951	23,595,609	38,899,785	105,557
12 Advertising and promotion	823,593	823,512		81
13 Office expenses	20,188,855	17,289,902	2,874,992	23,961
14 Information technology	6,095,674	3,125,656	2,969,207	811
15 Royalties				
16 Occupancy	40,464,361	29,831,668	10,615,747	16,946
17 Travel	2,932,790	2,479,435	439,439	13,916
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,800,280	1,582,264	207,109	10,907
20 Interest	9,534,147	8,468,145	1,066,002	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,089,030	12,513,751	1,575,279	
23 Insurance	1,527,852	1,526,996		856
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR BAD DEBTS	108,828	108,828		
b OTHER ACADEMIC AND RESEARCH	1,104,671	443,680	653,757	7,234
c TAXES	220,693	207,676	13,017	
d DRUGS AND MEDICAL SUPPLIES	100,287,575	100,144,802	142,773	
e All other expenses	4,534,638	4,421,513	109,949	3,176
25 Total functional expenses. Add lines 1 through 24e	591,892,698	490,788,925	99,633,373	1,470,400
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing		1 44,428,034
	2 Savings and temporary cash investments		2 575,033,726
	3 Pledges and grants receivable, net		3 74,676,143
	4 Accounts receivable, net		4 424,761,364
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5 0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6 0
	7 Notes and loans receivable, net		7 3,785,198
	8 Inventories for sale or use		8 61,925,281
	9 Prepaid expenses and deferred charges		9 8,553,454
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,144,395,304	
	b Less: accumulated depreciation	10b 14,278,962	10c 1,130,116,342
	11 Investments—publicly traded securities		11 173,988,522
	12 Investments—other securities. See Part IV, line 11	0	12 19,028,218
	13 Investments—program-related. See Part IV, line 11	0	13 0
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	0	15 2,690,029
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	16 2,518,986,311	
Liabilities	17 Accounts payable and accrued expenses		17 549,097,680
	18 Grants payable		18
	19 Deferred revenue		19 44,613,465
	20 Tax-exempt bond liabilities		20 529,860,935
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 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		22
	23 Secured mortgages and notes payable to unrelated third parties		23 647,059,236
	24 Unsecured notes and loans payable to unrelated third parties		24 14,975,798
	25 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	0	25 190,202,360
	26 Total liabilities. Add lines 17 through 25	0	26 1,975,809,474
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets		27 509,422,667
	28 Temporarily restricted net assets		28 26,985,163
	29 Permanently restricted net assets		29 6,769,007
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	0	33 543,176,837
	34 Total liabilities and net assets/fund balances	0	34 2,518,986,311

Form 990 (2015)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	629,848,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	591,892,698
3	Revenue less expenses. Subtract line 2 from line 1	3	37,956,295
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	(9,567,593)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	514,788,135
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	543,176,837

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 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.		
2a 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 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	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
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** (2015)

Public Inspection Copy

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.

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

OMB No. 1545-0047

2015

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 11, 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 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 exempt 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).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1–9 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)						
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					47,625,339	47,625,339
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	47,625,339	47,625,339
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,988,239
6 Public support. Subtract line 5 from line 4.						44,637,100

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	0	0	0	0	47,625,339	47,625,339
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2,162,150	2,162,150
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	800,563	800,563
11 Total support. Add lines 7 through 10						50,588,052
12 Gross receipts from related activities, etc. (see instructions)					12	579,202,171
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2015. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2014. 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 stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
c 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? If "Yes," provide detail in Part VI .		
10a 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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI 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.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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 Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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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 7 -	THE AMOUNT REPORTED ON LINE 10 IS COMPRISED OF GROSS FUNDRAISING REVENUE AND REVENUE FROM UNCONSOLIDATED ORGANIZATIONS.

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Return Reference - Identifier	Explanation					
	Description	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	REVENUE FROM UNCONSOLID ATED ORGS					800,563
	Total	0	0	0	0	800,563

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page **4**

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527****▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.****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	Employer identification number
VANDERBILT UNIVERSITY MEDICAL CENTER	35-2528741

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.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

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) 2015

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Schedule C (Form 990 or 990-EZ) 2015

Page **2**

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	57,062													
c	Total lobbying expenditures (add lines 1a and 1b)	57,062													
d	Other exempt purpose expenditures	585,881,837													
e	Total exempt purpose expenditures (add lines 1c and 1d)	585,938,899													
f	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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount				1,000,000	1,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					1,500,000
c Total lobbying expenditures				57,062	57,062
d Grassroots nontaxable amount				250,000	250,000
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000
f Grassroots lobbying expenditures					0

Schedule C (Form 990 or 990-EZ) 2015

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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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

**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.

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

OMB No. 1545-0047

2015**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).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ 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.

	Held at the End of the Tax Year
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 8/17/06, 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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 ► \$ 0

(ii) Assets included in Form 990, Part X ► \$ 740,080

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 ► \$ 0

b Assets included in Form 990, Part X ► \$ 0

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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 0 | 0 | 0 | 0 | |
| b Contributions | 78,782,338 | | | | |
| c Net investment earnings, gains, and losses | 1,142,039 | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 79,924,377 | 0 | 0 | 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 ▶ 97.08 %
- b** Permanent endowment ▶ 2.24 %
- c** Temporarily restricted endowment ▶ 0.68 %
- 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:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | ✓ |
| (ii) related organizations | | ✓ |
| 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
1a Land		18,117,000		18,117,000
b Buildings		813,879,003	11,311,223	802,567,780
c Leasehold improvements		49,143,941	682,991	48,460,950
d Equipment		164,395,118	2,284,748	162,110,370
e Other		98,860,242		98,860,242
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,130,116,342

Schedule D (Form 990) 2015

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)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 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)		

Total. (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)	

Total. (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) FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	89,535,693	
(3) TENANT IMPROVEMENT ALLOWANCES	1,500,000	
(4) NOTE PAYABLE TO RELATED ORGANIZATION	99,166,667	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	190,202,360	

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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	0

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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	0

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

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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.

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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.

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

OMB No. 1545-0047

2015

**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 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	2,805
(2) EAST ASIA AND THE PACIFIC	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	32,362
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	46,950
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	28,915
(5) SOUTH AMERICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	2,121
(6) SUB-SAHARAN AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	14,245
(7) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING	N/A	4,168
(8) CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING	N/A	20,558
(9) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING	N/A	17,565
(10) SOUTH AMERICA	0	5	GRANTMAKING	N/A	790,748
(11) SUB-SAHARAN AFRICA	0	6	GRANTMAKING	N/A	2,432,718
(12) CENTRAL AMERICA AND THE CARIBBEAN	0	30	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	4,803
(13) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	9,881
(14) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	1	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	38,185
(15) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	5,464
(16) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	13,705
(17) (SEE STATEMENT)					
3a Sub-total	1	44			3,465,193
b Total from continuation sheets to Part I	3	738			2,518,524
c Totals (add lines 3a and 3b)	4	782			5,983,717

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

Cat. No. 50082W

Schedule F (Form 990) 2015

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	20,558	CHECK		N/A	N/A
(2)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	17,565	CHECK		N/A	N/A
(3)			SOUTH AMERICA	RESEARCH	143,870	CHECK		N/A	N/A
(4)			SOUTH AMERICA	RESEARCH	446,473	CHECK		N/A	N/A
(5)			SOUTH AMERICA	RESEARCH	145,832	CHECK		N/A	N/A
(6)			SOUTH AMERICA	RESEARCH	27,376	CHECK		N/A	N/A
(7)			SOUTH AMERICA	RESEARCH	27,197	CHECK		N/A	N/A
(8)			SUB-SAHARAN AFRICA	RESEARCH	29,009	CHECK		N/A	N/A
(9)			SUB-SAHARAN AFRICA	RESEARCH	10,112	CHECK		N/A	N/A
(10)			SUB-SAHARAN AFRICA	RESEARCH	19,560	CHECK		N/A	N/A
(11)			SUB-SAHARAN AFRICA	RESEARCH AND PATIENT CARE	2,354,698	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	GENERAL	13,255	WIRE		N/A	N/A
(13)			SUB-SAHARAN AFRICA	GENERAL	6,084	WIRE		N/A	N/A
(14)									
(15)									
(16)									

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 10

3 Enter total number of other organizations or entities 3

Schedule F (Form 990) 2015

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 non-cash assistance	(g) Description of non-cash 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; do not 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; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2015

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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
(18) SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	89,566
(19) SUB-SAHARAN AFRICA	3	738	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	2,428,958

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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>HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX</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 & MEXICO ONLY): ACCRUAL SOUTH AMERICA: 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 EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL SOUTH AMERICA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>

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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, lines 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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

Employer identification number

VANDERBILT UNIVERSITY MEDICAL CENTER

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.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <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 ten 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						
Total ▶						

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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Schedule G (Form 990 or 990-EZ) 2015

Page **2**

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 LILLY'S GARDEN (event type)	(b) Event #2 HOPE GROWS HERE (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	41,052	38,075	26,696	105,823
	2 Less: Contributions	31,990	27,295	12,913	72,198
	3 Gross income (line 1 minus line 2)	9,062	10,780	13,783	33,625
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages		1,792	68	1,860
	8 Entertainment				0
	9 Other direct expenses				0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,860
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				31,765

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 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: _____
- _____

Schedule G (Form 990 or 990-EZ) 2015

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- 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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 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)****Hospitals**

OMB No. 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**▶ **Attach to Form 990.**▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . .	✓	
1b If "Yes," was it a written policy? . . .	✓	
2 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		
3 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.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free 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 Did the organization use FPG as a factor in determining eligibility for providing discounted 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 _____%		
c 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.		
4 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"? . . .	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . .		✓
5c 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? . . .		
6a Did the organization prepare a community benefit report during the tax year? . . .	✓	
6b 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

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			12,676,497	0	12,676,497	2.14
b Medicaid (from Worksheet 3, column a)			87,003,454	68,882,564	18,120,890	3.06
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	99,679,951	68,882,564	30,797,387	5.20
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,743,481	200,384	1,543,097	0.26
f Health professions education (from Worksheet 5)			23,628,852	5,389,884	18,238,968	3.08
g Subsidized health services (from Worksheet 6)			0	0	0	0.00
h Research (from Worksheet 7)			93,630,593	64,861,468	28,769,125	4.86
i Cash and in-kind contributions for community benefit (from Worksheet 8)			0	0	0	0.00
j Total. Other Benefits	0	0	119,002,926	70,451,736	48,551,190	8.20
k Total. Add lines 7d and 7j	0	0	218,682,877	139,334,300	79,348,577	13.41

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

Cat. No. 50192T

Schedule H (Form 990) 2015

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 Total	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	6,132,630	
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	71,332	
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	73,420,080	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	85,616,448	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(12,196,368)	
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				

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Part IV

Management Companies and Joint Ventures

(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 %	(3) 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	45.18	0.00	54.82
Springfield VIP Realty, LLC	Own Real Estate Used as Medical Facility	49.00	0.00	51.00

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Schedule H (Form 990) 2015

Page **3**

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS 1211 22ND AVENUE SOUTH, NASHVILLE, TN 37212 WWW.VANDERBILTHEALTH.COM STATE LICENSE NO. : 0000000027	✓	✓	✓	✓		✓	✓			
2 VANDERBILT STALLWORTH REHABILITATION HOSPITAL 2201 CHILDREN'S WAY, NASHVILLE, TN 37212 WWW.VANDERBILTSTALLWORTHREHAB.COM STATE LICENSE NO. : 0000000141	✓									
3										
4										
5										
6										
7										
8										
9										
10										

Schedule H (Form 990) 2015

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Schedule H (Form 990) 2015

Page **4****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**

- 1** 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?
- 2** 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
- 3** 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):
- a** ☐ A definition of the community served by the hospital facility
- b** ☐ Demographics of the community
- c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☐ How data was obtained
- e** ☐ The significant health needs of the community
- f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** ☐ The process for consulting with persons representing the community's interests
- i** ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs
- j** ☐ Other (describe in Section C)
- 4** Indicate the tax year the hospital facility last conducted a CHNA: 20__
- 5** 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
- 6a** 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** 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
- 7** 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):
- a** ☐ Hospital facility's website (list url): _____
- b** ☐ Other website (list url): _____
- c** ☐ Made a paper copy available for public inspection without charge at the hospital facility
- d** ☐ Other (describe in Section C)
- 8** 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
- 9** Indicate the tax year the hospital facility last adopted an implementation strategy: 20__
- 10** Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a** If "Yes," (list url): _____
- b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11** 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.
- 12a** 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** If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c** 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? \$

Yes No

1 ✓

2 ✓

3 ✓

5

6a

6b

7

8

10

10b

12a ✓

12b

Schedule H (Form 990) 2015

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Schedule H (Form 990) 2015

Page **5**

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:		
13 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:	13 ✓	
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
15 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):	15 ✓	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c <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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 ✓	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <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)		
f <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)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 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 non-payment?	17 ✓	
18 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:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Schedule H (Form 990) 2015

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Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS

	Yes	No
19 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?	19	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21	✓
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 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.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 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?	23	✓
If "Yes," explain in Section C.		
24 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?	24	✓
If "Yes," explain in Section C.		

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Part V, Section C

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 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	ON APRIL 29, 2016, THE ASSETS AND OPERATIONS OF VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS (STATE LICENSE 0000000027), PREVIOUSLY OPERATED AS A UNIT OF VANDERBILT UNIVERSITY, WERE ACQUIRED BY VANDERBILT UNIVERSITY MEDICAL CENTER (EIN: 35-2528741), A NEWLY FORMED SEPARATE NOT-FOR-PROFIT CORPORATION. SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTP://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46618
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTP://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46619
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTP://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46618
SCHEDULE H, PART V, SECTION B, LINE 16I - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS DESCRIPTION: PATIENTS ARE NOTIFIED OF POTENTIAL 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 THEM WE HAVE A FINANCIAL ASSISTANCE PROGRAM IF THEY NEED HELP PAYING THEIR 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.
SCHEDULE H, PART V, SECTION B, LINE 22D - HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS DESCRIPTION: VUMC CALCULATED AN AMOUNT GENERALLY BILLED (AGB) PERCENTAGE OF 64% USING THE LOOKBACK METHOD. INDIVIDUALS WITHOUT INSURANCE ARE EXTENDED A 64% DISCOUNT OFF GROSS CHARGES AS REQUIRED BY TENNESSEE CODE ANNOTATED 68-11-262 - LIMIT OF AMOUNT OF CHARGES FOR SERVICES TO AN UNINSURED PATIENT. IN ADDITION, BASED ON INCOME LEVEL, A DISCOUNT IS OFFERED TO INDIVIDUALS WHO MEET ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. GROSS CHARGES ARE REDUCED BY 100%, 80% OR 70% DEPENDING ON THE INDIVIDUAL'S INCOME LEVEL AS A PERCENT OF THE FEDERAL POVERTY GUIDELINES.

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 HOSPITALLine 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**

- 1** 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?
- 2** 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
- 3** 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):
- a** ☐ A definition of the community served by the hospital facility
- b** ☐ Demographics of the community
- c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☐ How data was obtained
- e** ☐ The significant health needs of the community
- f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** ☐ The process for consulting with persons representing the community's interests
- i** ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs
- j** ☐ Other (describe in Section C)
- 4** Indicate the tax year the hospital facility last conducted a CHNA: 20__
- 5** 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
- 6a** 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** 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
- 7** 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):
- a** ☐ Hospital facility's website (list url): _____
- b** ☐ Other website (list url): _____
- c** ☐ Made a paper copy available for public inspection without charge at the hospital facility
- d** ☐ Other (describe in Section C)
- 8** 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
- 9** Indicate the tax year the hospital facility last adopted an implementation strategy: 20__
- 10** Is the hospital facility's most recently adopted implementation strategy posted on a website?
- a** If "Yes," (list url): _____
- b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?
- 11** 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.
- 12a** 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** If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
- c** 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? \$ _____

Yes No

1 ✓

2 ✓

3 ✓

5

6a

6b

7

8

10

10b

12a ✓

12b

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Schedule H (Form 990) 2015

Page **5**

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group VANDERBILT STALLWORTH REHABILITATION HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that:
13 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:

- a** ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 2 0 0 % and FPG family income limit for eligibility for discounted care of 4 0 0 %
- b** ☐ Income level other than FPG (describe in Section C)
- c** ☐ Asset level
- d** ☒ Medical indigency
- e** ☒ Insurance status
- f** ☐ Underinsurance status
- g** ☐ Residency
- h** ☐ Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 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):

- a** ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b** ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** ☐ Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a** ☐ The FAP was widely available on a website (list url): _____
- b** ☐ The FAP application form was widely available on a website (list url): _____
- c** ☐ A plain language summary of the FAP was widely available on a website (list url): _____
- d** ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
- h** ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** ☒ Other (describe in Section C)

Billing and Collections

17 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 non-payment?

18 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:

- a** ☐ Reporting to credit agency(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☐ Actions that require a legal or judicial process
- d** ☐ Other similar actions (describe in Section C)
- e** ☒ None of these actions or other similar actions were permitted

Schedule H (Form 990) 2015

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Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group VANDERBILT STALLWORTH REHABILITATION HOSPITAL

	Yes	No
19 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?	19	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 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):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21	✓
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 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.		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 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?	23	✓
If "Yes," explain in Section C.		
24 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?	24	✓
If "Yes," explain in Section C.		

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Part V, Section C

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 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	ON APRIL 29, 2016, 50% OWNERSHIP OF VANDERBILT STALLWORTH REHABILITATION HOSPITAL (STATE LICENSE 0000000141) WAS ACQUIRED BY VANDERBILT UNIVERSITY MEDICAL CENTER, A NEWLY FORMED SEPARATE NOT-FOR-PROFIT CORPORATION. SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.
SCHEDULE H, PART V, SECTION B, LINE 16i - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL DESCRIPTION: PATIENTS ARE NOTIFIED OF POTENTIAL ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE IN THE MAIN ELEVATOR TO THE PATIENT CARE UNITS. IN ADDITION, PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.
SCHEDULE H, PART V, SECTION B, LINE 22D - HOW AMOUNTS CHARGED TO FAP-ELIGIBLE PATIENTS WERE DETERMINED	FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL DESCRIPTION: INDIVIDUALS WITHOUT INSURANCE ARE EXTENDED A 40% DISCOUNT OFF GROSS CHARGES WHICH EXTENDS THE DISCOUNT REQUIRED BY TENNESSEE CODE ANNOTATED 68-11-262 - LIMIT OF AMOUNT OF CHARGES FOR SERVICES TO AN UNINSURED PATIENT. IN ADDITION, BASED ON INCOME LEVEL, A DISCOUNT IS OFFERED TO INDIVIDUALS WHO MEET ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE. GROSS CHARGES ARE REDUCED BY 100%, 75% OR 50% DEPENDING ON THE INDIVIDUAL'S INCOME LEVEL.

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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? 12

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

Schedule H (Form 990) 2015

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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? 12

Name and address	Type of Facility (describe)
1 VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, L	AMBULATORY CLINIC
1834 WEST MCEWEN DR, SUITE B	
FRANKLIN, TN 37067	
2 VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, L	AMBULATORY CLINIC
3098 CAMPBELL STATION PKWY	
SPRING HILL, TN 37174	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2015

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Part VI

Supplemental Information.

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 36.90%.
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	PURSUANT TO THE TRANSFER OF ASSETS AND LIABILITIES FROM VANDERBILT UNIVERSITY TO VANDERBILT UNIVERSITY MEDICAL CENTER ON APRIL 29, 2016, VUMC OBTAINED AN AUDITED BALANCE SHEET AS OF JUNE 30, 2016. VUMC DID NOT OBTAIN AN AUDITED INCOME STATEMENT OR STATEMENT OF CASH FLOWS FOR THE PERIOD APRIL 30, 2016 THROUGH JUNE 30, 2016. THE MEDICAL CENTER'S REVENUE AND EXPENSES FROM JULY 1, 2015 THROUGH APRIL 29, 2016 ARE INCLUDED IN VANDERBILT UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. HOWEVER, VUMC WILL OBTAIN AN AUDITED INCOME STATEMENT AND STATEMENT OF CASH FLOWS FOR THE 14 MONTHS ENDED JUNE 30, 2017, AS REQUIRED UNDER OMB CIRCULAR A-133. SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.
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 FY16, SUCH SHORTFALLS AMOUNTED TO \$12,196,368.
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. 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

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Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3 - VANDERBILT STALLWORTH REHABILITATION HOSPITAL	VANDERBILT UNIVERSITY MEDICAL CENTER IS A NEW HOSPITAL ORGANIZATION PER REG. §1.501(R)-3(2) AS OF APRIL 30, 2016. BECAUSE VUMC IS A NEW HOSPITAL ORGANIZATION DURING FISCAL YEAR ENDED JUNE 30, 2016 (TAX YEAR 2015), IT MUST MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO ANY HOSPITAL FACILITY IT OPERATES BY THE LAST DAY OF THE SECOND TAXABLE YEAR AFTER THE DATE OF ACQUISITION OF THE HOSPITAL FACILITIES. ACCORDINGLY, A CHNA IS NOT REQUIRED FOR THE CURRENT TAX YEAR FOR VANDERBILT STALLWORTH REHABILITATION HOSPITAL (STATE LICENSE 0000000141). SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.
SCHEDULE H, PART V, SECTION B, LINE 3 - VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS	VANDERBILT UNIVERSITY MEDICAL CENTER IS A NEW HOSPITAL ORGANIZATION PER REG. §1.501(R)-3(2) AS OF APRIL 30, 2016. BECAUSE VUMC IS A NEW HOSPITAL ORGANIZATION DURING FISCAL YEAR ENDED JUNE 30, 2016 (TAX YEAR 2015), IT MUST MEET THE REQUIREMENTS OF SECTION 501(R)(3) WITH RESPECT TO ANY HOSPITAL FACILITY IT OPERATES BY THE LAST DAY OF THE SECOND TAXABLE YEAR AFTER THE DATE OF ACQUISITION OF THE HOSPITAL FACILITIES. ACCORDINGLY, A CHNA IS NOT REQUIRED FOR THE CURRENT TAX YEAR FOR VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS (STATE LICENSE 0000000027). SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THE VUMC PATIENT AND FAMILY ADVISORY COUNCIL IS COMPOSED OF COMMUNITY VOLUNTEERS WHO COLLABORATE WITH VUMC'S HEALTH CARE TEAM AND LEADERSHIP TO ASSESS NEEDS AND EVALUATE SERVICES AND PROGRAMS. THE COUNCIL SERVES AS A VITAL LINK BETWEEN THE HOSPITAL AND THE COMMUNITY. VUMC AND VANDERBILT STALLWORTH REHABILITATION HOSPITAL HAVE ALSO FORMED THE COMMUNITY HEALTH IMPROVEMENT WORKING GROUP, AN INTERNAL COMMITTEE OF PROGRAM MANAGERS WHICH MEET REGULARLY AND MAKE RECOMMENDATIONS TO THE CHNA ADVISORY COMMITTEE. THE CHNA ADVISORY COMMITTEE IS MADE UP OF VUMC AND VANDERBILT STALLWORTH REHABILITATION HOSPITAL SENIOR LEADERS WHICH MEET TO CONTINUALLY ASSESS THE NEEDS OF THE COMMUNITY AND DRIVE IMPROVEMENTS IN CARE AND PROCESSES FOR THE COMMUNITIES THEY SERVE. 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 CAREFULLY REVIEWS THE MANY HEALTH CARE 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 ADDITION, VUMC HAS DEVELOPED PARTNERSHIPS WITH THE STATE DEPARTMENT OF HEALTH TO STAY ABREAST OF IMPORTANT COMMUNITY HEALTH CARE NEEDS.
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	VUMC PATIENTS ARE NOTIFIED OF POTENTIAL ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE 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 THEM WE HAVE A FINANCIAL ASSISTANCE PROGRAM IF THEY NEED HELP PAYING THEIR 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. VANDERBILT STALLWORTH REHABILITATION HOSPITAL ("STALLWORTH") PATIENTS ARE NOTIFIED OF POTENTIAL ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE IN THE MAIN ELEVATOR TO THE PATIENT CARE UNITS. IN ADDITION, PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	THE 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). ANNUALLY, VUMC (EXCLUDES VANDERBILT HEALTH SERVICES, LLC AND SUBSIDIARIES) HAVE APPROXIMATELY 59,000 DISCHARGES. ANNUALLY, VUMC ALSO PROVIDES APPROXIMATELY 2.1 MILLION OUTPATIENT VISITS, INCLUDING 124,000 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. THE 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 1,500 DISCHARGES. THE MAJORITY OF STALLWORTH'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES - DAVIDSON, MONTGOMERY, RUTHERFORD AND WILLIAMSON.
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	FOR INFORMATION ON HOW VUMC PROMOTES THE HEALTH OF THE COMMUNITY PLEASE SEE: "VANDERBILT UNIVERSITY MEDICAL CENTER FACTS 2016-2017" AS FOUND AT: HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/39107 "VANDERBILT IN TENNESSEE: COUNTY BY COUNTY" AS FOUND AT: HTTP://WWW.VANDERBILT.EDU/CNGR/MAP/ "VANDERBILT UNIVERSITY VITAL STATS 2015" AS FOUND AT: HTTP://WWW.VANDERBILT.EDU/VITALSTATS/2015/

Public Inspection Copy

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP</p>	<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 IRS FORM 990, SCHEDULE R.</p>

**SCHEDULE I
(Form 990)****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.

OMB No. 1545-0047

2015**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

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.

1 (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
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE, BRONX, NY 10467	13-1624225	501(C)(3)	54,110		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(2) ALLEGHENY SINGER RESEARCH INSTITUTE RESEARCH ACCOUNTING AND REPORTING, PO BOX 93189, CLEVELAND	25-1320493	501(C)(3)	50,589		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(3) ARIZONA STATE UNIVERSITY OFFICE OF RESEARCH & SPONSORED PROJECTS ADMINISTRATION, INC	86-0196696	501(C)(3)	21,385		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(4) AURORA HEALTH CARE INC PO BOX 341880, ATTN SENG CHEUNG, MILWAUKEE, WI 53234-1881	39-1442285	501(C)(3)	13,894		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(5) BAYLOR COLLEGE OF MEDICINE P O BOX 301207, DALLAS, TX 75303-1207	74-1813878	501(C)(3)	34,151		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(6) BAYSTATE MEDICAL CENTER INC PO BOX 114108, FINANCIAL SERVICES, 280 CHESTNUT STREET, BOSTON	04-2790311	501(C)(3)	12,573		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(7) BLOODCENTER OF WISCONSIN INC BOX 78961, MILWAUKEE, WI 53278-0961	39-0807235	501(C)(3)	36,201		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(8) BOSTON UNIVERSITY PO BOX 28763, GRANTS RECEIVABLES, NEW YORK, NY 10087-6763	04-2103547	501(C)(3)	42,261		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(9) BOSTON'S CHILDREN'S HOSPITAL RESEARCH FINANCE, POST BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	18,318		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(10) BRIGHAM & WOMEN'S HOSPITAL INC BANK OF AMERICA NA, P O BOX 3887, BOSTON, MA 02241-3887	04-2312909	501(C)(3)	21,025		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(11) BROWN UNIVERSITY CASHIERS OFFICE, BOX 1911, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	6,124		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(12) (SEE STATEMENT)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			72				
3 Enter total number of other organizations listed in the line 1 table			15				

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

Cat. No. 50055P

Schedule I (Form 990) (2015)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PATIENT ASSISTANCE	39	44,450		N/A	N/A
2 PATIENT ASSISTANCE	362		14,355	FMV	(SEE STATEMENT)
3 PATIENT ASSISTANCE	200		19,288	FMV	(SEE STATEMENT)
4 PATIENT ASSISTANCE	120		4,960	FMV	(SEE STATEMENT)
5 PATIENT ASSISTANCE	4,250		1,284,000	FMV	PRESCRIPTION DRUGS
6 PATIENT ASSISTANCE	114		817,797	FMV	POST ACUTE CARE
7 AWARDS AND RESEARCH GRANTS	496	1,428,242		FMV	

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) CALIFORNIA INSTITUTE OF TECHNOLOGY TREASURY SERVICES, 1200 E. CALIFORNIA BOULEVARD, MAIL CODE 117-15, PASADENA, CA 91125	95-1643307	501(C)(3)	75,188		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(13) CASE WESTERN RESERVE UNIVERSITY OFFICE OF SPONSORED PROJECTS, NORD HALL, SUITE 615, 10900 EUCLID AVENUE, CLEVELAND, OH 44106	34-1018992	501(C)(3)	41,983		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(14) CENTER FOR BIOMEDICAL RESEARCH LLC 1415 OLD WEISGARBER ROAD, SUITE 200, ATTN: SUSIE OWENBY, KNOXVILLE, TN 37909	27-0952972	N/A	5,117		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(15) CENTRAL AMERICAN MEDICAL OUTREACH INC 322 WESTWOOD AVENUE, ORRVILLE, OH 44667	34-1740695	501(C)(3)	8,794		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(16) CHILDREN'S HOSPITAL OF BOSTON RESEARCH FINANCE, POST BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	18,318		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(17) CHILDRENS HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE, P O BOX 8500, LOCKBOX 1457, PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	20,611		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(18) COVANCE LABS PO BOX 2464, BURLINGTON, NC 27216	54-0898188	N/A	13,455		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(19) DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210, OFFICE OF SPONSORED PROJECTS, HANOVER, NH 03755-1404	02-0222111	501(C)(3)	51,471		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(20) DIGNITY HEALTH ATTN: MISC A/R CASH, FILE 57431, LOS ANGELES, CA 90074-8781	86-0096787	N/A	26,649		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(21) DUKE UNIVERSITY P O BOX 602651, LOCKBOX, CHARLOTTE, NC 28260	56-0532129	501(C)(3)	17,465		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(22) EMORY UNIVERSITY PO BOX 935084, ATLANTA, GA 31193	58-0566256	501(C)(3)	172,428		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(23) EXPATCICORE SERVICES LLC 485 ROUTE 1 SOUTH, BUILDING C, ISELIN, NJ 08830	30-0126318	N/A	201,129		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(24) FISK UNIVERSITY 1000 17TH AVE N, ATTN OFFICE OF BUDGET & GRANTS, NASHVILLE, TN 37208	62-0202000	501(C)(3)	31,848		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(25) H LEE MOFFITT CANCER CENTER AND PO BOX 742801, ATLANTA, GA 30374-2801	59-2451713	N/A	5,509		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
(26) HARVARD UNIVERSITY P O BOX 415649, BOSTON, MA 02241-5649	04-2103580	501(C)(3)	108,865		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(27) HEARTS FOR HEARING FOUNDATION 3525 NW 56TH STREET, SUITE A-150, OKLAHOMA CITY, OK 73112	58-2670613	N/A	24,067		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(28) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE, BOX 1136, ATTN: REBECCA APRUZZESE, NEW YORK, NY 10029	13-6171197	501(C)(3)	9,180		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(29) INFOWORKS INC. 102 WOODMONT BLVD, SUITE 500, NASHVILLE, TN 37205	62-1869899	N/A	193,023		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(30) INTERNATIONAL EPIDEMIOLOGY INSTITUTE 1455 RESEARCH BOULEVARD, SUITE 550, ATTN: JOSEPH MCLAUGHLIN, ROCKVILLE, MD 20850	52-1882011	N/A	278,355		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(31) J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE, FINANCE, LA JOLLA, CA 92037	52-1842938	501(C)(3)	25,794		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(32) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR, BANK OF AMERICA, CENTRAL LOCKBOX SERVICES, CHICAGO, IL 60693	52-0595110	501(C)(3)	43,509		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(33) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR, ATTN: SHARON MILLIGAN, OAKLAND, CA 94612-3433	94-1105628	501(C)(3)	5,936		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(34) LOUISIANA STATE UNIVERSITY 433 BOLIVAR STREET, SPONSORED PROJECTS, NEW ORLEANS, LA 70112	72-6000848	501(C)(3)	8,920		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(35) LSU HEALTH SCIENCES CENTER NEW ORLEANS 433 BOLIVAR STREET, NEW ORLEANS SPONSORED PROJECTS, NEW ORLEANS, LA 70112	72-6087770	GOVT	20,755		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(36) MAINE MEDICAL CENTER 22 BRAMHALL ST, ATTN STEPHANIE STEVENS, PORTLAND, ME 04102	01-0238552	501(C)(3)	11,984		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(37) MASSACHUSETTS GENERAL HOSPITAL RESEARCH FINANCE, BANK OF AMERICA, P O BOX 3829, BOSTON, MA 02241-3829	04-2697983	501(C)(3)	47,862		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(38) MASSACHUSETTS INSTITUTE OF TECHNOLOGY CASHIERS OFFICE NE49-3077, 77 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	37,313		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(39) MAYO CLINIC RESEARCH FINANCE - ARIZONA, PO BOX 860334, MINNEAPOLIS, MN 55486-0334	86-0800150	501(C)(3)	13,742		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
(40) MAYO CLINIC ROCHESTER PO BOX 860334, RESERACH FINANCE - ROCHESTER, MINNEAPOLIS, MN 55486-0334	41-6011702	501(C)(3)	90,898		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(41) MEDICAL COLLEGE OF WISCONSIN P O BOX 26509, 8701 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226	39-0806261	501(C)(3)	21,968		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(42) MEHARRY MEDICAL CENTER 1005 D.B. TODD BLVD, ATTN: LAMEL BANDY-NEAL, NASHVILLE, TN 37208-3599	62-0488046	501(C)(3)	5,551		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(43) MEHARRY MEDICAL COLLEGE TREASURY SERVICES, 1005 D. B. TODD BOULEVARD, LRC SUITE 511, NASHVILLE, TN 37208	62-0488046	501(C)(3)	378,792		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(44) METRO BOARD OF PARKS & RECREATION CENTENNIAL PARK OFFICE, PARK PLAZA AT OMAN STREET, NASHVILLE, TN 37201	62-0694743	GOVT	13,500		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(45) METRO NASHVILLE GENERAL HOSPITAL ATTN: KIMBERLY LAMAR, 1818 ALBION ST., NASHVILLE, TN 37208	20-2844893	N/A	32,667		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(46) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2, HANNAH ADMINISTRATION, EAST LANSING, MI 48824	38-6005984	501(C)(3)	19,198		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(47) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW, ATTN: MESFIN FRANSVA, PI, ATLANTA, GA 30310	58-1438873	N/A	44,212		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(48) NASHVILLE PUBLIC LIBRARY 615 CHURCH ST. FINANCE OFFICE, NASHVILLE, TN 37219	62-0694743	N/A	9,340		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(49) NORTHWESTERN UNIVERSITY 633 CLARK STREET, ROOM 2-112, OFFICE OF ADMINISTRATION & PLANNING, EVANSTON, IL 60208	36-2167817	501(C)(3)	123,296		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(50) OAKLAND UNIVERSITY 529 WILSON HALL, OFFICE OF RESEARCH ADMINISTRATION, ROCHESTER, MI 48309	38-1714400	501(C)(3)	13,747		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(51) PENNSYLVANIA STATE UNIVERSITY 227 WEST BEAVER AVENUE, RESEARCH ACCOUNTING, SUITE 401, STATE COLLEGE, PA 16801-4819	24-6000376	501(C)(3)	112,542		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(52) PURDUE UNIVERSITY 23510 NETWORK PL, SPONSORED PROGRAM SERVICES, ACCOUNTS RECEIVABLE, CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	44,897		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(53) RAMBISS LLC 14407 LUSTY RIDGE ROAD, ACCOKEEK, MD 20607	20-1240325	N/A	17,470		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(54) REGENTS OF THE UNIVERSITY MICHIGAN BOX 223131, PITTSBURGH, PA 15251	38-6006309	501(C)(3)	10,699		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
(55) RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653, DETROIT, MI 48278	31-6056230	N/A	5,638		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(56) SEATTLE CHILDREN'S HOSPITAL P O BOX 24728, SEATTLE, WA 98124-0728	91-0564748	501(C)(3)	8,474		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(57) SELECT PHYSICIANS ALLIANCE PL 5 TAMPA GENERAL CIR, SUITE 610, TAMPA, FL 33606	27-3337174	N/A	30,764		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(58) STANFORD UNIVERSITY PO BOX 44253, SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	80,495		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(59) GORDON SERVICES PO BOX 2484, BURLINGTON, NC 27216	02-7348506	N/A	13,455		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(60) SYRACUSE UNIVERSITY BURSA OPERATIONS, 102 ARCHBOLD GYMNASIUM, SYRACUSE, NY 13244-1140	15-0532081	501(C)(3)	45,762		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(61) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	501(C)(3)	180,555		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(62) THE TRUSTEES OF COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE, P O BOX 29789, NEW YORK, NY 10087	13-5598093	501(C)(3)	23,248		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(63) UNIVERSITY OF ALABAMA AT BIRMINGHAM GRANTS AND CONTRACTS ACCOUNTING, AB 990, 1720 SECOND AVE SOUTH, BIRMINGHAM, AL 35294-0109	63-6005396	501(C)(3)	25,456		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(64) UNIVERSITY OF ARIZONA SPONSORED PROJECTS SERVICES, 1303 EAST UNIVERSITY BLVD, BOX 3, TUCSON, AZ 85719-0521	86-6004791	501(C)(3)	24,956		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(65) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0009, LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	13,481		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(66) UNIVERSITY OF FLORIDA CFO- CONTRACTS & GRANTS, P O BOX 113001, GAINESVILLE, FL 32611	59-6002052	501(C)(3)	129,888		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(67) UNIVERSITY OF ILLINOIS 28392 NETWORK PLACE, CHICAGO, IL 60673-1283	37-6000511	501(C)(3)	31,225		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(68) UNIVERSITY OF KENTUCKY RESEARCH P O BOX 931113, C/O PNC BANK, CLEVELAND, OH 44193	61-6033693	501(C)(3)	24,724		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(69) UNIVERSITY OF MASSACHUSETTS ATTN: MEDICAL SCHOOL BURSAR, 55 LAKE AVENUE NORTH, WORCESTER, MA 01655	04-3167352	501(C)(3)	26,579		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(70) UNIVERSITY OF MIAMI P O BOX 248106, CONTROLLERS OFFICE, CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	243,964		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(71) UNIVERSITY OF MINNESOTA NW 5957, PO BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	501(C)(3)	15,780		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
(72) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, JACKSON, MS 39216	64-6008520	501(C)(3)	58,082		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(73) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL P O BOX 402420, C/O BANK OF AMERICA LOCKBOX SERVICE, OFFICE OF SPONSORED RESEARCH, ATLANTA, GA 30384	56-6001393	501(C)(3)	77,024		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(74) UNIVERSITY OF PITTSBURGH P O BOX 371220, OFFICE/RESEARCH ACCOUNTING, PITTSBURGH, PA 15251-7220	25-0965591	501(C)(3)	157,971		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(75) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON ST., ROOM 612, COLUMBIA, SC 29208	57-6001153	501(C)(3)	72,932		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(76) UNIVERSITY OF SOUTHERN CALIFORNIA FILE NO 52095, LOS ANGELES, CA 90074	95-1642394	501(C)(3)	130,914		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(77) UNIVERSITY OF TENNESSEE HEALTH SCIENCE 62 SOUTH DUNLAP ST., SUITE 300, MEMPHIS, TN 38163	62-6001636	501(C)(3)	197,680		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(78) UNIVERSITY OF TENNESSEE MEMPHIS OFFICE OF FINANCE ADMINISTRATION, 62 S DUNLAP STREET, ROOM 300, MEMPHIS, TN 38163	62-6001636	501(C)(3)	32,895		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(79) UNIVERSITY OF TEXAS DALLAS 800 W. CAMPBELL ROAD, AD37, ACCOUNTS RECEIVABLE, RICHARDSON, TX 75080-3021	75-1305566	501(C)(3)	67,426		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(80) UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120, DEPT #750, OFFICE OF SPONSORED PROGRAMS, DALLAS, TX 75266	74-6000949	501(C)(3)	192,992		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(81) UNIVERSITY OF VERMONT PO BOX 1389, WILLISTON, VT 05495-1389	37-6047339	501(C)(3)	105,072		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(82) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE, GRANT AND CONTRACT ACCOUNTING, CHICAGO, IL 60693	91-6001537	501(C)(3)	215,004		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(83) WASHINGTON UNIVERSITY 700 ROSEDALE AVE, SPONSORED PROJECTS ACCOUNTING, CB #1034, SAINT LOUIS, MO 63112-1408	43-0653611	501(C)(3)	63,804		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(84) WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVENUE, 9TH FLOOR, NEW YORK, NY 10022	13-1623978	501(C)(3)	614,346		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(85) YALE UNIVERSITY PO BOX 1873, NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	29,093		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
⁽⁸⁶⁾ ACOUSTIC NEUROMA ASSOCIATION 600 PEACHTREE PKWY., CUMMINGS, GA 30041	23-2170836	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
⁽⁸⁷⁾ AMERICAN HEART ASSOCIATION 1101 NORTHCHASE PARKWAY, SUITE 1, MARIETTA, GA 30067	13-5613799	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

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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 III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	PATIENT ASSISTANCE: HEALTHCARE, MEDICAL SUPPLIES, MEDICINE
SCHEDULE I, PART III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	PATIENT ASSISTANCE: AFTER SCHOOL OUTREACH PROGRAMS
SCHEDULE I, PART III, COLUMN F - DESCRIPTION OF NON-CASH ASSISTANCE	PATIENT ASSISTANCE: CAR SEATS, HOME SAFETY KITS, PACK AND PLAYS.
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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: HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX

**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.

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

OMB No. 1545-0047

2015**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
A	THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE VMC SERIES 2016A	62-6139016	592041WH6	04/29/2016	536,573,506	REFUND ISSUES DATED 6/23/2004, 4/26/2008, 4/1/2009, & 11/29/2012		✓		✓		✓
B												
C												
D												

Part II Proceeds

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue		536,573,506						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows		370,943,823						
7	Issuance costs from proceeds		10,700,399						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds		154,929,284						
12	Other unspent proceeds								
13	Year of substantial completion								
14	Were the bonds issued as part of a current refunding issue?	✓							
15	Were the bonds issued as part of an advance refunding issue?	✓							
16	Has the final allocation of proceeds been made?	✓							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓							

Part III Private Business Use

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

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

Cat. No. 50193E

Schedule K (Form 990) 2015

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69

2015 Return Vanderbilt University Medical Center
35-2528741

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	✓							
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?	✓							
c Are there any research agreements that may result in private business use of bond-financed property?	✓							
d 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?	✓							
4 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		%		%		%		%
5 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		0.10 %		%		%		%
6 Total of lines 4 and 5		0.10 %		%		%		%
7 Does the bond issue meet the private security or payment test?		✓						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓							

Part IV Arbitrage

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

Schedule K (Form 990) 2015

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015**Open To Public
Inspection**Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

Employer identification number

VANDERBILT UNIVERSITY MEDICAL CENTER

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	✓	4	292	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		775	SELLING COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	14	136,567	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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ETHIOPIAN DINNER)	✓	1	1,000	MARKET VALUE
26 Other ▶ (EVENT TICKETS/GIFT CARD)	✓	3	310	MARKET VALUE
27 Other ▶ (LODGING)	✓	1	1,500	MARKET VALUE
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		✓
31	✓	
32a		✓
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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Cat. No. 51227J

Schedule M (Form 990) (2015)

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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) IS REPORTING THE NUMBER OF ITEMS RECEIVED.
SCHEDULE M, PART I - OTHER LINES 5, 25, 26 AND 27	DONATION OF ITEMS FOR SILENT AUCTION BENEFITING THE MONROE CARELL JR. CHILDREN'S HOSPITAL.

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**Schedule O
(Form 990)**
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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the Organization
VANDERBILT UNIVERSITY MEDICAL CENTER

Employer Identification Number
35-2528741

Return Reference - Identifier	Explanation
-	<p>PRIOR TO APRIL 29, 2016, VANDERBILT UNIVERSITY (THE "UNIVERSITY") (FEIN: 62-0476822) OPERATED VANDERBILT UNIVERSITY MEDICAL CENTER (THE "MEDICAL CENTER"), AN ACADEMIC MEDICAL CENTER, AS AN OPERATING UNIT WITHIN THE UNIVERSITY. THE MEDICAL CENTER HOUSED THE UNIVERSITY'S CLINICALLY-RELATED CHARITABLE, ACADEMIC AND HEALTH CARE ACTIVITIES AND ASSETS, INCLUDING THREE TEACHING HOSPITALS, OUTPATIENT CLINICS, THE FACULTY PRACTICE PLAN, OTHER HEALTH CARE SUBSIDIARIES AND JOINT VENTURES, AND CLINICAL RESEARCH AND POST-GRADUATE (RESIDENCY) TRAINING PROGRAMS.</p> <p>ON APRIL 29, 2016, THE UNIVERSITY TRANSFERRED CLINICAL SERVICES OPERATIONS, POST-GRADUATE TRAINING PROGRAMS, AND CLINICAL DEPARTMENT RESEARCH ACTIVITIES, ALONG WITH THE RELATED ASSETS AND LIABILITIES, TO VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") (FEIN: 35-2528741), A NEWLY INCORPORATED TENNESSEE NON-PROFIT CORPORATION, IN EXCHANGE FOR CONSIDERATION OF \$1,230 MILLION (THE "TRANSACTION"). AS A SEPARATE LEGAL ENTITY, VUMC IS NOT AND WILL NOT BE UNDER COMMON GOVERNANCE WITH OR CONTROLLED BY VANDERBILT UNIVERSITY NOR WILL THE UNIVERSITY BE FINANCIALLY RESPONSIBLE FOR VUMC INDEBTEDNESS.</p> <p>FOLLOWING THE TRANSACTION, VUMC WILL HAVE AN ON-GOING RELATIONSHIP WITH THE UNIVERSITY EMBODIED IN A NUMBER OF WRITTEN AGREEMENTS, INCLUDING A MASTER TRANSFER AND SEPARATION AGREEMENT, AN ACADEMIC AFFILIATION AGREEMENT, A TRADEMARK LICENSING AGREEMENT AND A GROUND LEASE. IN ADDITION, SUBSEQUENT TO THE TRANSACTION VUMC AND THE UNIVERSITY WILL PROVIDE SPECIFIED SERVICES TO ONE ANOTHER FOR AGREED-UPON CONSIDERATION PURSUANT TO A RECIPROCAL MASTER SERVICES AGREEMENT.</p> <p>THEREFORE, THE MEDICAL CENTER'S REVENUE AND EXPENSES FROM JULY 1, 2015 THROUGH APRIL 29, 2016 ARE INCLUDED IN VANDERBILT UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. AS A RESULT OF THE TRANSACTION, VUMC OBTAINED AN AUDITED BALANCE SHEET AS OF JUNE 30, 2016. VUMC DID NOT OBTAIN AN AUDITED INCOME STATEMENT OR STATEMENT OF CASH FLOWS FOR THE PERIOD APRIL 30, 2016 THROUGH JUNE 30, 2016. HOWEVER, VUMC WILL OBTAIN AN AUDITED INCOME STATEMENT AND STATEMENT OF CASH FLOWS FOR THE 14 MONTHS ENDED JUNE 30, 2017, AS REQUIRED UNDER OMB CIRCULAR A-133.</p> <p>LIKEWISE, THE MEDICAL CENTER'S ACTIVITIES FROM JULY 1, 2015 THROUGH APRIL 29, 2016 ARE INCLUDED IN VANDERBILT UNIVERSITY'S FORM 990. VUMC'S FORM 990 INCLUDES VUMC'S ACTIVITIES FROM APRIL 30, 2016, WHEN OPERATIONS BEGAN, THROUGH JUNE 30, 2016.</p>
FORM 990, PART III, LINE 1 -	<p>VANDERBILT UNIVERSITY MEDICAL CENTER 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>

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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p>4A. PATIENT SERVICES -</p> <p>VANDERBILT UNIVERSITY MEDICAL CENTER PROVIDES QUALITY MEDICAL AND HEALTH CARE SERVICES REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF VANDERBILT UNIVERSITY MEDICAL CENTER, 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 57,421 INPATIENTS AND 2,027,180 EMERGENCY AND OUTPATIENT CLINIC VISITS.</p> <p>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 & WORLD REPORT, THE LEAPFROG GROUP, TRUVEN HEALTH ANALYTICS AND OTHERS:</p> <ul style="list-style-type: none"> •US NEWS & WORLD REPORT: #1 HOSPITAL IN TENNESSEE, #1 HEALTH CARE PROVIDER IN NASHVILLE, 12 ADULT AND 10 PEDIATRIC CLINICAL SPECIALTIES RANKED AMONG THE NATION'S BEST AS OF JULY 2016 •TRUVEN HEALTH ANALYTICS: AMONG THE TOP 50 CARDIOVASCULAR HOSPITALS IN THE U.S. AS OF JULY 2016 •BECKER'S HOSPITAL REVIEW: ONE OF THE "100 GREATEST HOSPITALS IN AMERICA" AS OF JULY 2016 •THE LEAPFROG GROUP: MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT NAMED A LEAPFROG TOP HOSPITAL FOR 2016, MAKING IT ONE OF ONLY NINE PEDIATRIC HOSPITALS IN THE NATION TO RECEIVE THIS DESIGNATION •MAGNET RECOGNITION PROGRAM: VANDERBILT UNIVERSITY MEDICAL CENTER IS THE ONLY HOSPITAL IN MIDDLE TENNESSEE TO ACHIEVE MAGNET DESIGNATION SINCE 2012 •NASHVILLE BUSINESS JOURNAL: MIDDLE TENNESSEE'S HEALTHIEST EMPLOYER AS OF 2016 •FORBES: 2016 LIST OF AMERICA'S BEST EMPLOYERS •AMERICAN HOSPITAL ASSOCIATION: AMONG THE 100 "MOST WIRED" MEDICAL SYSTEMS IN THE US FOR ITS EFFORTS IN INNOVATIVE MEDICAL TECHNOLOGY AS OF 2016 <p>ALONG WITH THE VARIOUS NATIONAL RANKINGS, THERE ARE SEVERAL VANDERBILT UNIVERSITY MEDICAL CENTER PROGRAMS UNIQUE TO TENNESSEE OR THE REGION, WHICH INCLUDE:</p> <ul style="list-style-type: none"> •ONLY LEVEL 1 (HIGHEST LEVEL) TRAUMA CENTER IN MIDDLE TENNESSEE •ONLY LEVEL 4 (HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNIT, AS WELL AS A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT AND PEDIATRIC TRAUMA PROGRAM •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 •ONLY JOINT COMMISSION-ACCREDITED PROGRAM FOR TRAUMATIC BRAIN INJURY REHABILITATION (ONE OF SEVEN NATIONALLY) •DEDICATED REGIONAL BURN CENTER •LIFELIGHT, AN INTEGRATED AIR AND GROUND EMERGENCY PATIENT TRANSPORT SYSTEM •TENNESSEE POISON CONTROL CENTER •TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER <p>FOR MORE INFORMATION REGARDING HEALTH CARE AT VANDERBILT UNIVERSITY MEDICAL CENTER, VISIT:</p> <p>HTTPS://WWW.VANDERBILTHEALTH.COM/PATIENTANDVISITORINFO/48538</p>

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FORM 990, PART III, LINE 4B -	<p>4B. ACADEMIC AND SCIENTIFIC RESEARCH -</p> <p>VANDERBILT UNIVERSITY MEDICAL CENTER 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 THE WORLD IS FACING TODAY.</p> <p>OUR PROGRAMS IN GRADUATE MEDICAL EDUCATION ARE CONSISTENTLY AMONG THE MOST SELECTIVE, AND ARE NATIONALLY RECOGNIZED FOR THEIR DIVERSITY & 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 IN TOTAL FEDERAL FUNDING.</p> <p>FOR MORE INFORMATION REGARDING RESEARCH AT VANDERBILT UNIVERSITY, VISIT HTTP://RESEARCH.VANDERBILT.EDU</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$22,893,158 INCLUDING GRANTS OF \$23,551)(REVENUE \$28,522,431)</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: HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/38766</p>
FORM 990, PART IV, LINE 12A -	<p>PURSUANT TO THE TRANSFER OF ASSETS AND LIABILITIES FROM VANDERBILT UNIVERSITY TO VANDERBILT UNIVERSITY MEDICAL CENTER ON APRIL 29, 2016, VUMC OBTAINED AN AUDITED BALANCE SHEET AS OF JUNE 30, 2016. VUMC DID NOT OBTAIN AN AUDITED INCOME STATEMENT OR STATEMENT OF CASH FLOWS FOR THE PERIOD APRIL 30, 2016 THROUGH JUNE 30, 2016. THE MEDICAL CENTER'S REVENUE AND EXPENSES FROM JULY 1, 2015 THROUGH APRIL 29, 2016 ARE INCLUDED IN VANDERBILT UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. HOWEVER, VUMC WILL OBTAIN AN AUDITED INCOME STATEMENT AND STATEMENT OF CASH FLOWS FOR THE 14 MONTHS ENDED JUNE 30, 2017, AS REQUIRED UNDER OMB CIRCULAR A-133.</p> <p>SEE THE 1ST DISCLOSURE ON SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.</p>
FORM 990, PART IV, LINE 20B - DID THE ORGANIZATION ATTACH A COPY OF ITS AUDITED FINANCIAL STATEMENTS	<p>PURSUANT TO THE TRANSFER OF ASSETS AND LIABILITIES FROM VANDERBILT UNIVERSITY TO VANDERBILT UNIVERSITY MEDICAL CENTER ON APRIL 29, 2016, VUMC OBTAINED AN AUDITED BALANCE SHEET AS OF JUNE 30, 2016. SEE THE 1ST DISCLOSURE ON SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION. VUMC WILL OBTAIN AN AUDITED INCOME STATEMENT AND STATEMENT OF CASH FLOWS FOR THE 14 MONTHS ENDED JUNE 30, 2017, AS REQUIRED UNDER OMB CIRCULAR A-133. THEREFORE, ONLY THE AUDITED BALANCE SHEET AS OF JUNE 30, 2016 IS ATTACHED TO FORM 990.</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 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY VANDERBILT UNIVERSITY MEDICAL CENTER AND PROVIDED TO PRICEWATERHOUSECOOPERS, VANDERBILT UNIVERSITY MEDICAL CENTER'S INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER REVIEW BY PRICEWATERHOUSECOOPERS, VANDERBILT UNIVERSITY MEDICAL CENTER 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>

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Return Reference - Identifier	Explanation															
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>VANDERBILT UNIVERSITY MEDICAL CENTER 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 VANDERBILT UNIVERSITY MEDICAL CENTER 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 & 15B -</p> <p>TO ENSURE THAT VANDERBILT UNIVERSITY MEDICAL CENTER 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, VANDERBILT UNIVERSITY MEDICAL CENTER'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 WAS NOT AVAILABLE TO THE PUBLIC DURING TAX YEAR 2015.</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>OTHER PURCHASED SERVICES</td><td>54,932,337</td><td>16,027,292</td><td>38,799,488</td><td>105,557</td></tr><tr><td>PURCHASED MEDICAL SERVICES</td><td>7,668,614</td><td>7,568,317</td><td>100,297</td><td>0</td></tr></table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER PURCHASED SERVICES	54,932,337	16,027,292	38,799,488	105,557	PURCHASED MEDICAL SERVICES	7,668,614	7,568,317	100,297	0
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses												
OTHER PURCHASED SERVICES	54,932,337	16,027,292	38,799,488	105,557												
PURCHASED MEDICAL SERVICES	7,668,614	7,568,317	100,297	0												
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>INHERENT CONTRIBUTION FROM ACQUISITION</td><td>509,015,822</td></tr><tr><td>MINORITY INTEREST IN UNCONSOLIDATED ORGANIZATIONS</td><td>5,527,389</td></tr><tr><td>OTHER CHANGES IN NET ASSETS</td><td>244,924</td></tr></table>	(a) Description	(b) Amount	INHERENT CONTRIBUTION FROM ACQUISITION	509,015,822	MINORITY INTEREST IN UNCONSOLIDATED ORGANIZATIONS	5,527,389	OTHER CHANGES IN NET ASSETS	244,924							
(a) Description	(b) Amount															
INHERENT CONTRIBUTION FROM ACQUISITION	509,015,822															
MINORITY INTEREST IN UNCONSOLIDATED ORGANIZATIONS	5,527,389															
OTHER CHANGES IN NET ASSETS	244,924															

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Return Reference - Identifier	Explanation
FORM 990, PART XII, LINE 2B -	<p>PURSUANT TO THE TRANSFER OF ASSETS AND LIABILITIES FROM VANDERBILT UNIVERSITY TO VANDERBILT UNIVERSITY MEDICAL CENTER ON APRIL 29, 2016, VUMC OBTAINED AN AUDITED BALANCE SHEET AS OF JUNE 30, 2016. VUMC DID NOT OBTAIN AN AUDITED INCOME STATEMENT OR STATEMENT OF CASH FLOWS FOR THE PERIOD APRIL 30, 2016 THROUGH JUNE 30, 2016. THE MEDICAL CENTER'S REVENUE AND EXPENSES FROM JULY 1, 2015 THROUGH APRIL 29, 2016 ARE INCLUDED IN VANDERBILT UNIVERSITY'S AUDITED FINANCIAL STATEMENTS. HOWEVER, VUMC WILL OBTAIN AN AUDITED INCOME STATEMENT AND STATEMENT OF CASH FLOWS FOR THE 14 MONTHS ENDED JUNE 30, 2017, AS REQUIRED IN OMB CIRCULAR A-133.</p> <p>SEE THE 1ST DISCLOSURE ON SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.</p>
FORM 990, PART XII, LINE 3B - REASON ORGANIZATION DID NOT UNDERGO REQUIRED AUDIT	<p>VUMC WAS NOT REQUIRED TO UNDERGO AN AUDIT UNDER OMB CIRCULAR A-133 FOR THE TWO MONTHS ENDED JUNE 30, 2016. HOWEVER, VUMC WILL OBTAIN AN AUDIT AS REQUIRED IN OMB CIRCULAR A-133 FOR THE 14 MONTHS ENDED JUNE 30, 2017.</p> <p>SEE THE 1ST DISCLOSURE ON SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.</p>

**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.

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

OMB No. 1545-0047

2015

**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	(946,171)	2,924,445	VUMC
(2) FRIENDS IN GLOBAL HEALTH, LLC (26-0170070) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	PUBLIC HEALTH	TN	9,711	7,815	VHS
(3) VANDERBILT-WILSON RADIATION ONCOLOGY, LLC (26-1241612) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	INACTIVE	TN	0	0	VHS
(4) VANDERBILT HEALTH AFFILIATED NETWORK, LLC (46-1571024) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	CLINICAL NETWORK	TN	63,025	8,043,780	VHS
(5)					
(6)					

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)	9	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) 2015

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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)	✓	
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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
	NEW LIGHT IMAGING, LLC			
(1)	ONE HUNDRED OAKS IMAGING, LLC	S	151,969	FMV
(2)	VANDERBILT GATEWAY CANCER CENTER, G.P.	S	225,586	FMV
(3)	VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	L	208,229	FMV
(4)	VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	Q	56,483	FMV
(5)	(SEE STATEMENT)	O	1,334,157	FMV
(6)				

Schedule R (Form 990) 2015

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)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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 allocation s?		(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	0	0		✓			✓	51.02
(2) NEW LIGHT IMAGING, LLC (14-1895171) 4525 HARDING ROAD, SUITE 102, NASHVILLE, TN 37203	MANAGEMENT SERVICES	TN	VHS	RELATED	0	0		✓			✓	66.67
(3) ONE HUNDRED OAKS IMAGING, LLC (26-3762022) 4525 HARDING ROAD, SUITE 102, NASHVILLE, TN 37205	DIAGNOSTIC IMAGING	TN	VIS	RELATED	0	0		✓			✓	80.00
(4) SPRINGFIELD VIP REALTY, LLC (26-1237360) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	REAL ESTATE	TN	VJMC	EXCLUDED	0	0		✓		✓		49.00
(5) VANDERBILT GATEWAY CANCER CENTER, G.P. (20-3844791) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	ONCOLOGY SERVICES	DE	VHS	RELATED	0	0		✓		✓		50.00
(6) VANDERBILT IMAGING SERVICES, LLC (62-1787098) 1909 ACKLEN AVENUE, NASHVILLE, TN 37212	RADIOLOGY SERVICES	TN	VHS	RELATED	0	0		✓		✓		66.67
(7) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P. (63-1077470) 3660 GRANDVIEW PARKWAY, STE. 200, BIRMINGHAM, AL 35243	REHAB SERVICES	TN	VHS	RELATED	0	0		✓		✓		50.00
(8) VANDERBILT-MAURY RADIATION ONCOLOGY, LLC (46-0757412) 1031 22ND AVE. SOUTH, SUITE B-1034, NASHVILLE, TN 37232	ONCOLOGY SERVICES	TN	VHS	RELATED	10,577	1,875,837		✓		✓		40.00
(9) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES (62-1864145) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	WALK-IN CLINICS	TN	VHS	RELATED	27,597	3,253,189		✓		✓		51.00
(10) VIP MIDSOUTH, LLC (62-1654580) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	WALK-IN CLINICS	TN	VHS	RELATED	42,662	1,731,235		✓		✓		45.18
(11) WILLIAMSON IMAGING, LLC (62-1855535) 2009 MALLORY LANE, SUITE 150, FRANKLIN, TN 37067	DIAG. IMAGING	TN	VIS	RELATED	0	0		✓			✓	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	PRACTICES	TN	VHS	C CORPORATION	358,055	2,461,340	100.00	✓	
(2) CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	TN	VUMC	TRUST				✓	
(3) PERPETUAL TRUSTS (1)	CHARITABLE TRUST	TN	VUMC	TRUST				✓	

Part V Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(f) Method of determining amount involved
(6) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	Q	391,487	FMV
(7) VANDERBILT HOME CARE SERVICES, INC.	L	77,226	FMV
(8) VANDERBILT HOME CARE SERVICES, INC.	M	590,282	FMV
(9) VANDERBILT HOME CARE SERVICES, INC.	S	4,128,850	FMV
(10) VANDERBILT IMAGING SERVICES, LLC	O	66,052	FMV
(11) VANDERBILT IMAGING SERVICES, LLC	S	862,149	FMV
(12) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	K	330,897	FMV
(13) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	Q	1,845,590	FMV
(14) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	S	1,311,517	FMV
(15) VIP MIDSOUTH, LLC	Q	80,760	FMV
(16) PERPETUAL TRUSTS (1)	S	153,924	FMV
(17) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	B	92,000	FMV
(18) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	S	550,641	FMV