

**The Tennessee Poison Center is a nonprofit program that is housed at Vanderbilt University Medical Center (VUMC).**

**Please note: This is the most current IRS Form 990 filed by VUMC.**

## PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2020****Open to Public Inspection**

<b>A</b> For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>VANDERBILT UNIVERSITY MEDICAL CENTER</b> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1161 21ST AVE S., SUITE D3300 MCN City or town, state or province, country, and ZIP or foreign postal code NASHVILLE, TN 37232 <b>F</b> Name and address of principal officer: <b>JEFFREY R. BALSER, MD, PHD</b> SAME AS C ABOVE
<b>D</b> Employer identification number 35-2528741	<b>E</b> Telephone number (615) 322-2381
<b>G</b> Gross receipts \$ 6,224,420,239	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ WWW.VUMC.ORG	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: 2015 <b>M</b> State of legal domicile: TN

<b>Part I Summary</b>		
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O, FORM 990, PART III, LINE 1	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 11
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 10
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b> 30,896
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 782
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 40,500,281
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 401,620,114 Current Year 438,346,168
	<b>9</b> Program service revenue (Part VIII, line 2g)	4,496,378,453 5,106,259,432
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,586,023 18,217,757
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,684,001 11,756,841
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,930,268,591 5,574,580,198
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	127,501,010 151,088,546
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,495,793,963 2,836,543,128
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	490,000 427,175
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,937,233	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,123,706,272 2,375,649,927
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,747,491,245 5,363,708,776
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	182,777,346 210,871,422	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 5,245,976,412 End of Year 5,443,308,715
	<b>21</b> Total liabilities (Part X, line 26)	3,843,991,040 3,712,928,574
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,401,985,372 1,730,380,141

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
<b>Sign Here</b>	Signature of officer		Date		
	CECELIA B. MOORE, CFO & TREASURER		5/12/22		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AERIAL M ORR	Aerial M. Orr	5/11/22		P01598400
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶	34-6565596		
	Firm's address ▶ 55 IVAN ALLEN BLVD, SUITE 1000, ATLANTA, GA 30308	Phone no.	(404) 874-8300		
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** (2020)



## PUBLIC DISCLOSURE COPY

Form **8453-EO****Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2020, or tax year beginning 07/01, 2020, and ending 06/30, 20 21**2020**

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.

Name of exempt organization or person subject to tax

VANDERBILT UNIVERSITY MEDICAL CENTER

Taxpayer identification number

35-2528741

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	5,574,580,198
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	

**Part II Declaration of Officer or Person Subject to Tax**

- 8 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).


Under penalties of perjury, I declare that ☒ I am an officer of the above named organization or ☐ I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.


**Sign Here**  5/12/22 **CFO & TREASURER**  
Signature of officer or person subject to tax Date Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AERIAL M ORR		5/11/22		P01598400
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶	34-6565596
	Firm's address ▶ 55 IVAN ALLEN BLVD, SUITE 1000, ATLANTA, GA 30308			Phone no.	(404) 874-8300

Form **8868**

(Rev. January 2020)

Department of the Treasury  
Internal Revenue Service**PUBLIC DISCLOSURE COPY**  
**Application for Automatic Extension of Time To File an**  
**Exempt Organization Return**► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	VANDERBILT UNIVERSITY MEDICAL CENTER	35-2528741
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1161 21ST AVE S., SUITE D3300 MCN	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE, TN 37232	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SCOTT PHILLIPS

- The books are in the care of ► 3319 WEST END AVE., SUITE 700 NASHVILLE TN 37203

Telephone No. ► 615 322-2381

Fax No. ► 615 322-8589

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ► ☐ . If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05/16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or  
 ► ☒ tax year beginning 07/01, 2020, and ending 06/30, 2021.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2020)

**PUBLIC DISCLOSURE COPY**

<b>Cumulative e-File History 2020</b>	
<b>FED</b>	
Locator:	2109NW
Account:	2217
Taxpayer Name:	VANDERBILT UNIVERSITY MEDICAL CENTER
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	11/03/2021 08:29:25
Acknowledgement Date:	11/03/2021 08:59:33
Status:	Accepted
Submission ID:	58145420213075000004

**PUBLIC DISCLOSURE COPY**



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	June 30, 2021
Notice date	November 29, 2021
Employer ID number	35-2528741
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

VANDERBILT UNIVERSITY MEDICAL  
% SCOTT PHILLIPS  
1161 21ST AVE S  
NASHVILLE, TN 37232-0011

71/41107 -019251



019251

Important information about your June 30, 2021 Form 990

## We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your  
June 30, 2021 Form 990.

Your new due date is May 15, 2022.

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### What you need to do

File your June 30, 2021 Form 990 by May 15, 2022. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

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### Additional information

Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).

- For tax forms, instructions, and publications, visit [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

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Form 990 (2020)

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 \$ 3,573,998,342 including grants of \$ 22,377,561 ) (Revenue \$ 4,031,719,721 )  
PATIENT SERVICES - SEE SCHEDULE O FORM 990, PART III, LINE 4A

**4b** (Code: ) (Expenses \$ 793,478,730 including grants of \$ 128,710,985 ) (Revenue \$ 188,714,752 )  
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 on Schedule O.)  
 (Expenses \$ 136,386,988 including grants of \$ 0 ) (Revenue \$ 893,925,289 )

**4e** Total program service expenses 4,503,864,060



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Form 990 (2020)

Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b> ✓	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .		<b>2</b> ✓
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		<b>3</b> ✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b> ✓	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		<b>5</b> ✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		<b>6</b> ✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		<b>7</b> ✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b> ✓	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		<b>9</b> ✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b> ✓	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b> ✓	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		<b>11b</b> ✓
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		<b>11c</b> ✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>		<b>11d</b> ✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b> ✓	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		<b>11f</b> ✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>		<b>12a</b> ✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		<b>13</b> ✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b> ✓	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<b>14b</b> ✓	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b> ✓	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		<b>16</b> ✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I See instructions . . . . .</i>	<b>17</b> ✓	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b> ✓	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		<b>19</b> ✓
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b> ✓	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> ✓	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b> ✓	

Form **990** (2020)



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Form 990 (2020)

Page **4****Part IV** Checklist of Required Schedules (continued)

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 1,865	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> ✓	

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	30,896
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	✓
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country <b>MZ</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

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**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> <b>11</b> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent . . . . . <b>1b</b> <b>10</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . <b>2</b>	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . <b>3</b>		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>	<input checked="" type="checkbox"/>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		<input checked="" type="checkbox"/>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . <b>7a</b>		<input checked="" type="checkbox"/>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	<input checked="" type="checkbox"/>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	<input checked="" type="checkbox"/>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . <b>9</b>		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 on Schedule O)

**19** Describe on 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, 3841 GREEN HILLS VILLAGE DR, STE 200, NASHVILLE, TN 37215-2691, (615) 322-2381

**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.

See instructions for the order in which to list the persons above.

☐ 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	50.0	✓		✓				4,244,426	0	1,060,783
(2) C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF HEALTH SYSTEM OFFICER	48.9 1.1			✓				2,906,063	0	578,018
(3) BYRON F. STEPHENS, II, MD ASST PROFESSOR COMPREHENSIVE SPINE CENTER	50.0					✓		2,096,250	0	41,905
(4) CECILIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	50.0			✓				1,630,095	0	347,626
(5) JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	50.0			✓				1,494,326	0	319,159
(6) AMIR M. ABTAHI, MD ASST PROFESSOR COMPREHENSIVE SPINE CENTER	50.0					✓		1,616,798	0	42,156
(7) RICK W. WRIGHT, MD DEPT CHAIRPERSON PROFESSOR, ORTHO - SPORTS MEDICINE	50.0					✓		1,544,688	0	29,490
(8) GINGER HOLT, MD PROFESSOR, ORTHO-ONCOLOGY	50.0					✓		1,418,754	0	52,898
(9) MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	50.0			✓				1,189,277	0	266,463
(10) DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	50.0				✓			1,198,866	0	191,788
(11) GREGORY G. POLKOWSKI, II, MD ASSOC PROFESSOR, ORTHO-JOINTS	50.0					✓		1,336,373	0	47,898
(12) WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	50.0				✓			1,049,951	0	33,202
(13) JENNIFER A. PIETENPOL, PHD CHIEF SCIENTIFIC OFFICER	50.0				✓			949,716	0	129,341
(14) DAVID R. POSCH EVP FOR POPULATION HEALTH	49.6 0.4				✓			1,013,285	0	38,483



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Page **8****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) SHON DWYER, MBA, RN PRESIDENT, VANDERBILT ADULT HOSPITAL	50.0				✓			863,205	0	145,394
(16) ZEENA M. ABDULAHAD, MPA EVP AND CHIEF DEVELOPMENT OFFICER	50.0				✓			850,166	0	148,600
(17) THOMAS S. NANTAIS, MBA EVP ADULT AMBULATORY	50.0				✓			845,775	0	128,748
(18) MARGARET G. RUSH, MD, MMHC PRESIDENT AND EXECUTIVE MEDICAL DIRECTOR, MONROE CARELL JR. CHILDREN'S HOSPITAL A	49.1 0.9				✓			755,012	0	109,425
(19) TRACI K. NORDBERG, JD CHIEF HR OFFICER	0.0						✓	852,689	0	0
(20) DANIEL DIERMEIER, PHD DIRECTOR (BEGINNING JULY 1, 2020)	1.0	✓						0	0	0
(21) DAVID W. PATTERSON, MD DIRECTOR	1.0	✓						0	0	0
(22) EDITH SCOTT CARELL JOHNSON, JD DIRECTOR	1.0	✓						0	0	0
(23) GREGORY SCOTT ALLEN, JD DIRECTOR	1.0	✓						0	0	0
(24) JOHN F. STEIN, MBA DIRECTOR	1.0	✓						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								27,855,715	0	3,711,377
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								27,855,715	0	3,711,377

**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 **▶** 4,501

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	✓	
<b>4</b> 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>	✓	
<b>5</b> 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>		✓

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANDERBILT UNIVERSITY, PMB 406310, 2301 VANDERBILT PLACE, NASHVILLE, TN 37240	VARIOUS SERVICES	175,907,817
CROSS COUNTRY STAFFING INC, 6551 PARK OF COMMERCE BLVD., BOCA RATON, FL 33487	TEMPORARY LABOR SERVICES	39,598,208
MESSER CONSTRUCTION CO, 230 GREAT CIRCLE RD, 218, NASHVILLE, TN 37228	CONSTRUCTION SERVICES	25,437,484
TRIMEDX INC, 5451 LAKEVIEW PKWY S DRIVE, INDIANAPOLIS, IN 46268	MEDICAL EQUIPMENT SERVICING	24,527,895
TURNER UNIVERSAL CONSTRUCTION CO, 624 GRASSMERE PARK #4, NASHVILLE, TN 37211	CONSTRUCTION SERVICES	17,515,503

**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 **▶** 427

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Page **9****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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	467,172			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	341,993,609			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	95,885,387			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 3,944,649			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		438,346,168			
	<b>Program Service Revenue</b>						
<b>2a</b>	NET PATIENT SERVICE REVENUE	Business Code	622110	4,691,813,631	4,680,110,727	11,702,904	
<b>b</b>	ACADEMIC AND RESEARCH REVENUE		611310	188,714,752	188,714,752		
<b>c</b>	OTHER PROGRAM REVENUE		611310	225,731,049	196,933,535	28,797,514	
<b>d</b>							
<b>e</b>							
<b>f</b>	All other program service revenue . . . . .			0	0	0	0
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .			5,106,259,432			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			3,521,853	(137)	3,521,990
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .			1,222,160		1,222,160
	<b>6a</b>	Gross rents . . . . .	(i) Real	7,861,818			
	<b>b</b>	Less: rental expenses	(ii) Personal	5,448,057			
	<b>c</b>	Rental income or (loss)		2,413,761	0		
	<b>d</b>	Net rental income or (loss) . . . . .			2,413,761		2,413,761
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	659,054,662	11,500		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	(ii) Other	644,370,258	0		
	<b>c</b>	Gain or (loss) . . . . .		14,684,404	11,500		
	<b>d</b>	Net gain or (loss) . . . . .			14,695,904		14,695,904
	<b>8a</b>	Gross income from fundraising events (not including \$ 467,172 of contributions reported on line 1c). See Part IV, line 18 . . . . .			42,316		
	<b>b</b>	Less: direct expenses . . . . .			21,726		
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			20,590		20,590
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
	<b>b</b>	Less: direct expenses . . . . .					
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
	<b>b</b>	Less: cost of goods sold . . . . .					
	<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>11a</b>	REVENUE FROM UNCONSOLIDATED ORGS	Business Code	900099	8,100,330	8,100,330	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .			0	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			8,100,330		
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			5,574,580,198	5,073,859,344	40,500,281	21,874,405

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	114,233,405	114,233,405		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	30,726,908	30,726,908		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	6,128,233	6,128,233		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	19,389,907	2,263,543	15,772,113	1,354,251
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	82,043	82,043		
<b>7</b> Other salaries and wages . . . . .	2,282,382,787	2,023,981,531	251,971,623	6,429,633
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	76,493,279	65,659,720	10,520,579	312,980
<b>9</b> Other employee benefits . . . . .	313,323,087	268,949,236	43,091,895	1,281,956
<b>10</b> Payroll taxes . . . . .	144,872,025	124,355,105	19,924,188	592,732
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	4,849,789	1,907,375	2,942,414	
<b>b</b> Legal . . . . .	3,539,468	1,324,337	2,215,131	
<b>c</b> Accounting . . . . .	1,311,078	85,995	1,225,083	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	427,175			427,175
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	455,585,804	159,747,545	295,298,304	539,955
<b>12</b> Advertising and promotion . . . . .	15,303,736	12,206,525	2,991,248	105,963
<b>13</b> Office expenses . . . . .	143,650,227	115,123,832	27,074,088	1,452,307
<b>14</b> Information technology . . . . .	79,485,565	19,932,906	59,539,076	13,583
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	273,271,557	212,436,140	57,526,626	3,308,791
<b>17</b> Travel . . . . .	4,166,419	3,324,442	827,525	14,452
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	7,061,031	5,270,397	1,779,850	10,784
<b>20</b> Interest . . . . .	66,642,920	60,510,723	6,132,197	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	151,453,709	113,759,851	37,693,858	
<b>23</b> Insurance . . . . .	26,267,133	26,267,133		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> DRUGS AND MEDICAL SUPPLIES . . . . .	1,118,741,393	1,115,522,137	3,219,256	
<b>b</b> OTHER ACADEMIC AND RESEARCH . . . . .	5,792,301	2,995,069	2,764,770	32,462
<b>c</b> TAXES . . . . .	4,354,682	4,354,682		
<b>d</b> GIFTS AND COMMUNITY CONTRIBUTIONS . . . . .	660,235	163,336	496,899	
<b>e</b> All other expenses . . . . .	13,512,880	12,551,911	900,760	60,209
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	5,363,708,776	4,503,864,060	843,907,483	15,937,233
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	100,421,330	<b>1</b>	215,673,845
	<b>2</b> Savings and temporary cash investments . . . . .	1,081,910,590	<b>2</b>	649,041,881
	<b>3</b> Pledges and grants receivable, net . . . . .	88,949,099	<b>3</b>	108,251,184
	<b>4</b> Accounts receivable, net . . . . .	561,776,513	<b>4</b>	638,502,982
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,595,666	<b>7</b>	2,610,278
	<b>8</b> Inventories for sale or use . . . . .	104,602,507	<b>8</b>	140,281,125
	<b>9</b> Prepaid expenses and deferred charges . . . . .	19,134,421	<b>9</b>	26,123,805
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,166,328,582		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 696,153,184		
		2,371,797,990	<b>10c</b>	2,470,175,398
	<b>11</b> Investments—publicly traded securities . . . . .	884,876,754	<b>11</b>	1,122,286,008
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	23,234,060	<b>12</b>	63,109,442
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 . . . . .	6,677,482	<b>15</b>	7,252,767	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	5,245,976,412	<b>16</b>	5,443,308,715	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	893,438,493	<b>17</b>	1,005,605,267
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	8,854,203	<b>19</b>	7,162,033
	<b>20</b> Tax-exempt bond liabilities . . . . .	702,343,792	<b>20</b>	699,979,893
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,128,467,690	<b>23</b>	930,173,016
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	29,236,084	<b>24</b>	25,121,239
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	1,081,650,778	<b>25</b>	1,044,887,126
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,843,991,040	<b>26</b>	3,712,928,574
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,215,432,577	<b>27</b>	1,505,823,954
	<b>28</b> Net assets with donor restrictions . . . . .	186,552,795	<b>28</b>	224,556,187
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	1,401,985,372	<b>32</b>	1,730,380,141
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	5,245,976,412	<b>33</b>	5,443,308,715	



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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,574,580,198
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,363,708,776
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	210,871,422
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,401,985,372
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	73,473,622
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	44,049,725
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	1,730,380,141

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	✓	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	✓	

Form **990** (2020)

**PUBLIC DISCLOSURE COPY**

**Part VII**

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MICHAEL M. E. JOHNS, MD ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) RICHARD B. JOHNSTON, JR., MD ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) ROBERT C. SCHIFF, JR., MD ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) SAMUEL E. LYNCH, DMD, DMSC ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) THOMAS J. SHERRARD, III, JD ----- DIRECTOR	1.0 -----	✓						0	0	0

## PUBLIC DISCLOSURE 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.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

## PUBLIC DISCLOSURE COPY

Schedule A (Form 990 or 990-EZ) 2020

Page **2****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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	302,808,739	355,841,563	378,866,982	401,620,114	438,346,168	1,877,483,566
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	302,808,739	355,841,563	378,866,982	401,620,114	438,346,168	1,877,483,566
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						1,877,483,566

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	302,808,739	355,841,563	378,866,982	401,620,114	438,346,168	1,877,483,566
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	22,888,201	29,004,907	21,476,633	26,063,542	12,605,831	112,039,114
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	4,280,652	4,127,008	4,324,295	5,057,739	8,142,646	25,932,340
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						2,015,455,020
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	21,083,269,723
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	93.15 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020



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Schedule A (Form 990 or 990-EZ) 2020

Page **3****Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
Section C—Distributable Amount			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020



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Schedule A (Form 990 or 990-EZ) 2020

Page 7

**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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2020 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 . . . . .			
b From 2016 . . . . .			
c From 2017 . . . . .			
d From 2018 . . . . .			
e From 2019 . . . . .			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

Schedule A (Form 990 or 990-EZ) 2020

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**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 -	THE AMOUNT REPORTED ON LINE 10 COMPRISES GROSS FUNDRAISING REVENUE OF \$42,316 AND REVENUE FROM UNCONSOLIDATED ORGANIZATIONS OF \$8,100,330.

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Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	UNCONSOLIDATED ORGS AND FUNDRAISING	4,280,652	4,127,008	4,324,295	5,057,739	8,142,646	25,932,340
	Total	4,280,652	4,127,008	4,324,295	5,057,739	8,142,646	25,932,340

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

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**  
**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020

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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	132,676													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	132,676													
<b>d</b>	Other exempt purpose expenditures . . . . .	5,325,093,333													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	5,325,226,009													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	335,413	379,409	249,219	132,676	1,096,717
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0		0

Schedule C (Form 990 or 990-EZ) 2020



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Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

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

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

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

**Part IV** Supplemental Information

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

SEE NEXT PAGE

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**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A, LINE 2 -	VUMC DULY FILED FEDERAL FORM 5768 ELECTING TO HAVE THE PROVISIONS OF 501(H) APPLY TO ITS TAX YEAR ENDING JUNE 30, 2015. THIS ELECTION WAS NOT REVOKED PRIOR TO VUMC'S TAX YEAR BEGINNING JULY 1, 2020.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

**Part II Conservation Easements.**

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	► \$ 9,205
(ii) Assets included in Form 990, Part X . . . . .	► \$ 605,700
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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	► \$
b Assets included in Form 990, Part X . . . . .	► \$

## PUBLIC DISCLOSURE COPY

Schedule D (Form 990) 2020

Page **2****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 make significant use of its collection items (check all that apply):

**a** ☒ Public exhibition

**d** ☐ Loan or exchange program

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

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	159,065,950	141,833,236	122,002,502	97,918,225	79,588,874
<b>b</b> Contributions	24,390,084	15,676,038	17,463,426	18,514,911	11,330,429
<b>c</b> Net investment earnings, gains, and losses	32,876,965	5,609,226	6,206,602	8,271,392	10,665,314
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	4,271,744	4,052,550	3,839,294	2,702,026	3,666,392
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	212,061,255	159,065,950	141,833,236	122,002,502	97,918,225

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

**a** Board designated or quasi-endowment ☒ 63.64 %

**b** Permanent endowment ☒ 28.57 %

**c** Term endowment ☒ 7.79 %

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

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

**(i)** Unrelated organizations

**(ii)** Related organizations

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		40,799,937		40,799,937
<b>b</b> Buildings		1,249,124,699	331,653,355	917,471,344
<b>c</b> Leasehold improvements		141,358,202	37,531,819	103,826,383
<b>d</b> Equipment		749,994,708	199,130,048	550,864,660
<b>e</b> Other		985,051,036	127,837,962	857,213,074
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,470,175,398

Schedule D (Form 990) 2020

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <u>SHORT TERM LEASE LIABILITIES</u>	67,343,302
(3) <u>OPERATING LEASE LIABILITIES</u>	795,329,983
(4) <u>FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS</u>	76,863,848
(5) <u>TENANT IMPROVEMENT ALLOWANCES</u>	115,750
(6) <u>ASSET RETIREMENT OBLIGATION</u>	6,731,514
(7) <u>SHARED SAVINGS PAYABLE</u>	6,922,670
(8) <u>NOTE PAYABLE TO RELATED ORGANIZATION</u>	91,580,059
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	1,044,887,126

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☐



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

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

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

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

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

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

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

[SEE STATEMENT](#)

**PUBLIC DISCLOSURE COPY****Part XIII**

**Supplemental Information.** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> EAST ASIA AND THE PACIFIC	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	102
<b>(2)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	17,567
<b>(3)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	2,025
<b>(4)</b> SOUTH AMERICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	2,487
<b>(5)</b> SUB-SAHARAN AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	4,784
<b>(6)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING-SUBCONTRACTS	N/A	35,666
<b>(7)</b> EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING-SUBCONTRACTS	N/A	105,561
<b>(8)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING-SUBCONTRACTS	N/A	380,237
<b>(9)</b> MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING-SUBCONTRACTS	N/A	19,329
<b>(10)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING-SUBCONTRACTS	N/A	306,737
<b>(11)</b> RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING-SUBCONTRACTS	N/A	41,580
<b>(12)</b> SOUTH AMERICA	0	5	GRANTMAKING-SUBCONTRACTS	N/A	1,349,772
<b>(13)</b> SUB-SAHARAN AFRICA	0	6	GRANTMAKING-SUBCONTRACTS	N/A	3,889,351
<b>(14)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION	597
<b>(15)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION AND RESEARCH	5,096
<b>(16)</b> SUB-SAHARAN AFRICA	12	2,260	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	25,215,035
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	12	2,273			31,375,926
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	12	2,273			31,375,926

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

Cat. No. 50082W

Schedule F (Form 990) 2020

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Schedule F (Form 990) 2020

Page **2**

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			SUB-SAHARAN AFRICA	RESEARCH	16,418	WIRE		N/A	N/A
<b>(2)</b>			SUB-SAHARAN AFRICA	RESEARCH	130,088	WIRE		N/A	N/A
<b>(3)</b>			SUB-SAHARAN AFRICA	GENERAL	1,194,305	WIRE		N/A	N/A
<b>(4)</b>			SUB-SAHARAN AFRICA	RESEARCH	19,316	WIRE		N/A	N/A
<b>(5)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	34,500	WIRE		N/A	N/A
<b>(6)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	85,685	WIRE		N/A	N/A
<b>(7)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	79,201	WIRE		N/A	N/A
<b>(8)</b>			SUB-SAHARAN AFRICA	GENERAL	238,762	WIRE		N/A	N/A
<b>(9)</b>			SOUTH AMERICA	RESEARCH	440,745	WIRE		N/A	N/A
<b>(10)</b>			SOUTH AMERICA	RESEARCH	112,342	WIRE		N/A	N/A
<b>(11)</b>			RUSSIA AND NEIGHBORING STATES	RESEARCH	41,580	WIRE		N/A	N/A
<b>(12)</b>			CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	35,666	WIRE		N/A	N/A
<b>(13)</b>			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	32,542	CHECK		N/A	N/A
<b>(14)</b>			SUB-SAHARAN AFRICA	RESEARCH	7,728	WIRE		N/A	N/A
<b>(15)</b>			SOUTH AMERICA	RESEARCH	193,522	CHECK		N/A	N/A
<b>(16)</b>			(SEE STATEMENT)						

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . 38

**3** Enter total number of other organizations or entities . . . 41

Schedule F (Form 990) 2020

**PUBLIC DISCLOSURE COPY**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



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Schedule F (Form 990) 2020

Page 4

Part IV Foreign Forms

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

Schedule F (Form 990) 2020

**PUBLIC DISCLOSURE COPY**

**Part II**

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	59,226	WIRE		N/A	N/A
(17)		SUB-SAHARAN AFRICA	RESEARCH	43,997	WIRE		N/A	N/A
(18)		SUB-SAHARAN AFRICA	GENERAL	31,297	WIRE		N/A	N/A
(19)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	46,484	WIRE		N/A	N/A
(20)		SUB-SAHARAN AFRICA	GENERAL	59,353	WIRE		N/A	N/A
(21)		SUB-SAHARAN AFRICA	GENERAL	1,700	WIRE		N/A	N/A
(22)		EAST ASIA AND THE PACIFIC	GENERAL	28,505	WIRE		N/A	N/A
(23)		SOUTH AMERICA	RESEARCH	401,293	WIRE		N/A	N/A
(24)		EAST ASIA AND THE PACIFIC	RESEARCH	34,195	WIRE		N/A	N/A
(25)		SUB-SAHARAN AFRICA	RESEARCH	6,459	WIRE		N/A	N/A
(26)		SUB-SAHARAN AFRICA	GENERAL	25,947	WIRE		N/A	N/A
(27)		MIDDLE EAST AND NORTH AFRICA	RESEARCH	19,329	WIRE		N/A	N/A
(28)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	72,232	CHECK		N/A	N/A
(29)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	5,632	WIRE		N/A	N/A
(30)		SUB-SAHARAN AFRICA	GENERAL	16,340	WIRE		N/A	N/A
(31)		SOUTH AMERICA	RESEARCH	34,015	WIRE		N/A	N/A
(32)		SOUTH AMERICA	RESEARCH	127,855	WIRE		N/A	N/A
(33)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	21,600	WIRE		N/A	N/A
(34)		EAST ASIA AND THE PACIFIC	RESEARCH	38,894	WIRE		N/A	N/A
(35)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	114,937	CHECK		N/A	N/A
(36)		SUB-SAHARAN AFRICA	GENERAL	107,488	WIRE		N/A	N/A
(37)		SOUTH AMERICA	RESEARCH	40,000	WIRE		N/A	N/A
(38)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	86,400	WIRE		N/A	N/A
(39)		SUB-SAHARAN AFRICA	GENERAL	9,148	WIRE		N/A	N/A
(40)		SUB-SAHARAN AFRICA	GENERAL	119,630	WIRE		N/A	N/A
(41)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	20,736	WIRE		N/A	N/A
(42)		EAST ASIA AND THE PACIFIC	RESEARCH	3,967	WIRE		N/A	N/A
(43)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	27,799	CHECK		N/A	N/A
(44)		SUB-SAHARAN AFRICA	GENERAL	49,737	WIRE		N/A	N/A
(45)		SUB-SAHARAN AFRICA	GENERAL	52,576	WIRE		N/A	N/A
(46)		SUB-SAHARAN AFRICA	GENERAL	8,901	WIRE		N/A	N/A
(47)		SUB-SAHARAN AFRICA	GENERAL	11,307	WIRE		N/A	N/A
(48)		SUB-SAHARAN AFRICA	GENERAL	13,937	WIRE		N/A	N/A
(49)		SUB-SAHARAN AFRICA	GENERAL	8,162	WIRE		N/A	N/A
(50)		SUB-SAHARAN AFRICA	GENERAL	10,535	WIRE		N/A	N/A
(51)		SUB-SAHARAN	GENERAL	10,448	WIRE		N/A	N/A

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(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA						
(52)		SUB-SAHARAN AFRICA	GENERAL	6,317	WIRE		N/A	N/A
(53)		SUB-SAHARAN AFRICA	GENERAL	9,154	WIRE		N/A	N/A
(54)		SUB-SAHARAN AFRICA	GENERAL	10,359	WIRE		N/A	N/A
(55)		SUB-SAHARAN AFRICA	GENERAL	21,575	WIRE		N/A	N/A
(56)		SUB-SAHARAN AFRICA	GENERAL	19,601	WIRE		N/A	N/A
(57)		SUB-SAHARAN AFRICA	GENERAL	52,356	WIRE		N/A	N/A
(58)		SUB-SAHARAN AFRICA	GENERAL	15,513	WIRE		N/A	N/A
(59)		SUB-SAHARAN AFRICA	GENERAL	33,683	WIRE		N/A	N/A
(60)		SUB-SAHARAN AFRICA	GENERAL	79,375	WIRE		N/A	N/A
(61)		SUB-SAHARAN AFRICA	GENERAL	9,749	WIRE		N/A	N/A
(62)		SUB-SAHARAN AFRICA	GENERAL	43,155	WIRE		N/A	N/A
(63)		SUB-SAHARAN AFRICA	GENERAL	91,628	WIRE		N/A	N/A
(64)		SUB-SAHARAN AFRICA	GENERAL	133,144	WIRE		N/A	N/A
(65)		SUB-SAHARAN AFRICA	GENERAL	30,933	WIRE		N/A	N/A
(66)		SUB-SAHARAN AFRICA	GENERAL	52,423	WIRE		N/A	N/A
(67)		SUB-SAHARAN AFRICA	GENERAL	255,181	WIRE		N/A	N/A
(68)		SUB-SAHARAN AFRICA	GENERAL	51,449	WIRE		N/A	N/A
(69)		SUB-SAHARAN AFRICA	GENERAL	46,568	WIRE		N/A	N/A
(70)		SUB-SAHARAN AFRICA	GENERAL	104,310	WIRE		N/A	N/A
(71)		SUB-SAHARAN AFRICA	GENERAL	38,606	WIRE		N/A	N/A
(72)		SUB-SAHARAN AFRICA	GENERAL	58,346	WIRE		N/A	N/A
(73)		SUB-SAHARAN AFRICA	GENERAL	98,310	WIRE		N/A	N/A
(74)		SUB-SAHARAN AFRICA	GENERAL	10,187	WIRE		N/A	N/A
(75)		SUB-SAHARAN AFRICA	GENERAL	99,904	WIRE		N/A	N/A
(76)		SUB-SAHARAN AFRICA	GENERAL	10,287	WIRE		N/A	N/A
(77)		SUB-SAHARAN AFRICA	GENERAL	48,447	WIRE		N/A	N/A
(78)		SUB-SAHARAN AFRICA	GENERAL	111,034	WIRE		N/A	N/A
(79)		SUB-SAHARAN AFRICA	GENERAL		N/A	152,305	MEDICAL SUPPLIES & EQUIPMENT	FMV

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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><a href="https://www.vumc.org/administrators-resource/policies-procedures">HTTPS://WWW.VUMC.ORG/ADMINISTRATORS-RESOURCE/POLICIES-PROCEDURES</a> (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p>
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL  EAST ASIA AND THE PACIFIC: ACCRUAL  EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL  MIDDLE EAST AND NORTH AFRICA: ACCRUAL  NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL  RUSSIA AND NEIGHBORING STATES: ACCRUAL  SOUTH AMERICA: ACCRUAL  SUB-SAHARAN AFRICA: ACCRUAL</p>
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL  EAST ASIA AND THE PACIFIC: ACCRUAL  EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL  MIDDLE EAST AND NORTH AFRICA: ACCRUAL  NORTH AMERICA (CANADA &amp; MEXICO ONLY): ACCRUAL  RUSSIA AND NEIGHBORING STATES: ACCRUAL  SOUTH AMERICA: ACCRUAL  SUB-SAHARAN AFRICA: ACCRUAL</p>

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**  
**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> MARKETEAM LLC, 1200 ABERNATHY ROAD, NE SUITE 1600, ATLANTA, GA 30328	(SEE STATEMENT)		✓	3,874,825	931,690	2,943,135
<b>2</b> PG CALC INC., 129 MOUNT AUBURN ST., CAMBRIDGE, MA 02138	(SEE STATEMENT)		✓	679,505	23,000	656,505
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				4,554,330	954,690	3,599,640

- 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.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV,  
NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY



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Schedule G (Form 990 or 990-EZ) 2020

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 <u>FRIENDS IN FASHION</u> (event type)	(b) Event #2 <u>SHADE TREE DINNER</u> (event type)	(c) Other events <u>4</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	171,977	140,564	196,947	509,488
	<b>2</b> Less: Contributions . . . . .	155,904	128,888	182,380	467,172
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	16,073	11,676	14,567	42,316
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .				0
	<b>8</b> Entertainment . . . . .			1,929	1,929
	<b>9</b> Other direct expenses . . . . .	18,498	0	1,299	19,797
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				21,726
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				20,590

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

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

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

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

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

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

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

Schedule G (Form 990 or 990-EZ) 2020

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Schedule G (Form 990 or 990-EZ) 2020

Page **3**

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

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

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

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

[SEE NEXT PAGE](#)

Schedule G (Form 990 or 990-EZ) 2020

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**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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	CONSULTING SERVICES RELATED TO FUNDRAISING
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 2	CONSULTING SERVICES RELATED TO FUNDRAISING
SCHEDULE G, PART I, LINE 2B(V) - LINE 2B COLUMN (V) AMOUNT PAID TO FUNDRAISER LISTED IN COLUMN (I)	THE TOTAL AMOUNT PAID TO MARKETEAM, LLC WAS \$931,690, WHICH INCLUDES PROFESSIONAL FUNDRAISING FEES AND EXPENSES. THE CONTRACT BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND MARKETEAM, LLC CALLS FOR THE REIMBURSEMENT OF FUNDRAISING EXPENSES INCURRED BY MARKETEAM, LLC, SUCH AS PRINTING AND POSTAGE, WHICH ARE INVOICED SEPARATELY FROM PROFESSIONAL FUNDRAISING EXPENSES. MARKETEAM, LLC PROVIDES CONSULTING SERVICES FOR VANDERBILT UNIVERSITY MEDICAL CENTER'S OVERALL FUNDRAISING PROGRAM AND DOES NOT RAISE FUNDS FOR VANDERBILT UNIVERSITY MEDICAL CENTER OR HELP RAISE FUNDS FOR A SPECIFIC PURPOSE.
SCHEDULE G, PART I, LINE 2B(V) - LINE 2B COLUMN (V) AMOUNT PAID TO FUNDRAISER LISTED IN COLUMN (I)	THE TOTAL AMOUNT PAID TO PG CALC, INC. WAS \$23,000, WHICH INCLUDES PLANNED GIVING STRATEGIC CONSULTING AND TECHNICAL ASSISTANCE FEES. THE CONTRACT BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND PG CALC, INC. CALLS FOR THE REIMBURSEMENT OF FUNDRAISING EXPENSES INCURRED BY PG CALC, INC., SUCH AS PRINTING AND POSTAGE, WHICH ARE INVOICED SEPARATELY FROM PROFESSIONAL SERVICES. PG CALC, INC. PROVIDES CONSULTING SERVICES FOR VANDERBILT UNIVERSITY MEDICAL CENTER'S PLANNED GIVING PROGRAM AND DOES NOT RAISE FUNDS FOR VANDERBILT UNIVERSITY MEDICAL CENTER OR HELP RAISE FUNDS FOR A SPECIFIC PURPOSE.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**

**Hospitals**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

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

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35 2528741

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

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			123,932,490		123,932,490	2.31
<b>b</b> Medicaid (from Worksheet 3, column a)			882,841,952	773,987,847	108,854,105	2.03
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	0	1,006,774,442	773,987,847	232,786,595	4.33
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			8,512,917	2,888,357	5,624,560	0.10
<b>f</b> Health professions education (from Worksheet 5) . . . . .			227,584,831	53,666,755	173,918,076	3.24
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .					0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .			772,618,313	620,162,059	152,456,254	2.84
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .					0	0.00
<b>j Total.</b> Other Benefits . . . . .	0	0	1,008,716,061	676,717,171	331,998,890	6.18
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	2,015,490,503	1,450,705,018	564,785,485	10.51

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**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	31,912,976	
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	3,467,408	
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	548,772,887
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	779,497,055
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(230,724,168)
8 Describe in Part VI the extent to which any shortfall reported on 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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**PUBLIC DISCLOSURE COPY****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 %	(e) Physicians' profit % or stock ownership %
AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	AMBULATORY SURGERY CENTER	52.04	0.00	12.24
VIP MIDSOUTH, LLC	PEDIATRIC CLINICS	65.02	0.00	34.98
SPRINGFIELD VIP REALTY, LLC	OWN REAL ESTATE USED AS MEDICAL FACILITY	49.00	0.00	51.00



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**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? 6

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
<b>1</b> VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS 1211 22ND AVENUE SOUTH, NASHVILLE, TN 37212 WWW.VANDERBILTHEALTH.COM STATE LICENSE NO. : 0000000027	✓	✓	✓	✓		✓	✓			
<b>2</b> VANDERBILT WILSON COUNTY HOSPITAL 1411 W. BADDOUR PARKWAY, LEBANON, TN 37087 HTTPS://VANDERBILTWILSONCOUNTYHOSPITAL.COM/ STATE LICENSE NO. : 00000137	✓	✓					✓			
<b>3</b> VANDERBILT TULLAHOMA-HARTON HOSPITAL 1801 N JACKSON ST, TULLAHOMA, TN 37388 HTTPS:// (SEE STATEMENT)	✓	✓					✓			
<b>4</b> VANDERBILT BEDFORD HOSPITAL 835 US-231, SHELBYVILLE, TN 37160 HTTPS://WWW.VANDERBILTBEDFORDHOSPITAL.COM/ STATE LICENSE NO. : 00000002	✓	✓					✓			
<b>5</b> VANDERBILT STALLWORTH REHABILITATION HOSPITAL 2201 CHILDREN'S WAY, NASHVILLE, TN 37212 WWW.VANDERBILTSTALLWORTHREHAB.COM STATE LICENSE NO. : 0000000141	✓									
<b>6</b> TENNOVA HEALTHCARE - CLARKSVILLE 651 DUNLOP LN, CLARKSVILLE, TN 37040 HTTPS://WWW.TENNOVACLARKSVILLE.COM/ STATE LICENSE NO. : 00000090	✓	✓					✓			
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

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**Part V, Section A**

**Supplemental Information.** Supplemental Information for Part V, Section A.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION A, LINE 3 - 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)	/WWW.VANDERBILTTULLAHOMAHARTONHOSPITAL.COM/ STATE LICENSE NO. : 00000018

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Schedule H (Form 990) 2020

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 HOSPITALSLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

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

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

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**Part V Facility Information** *(continued)*

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)*

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

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

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

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**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA OF VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC) ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY, IDENTIFIED BY THE CHNA.</p> <p>THE 2019 PROCESS OF PRIORITIZING THE SIGNIFICANT HEALTH NEEDS INCLUDED A NUMBER OF PHASES. VUMC AND COLLABORATORS COLLECTED AND ANALYZED PRIMARY DATA FROM A BROAD ARRAY OF STAKEHOLDERS AND COMMUNITY MEMBERS. ADDITIONALLY, VUMC PULLED AND REVIEWED HUNDREDS OF INDICATORS FROM PUBLICLY AVAILABLE SECONDARY DATA. IN EACH OF THE THREE COUNTIES IN THE CHNA COMMUNITIES SERVED (DAVIDSON, RUTHERFORD, AND WILLIAMSON COUNTIES), VUMC HELD A COMMUNITY SUMMIT, WHICH INCLUDED HOSPITAL LEADERSHIP, LOCAL HEALTH DEPARTMENTS, COMMUNITY LEADERS REPRESENTING A NUMBER OF SECTORS, AND COMMUNITY MEMBERS AS WELL AS INDIVIDUALS WHO PARTICIPATED IN INTERVIEWS AND LISTENING SESSIONS AS A PART OF THE CHNA PROCESS. VUMC ALSO CONDUCTED AN ENVIRONMENTAL SCAN IN EACH COUNTY. THE RESULTS OF VUMC'S DATA COLLECTION AND ANALYSIS WERE PRESENTED TO THE COMMUNITY, AND PARTICIPANTS WERE ASKED TO PRIORITIZE THEIR COMMUNITIES MOST PRESSING HEALTH NEEDS THROUGH INTERACTIVE EXERCISES. THE NEEDS PRIORITIZED BY THE COMMUNITY WERE ADOPTED BY VUMC, AND EACH DESCRIBED AT LENGTH IN VUMC'S 2019 CHNA. THROUGH THIS CHNA PROCESS, THE COMMUNITY PRIORITIZED THE SIGNIFICANT HEALTH NEEDS OF MENTAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO RESOURCES AND SERVICES, BASIC NEEDS AND SOCIAL DETERMINANTS, PREVENTION AND EDUCATION.</p>

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Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, WERE OBTAINED THROUGH FACE-TO-FACE INTERVIEWS AND VIA COMMUNITY LISTENING SESSIONS. INTERVIEWS TOOK PLACE FROM FEBRUARY 2018 TO MAY 2018. LISTENING SESSIONS TOOK PLACE FROM JUNE 2018 TO SEPTEMBER 2018. COMMUNITY SUMMITS WERE HELD IN THE FALL AND WINTER OF 2018 AND INTO 2019.</p> <p>DURING THE 2019 CHNA, VUMC IDENTIFIED LEADERS FROM PUBLIC HEALTH, GOVERNMENT, EDUCATION, THE FAITH COMMUNITY, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS, AND ACADEMIA AMONG OTHERS AS INTERVIEWEES. INTERVIEWEES WERE IDENTIFIED IN COLLABORATION WITH SAINT THOMAS HEALTH AND LOCAL HEALTH DEPARTMENTS IN EACH COUNTY AND WERE SELECTED BASED ON THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE COMMUNITY AND UNDERSERVED POPULATIONS. INTERVIEWEES ALSO INCLUDED HEALTH DEPARTMENT DIRECTORS FROM THE COMMUNITY SERVED, COMMUNITY PHYSICIANS, PUBLIC HEALTH RESEARCHERS, AND COMMUNITY-BASED ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH. IN ALL, 68 COMMUNITY LEADERS WERE INTERVIEWED WITH PARTICULAR ATTENTION TO UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.</p> <p>ORGANIZATIONS REPRESENTED IN THE 2019 DAVIDSON COUNTY INTERVIEWS INCLUDED THE FOLLOWING: DAVIDSON COUNTY METRO COUNCIL, NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH), METRO HOMELESSNESS COMMISSION, METROPOLITAN GOVERNMENT, NASHVILLE MAYOR'S OFFICE, MEHARRY MEDICAL COLLEGE, 58TH LEGISLATIVE DISTRICT OFFICE, SAINT THOMAS HEALTH, VANDERBILT UNIVERSITY MEDICAL CENTER, TENNESSEE OFFICE FOR REFUGEES, SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, SALAHADDEEN CENTER OF NASHVILLE, MENTAL HEALTH COOPERATIVE, WALK BIKE NASHVILLE, SYCAMORE INSTITUTE, PFLAG NASHVILLE, METRO NASHVILLE PUBLIC SCHOOLS, METRO PUBLIC HEALTH DEPARTMENT, INTERFAITH DENTAL CLINIC, FAMILY &amp; CHILDREN'S SERVICES, MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, NASHVILLE GENERAL HOSPITAL, AND FIRST PRESBYTERIAN.</p> <p>ORGANIZATIONS REPRESENTED IN THE 2019 RUTHERFORD COUNTY INTERVIEWS INCLUDED THE FOLLOWING: MTSU CENTER FOR HEALTH &amp; HUMAN SERVICES, ASCENSION SAINT THOMAS RUTHERFORD, RUTHERFORD DISTRICT 13 OFFICE, NISSAN DIVERSITY AND INCLUSION COMMITTEE, ATLAS, MURFREESBORO COLD PATROL, RUTHERFORD OPIOID TASKFORCE, MIDDLE TENNESSEE STATE UNIVERSITY, FIRST BAPTIST CHURCH, RUTHERFORD COUNTY EMS, ST. LOUISE CLINIC, RUTHERFORD DISTRICT 21 OFFICE, SMYRNA SENIOR CENTER, NARCOTICS ANONYMOUS, RUTHERFORD COUNTY GOVERNMENT OFFICE, VETERANS' AFFAIRS, JOURNEY HOME, PRIMARY CARE AND HOPE CLINIC OF RUTHERFORD COUNTY, INTERFAITH DENTAL CLINIC, MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - SMYRNA, RUTHERFORD COUNTY HEALTH DEPARTMENT, AND RUTHERFORD COUNTY POLICE DEPARTMENT.</p> <p>ORGANIZATIONS REPRESENTED IN THE 2019 WILLIAMSON COUNTY INTERVIEWS INCLUDED THE FOLLOWING: FRANKLIN TOMORROW, WILLIAMSON COUNTY SCHOOLS, FAIRVIEW MAYOR'S OFFICE, WILLIAMSON MEDICAL CENTER, FRANKLIN SPECIAL SCHOOL DISTRICT, WILLIAMSON COUNTY PUBLIC LIBRARY, COORDINATED SCHOOL HEALTH, DEPARTMENT OF CHILDREN'S SERVICES, VETERANS' AFFAIRS, WILLIAMSON COUNTY JUVENILE COURT, WILLIAMSON COUNTY HEALTH DEPARTMENT, FRANKLIN MAYOR'S OFFICE, WILLIAMSON COUNTY PARKS &amp; RECREATION, MERCY CLINIC, WILLIAMSON COUNTY ANTI-DRUG COALITION, FRANKLIN HOUSING AUTHORITY, AND GRACEWORKS.</p> <p>POPULATIONS SERVED BY THESE ORGANIZATIONS INCLUDE RACIAL AND ETHNIC MINORITY GROUPS, INDIVIDUALS SEEKING SOCIAL SERVICES SUCH AS HOUSING OR FOOD ASSISTANCE, INDIVIDUALS SEEKING AFFORDABLE HEALTHCARE, AT-RISK YOUTH, THOSE EXPERIENCING HOMELESSNESS, HISPANIC/LATINO COMMUNITIES, THE MEDICALLY UNDER-SERVED, THOSE EXPERIENCING MENTAL ILLNESS, THOSE EXPERIENCING ADDICTION, CHILDREN AND OTHER LOW-INCOME INDIVIDUALS, MINORITIES, THE UNDER-SERVED, AND OTHER VULNERABLE POPULATIONS.</p> <p>TO BETTER UNDERSTAND COMMUNITY MEMBERS' OPINIONS OF THE HEALTH NEEDS PRESENT IN 2019, VUMC HELD 13 FOCUS GROUPS. THESE FOCUS GROUPS WERE CONDUCTED ACROSS THE THREE COUNTIES THAT REPRESENT THE COMMUNITY SERVED. THE FOCUS GROUPS IN DAVIDSON COUNTY WERE HELD IN COLLABORATION WITH ASCENSION SAINT THOMAS HEALTH AS WELL AS THE METRO PUBLIC HEALTH DEPARTMENT. IN DAVIDSON COUNTY, SESSIONS WERE HELD AT SALAHADDEEN CENTER, BUILDING LIVES FOUNDATION, OUTREACH BASE, ELIZABETH PARK CENTER, HARTMAN PARK, AND HADLEY PARK. POPULATIONS SERVED BY THESE ORGANIZATIONS INCLUDE MUSLIM YOUTH, PEOPLE EXPERIENCING HOMELESSNESS, SENIORS, AFRICAN-AMERICAN POPULATIONS, AND LATINO POPULATIONS.</p> <p>IN 2019 VUMC HELD LISTENING SESSIONS THAT WERE COORDINATED WITH SAINT THOMAS HEALTH AND THE RUTHERFORD COUNTY HEALTH DEPARTMENT. RECRUITMENT WAS DONE IN COORDINATION WITH THE HOST SITES, WHICH INCLUDED FIRST BAPTIST CHURCH OF RUTHERFORD, RUTHERFORD COUNTY HEALTH DEPARTMENT, AND JOURNEY HOME. THESE ORGANIZATIONS PRIMARILY SERVE THOSE EXPERIENCING HOMELESSNESS, AS WELL AS LATINO, AFRICAN-AMERICAN, AND SENIOR POPULATIONS.</p> <p>FOR THE 2019 CHNA IN WILLIAMSON COUNTY, RECRUITMENT WAS DONE IN COLLABORATION WITH THE WILLIAMSON COUNTY HEALTH DEPARTMENT. HOST SITES INCLUDED THE FAIRVIEW BRANCH OF THE PUBLIC LIBRARY, MERCY CLINIC, AND THE HEALTH DEPARTMENT. RURAL, UNINSURED/UNDERINSURED, AND LATINO POPULATIONS ARE SERVED BY THESE ORGANIZATIONS.</p> <p>BOTH ENGLISH AND SPANISH SPEAKERS WERE INCLUDED IN LISTENING SESSIONS IN EACH COUNTY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: FOR THE 2019 CHNA, VANDERBILT UNIVERSITY MEDICAL CENTER CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH ITS AFFILIATED HOSPITAL, VANDERBILT STALLWORTH REHABILITATION HOSPITAL.</p>

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Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://www.vumc.org/communityhealthimprovement/2019-community-health-needs-assessment">https://www.vumc.org/communityhealthimprovement/2019-community-health-needs-assessment</a>
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	<a href="https://www.vumc.org/communityhealthimprovement/2019-community-health-needs-assessment">https://www.vumc.org/communityhealthimprovement/2019-community-health-needs-assessment</a>
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE - ALPHABETICALLY - 1) ACCESS TO RESOURCES AND SERVICES; 2) BASIC NEEDS AND SOCIAL DETERMINANTS; 3) MENTAL HEALTH AND SUBSTANCE ABUSE; AND 4) PREVENTION AND EDUCATION. VUMC IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2019 IMPLEMENTATION STRATEGY (IS). THE 2019 IMPLEMENTATION STRATEGY INCLUDES 83 ACTIVITIES AND PROGRAMS. TO DATE, WE HAVE IDENTIFIED 232 ACTIVITIES AND PROGRAMS.</p> <p>IN ALL THREE COUNTIES, THE COMMUNITY HEALTH IMPROVEMENT TEAM RELEASED A REQUEST FOR PROPOSALS FOR COMMUNITY PROJECTS THAT ADDRESSED ONE OR MORE OF THE CHNA PRIORITY AREAS, SPECIFICALLY REQUIRING APPLICANTS TO DISCUSS HOW THEIR PROPOSAL WOULD PROMOTE HEALTH EQUITY AND ADDRESS BROADER POLICY, ENVIRONMENTAL, OR SYSTEMS CHANGE. AFTER A COMPETITIVE REVIEW PROCESS WITH A COMMITTEE OF BOTH ACADEMIC AND COMMUNITY REVIEWERS, ORGANIZATIONS WERE SELECTED AS RECIPIENTS OF THESE AWARDS. THE GRANTEEES RECEIVED UP TO \$7,500 TO CARRY OUT THEIR WORK OVER A PERIOD OF 12 MONTHS. THE COMMUNITY HEALTH IMPROVEMENT TEAM IS CURRENTLY PLANNING FOR THE FIFTH CYCLE OF THIS MINI-GRANT PROGRAM. TO DATE, THE PROGRAM HAS SUPPORTED 28 COMMUNITY PROJECTS.</p> <p>ALTHOUGH FOCUS SHIFTED DUE TO THE COVID-19 PANDEMIC, THE COMMUNITY HEALTH IMPROVEMENT TEAM CONTINUES TO SUPPORT LOCAL HEALTH DEPARTMENTS AND HEALTH COUNCILS IN ALL THREE COUNTIES IN THE DEVELOPMENT OF THEIR COMMUNITY HEALTH IMPROVEMENT PLANS (CHIP), WHICH OUTLINES THEIR STRATEGIES TO ADDRESS THE HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH ASSESSMENT. THE TEAM ALSO PARTICIPATES IN HEALTH AND WELLNESS COUNCIL MEETINGS TO DEVELOP GOALS, OBJECTIVES, AND EVALUATION METRICS FOR THE CHIP. VUMC'S INVOLVEMENT IN THIS WORK ALLOWS THE COMMUNITY HEALTH IMPROVEMENT TEAM TO BRING VUMC RESOURCES TO THE COMMUNITY AND ALIGN THE CHNA PRIORITIES WITH THE CHIP OBJECTIVES.</p> <p>IN DAVIDSON COUNTY, VUMC IS INVOLVED IN COLLABORATIVES FOCUSED ON THE FOUR PRIORITY NEEDS. THE SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, WHICH FOCUSED ON ACCESS TO AND QUALITY OF CARE FOR THE UNINSURED CONTINUES TO MEET MONTHLY AND LAUNCHED MY HEALTH CARE HOME, A WEB-BASED TOOL THAT FACILITATES FINDING AND ACCESSING FEDERALLY QUALIFIED HEALTH CENTERS AND FAITH-BASED AND CHARITABLE CLINICS THAT SERVE THE UNDER/UNINSURED. EXECUTIVE LEADERS FROM THE OFFICE OF POPULATION HEALTH, THE MEHARRY-VANDERBILT ALLIANCE, AND THE OFFICE OF HEALTH EQUITY BOTH PARTICIPATE IN MONTHLY SNC MEETINGS.</p> <p>THE COMMUNITY HEALTH IMPROVEMENT TEAM IS ALSO ACTIVE WITH THE HEALTHY NASHVILLE LEADERSHIP COUNCIL AND THE ASSOCIATE VICE PRESIDENT CHAIRS THIS MAYORAL APPOINTED COMMITTEE AND CONTINUES TO CO-LEAD THE HEALTH EQUITY WORKGROUP. THE WORKGROUP'S FOCUS IS TO EDUCATE THE COMMUNITY ON TOPICS RELATED TO ADDRESSING HEALTH INEQUITIES AS WELL AS STRENGTHENING CAPACITY AND ADVANCING EQUITY FOR MINORITY-LED NON-PROFIT ORGANIZATIONS THAT ARE ON THE FRONT LINES OF PROMOTING HEALTH EQUITY AND WELL-BEING IN VULNERABLE COMMUNITIES.</p> <p>FINALLY, VUMC'S OFFICE OF HEALTH EQUITY HAS INCREASED WORKING KNOWLEDGE OF HEALTH EQUITY BY PRESENTING SEEDS OF EQUITY TRAININGS INTERNALLY AND EXTERNALLY. THE TEAM PRESENTED THE SEEDS OF EQUITY TRAINING (CREATED BY THE HEALTHY NASHVILLE LEADERSHIP COUNCIL) MORE THAN 15 TIMES DURING 2021 TO AUDIENCES RANGING FROM 8 PERSONS TO OVER 150 PERSONS. WHILE THIS TRAINING IS SPECIFIC TO NASHVILLE, VUMC COMMUNITY HEALTH IMPROVEMENT TEAM IS WORKING WITH COMMUNITY PARTNERS IN OTHER COUNTIES OF FOCUS TO EXPAND THE REACH OF THE TRAINING.</p> <p>VUMC STAFF HAVE ALSO PARTICIPATED IN THE OPIOID TASKFORCE SPEAR-HEADED BY SAINT THOMAS RUTHERFORD, WHICH HAS BECOME THE WE CARE COALITION, THE PREVENTION COALITION FOR SUCCESS, AND THE PATTERSON PARK COALITION. VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM ALSO PARTICIPATES IN THE RUTHERFORD COUNTY WELLNESS COUNCIL.</p> <p>IN WILLIAMSON COUNTY, VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM ALSO PARTICIPATES IN LOCAL GROUPS SUCH AS THE ANTI-DRUG COALITION, FRANKLIN JUSTICE AND EQUITY COALITION, AND THE WILLIAMSON COUNTY HEALTH COUNCIL, WHICH PROMOTE IMPROVEMENTS IN COMMUNITY HEALTH AND EQUITY. THE VUMC COMMUNITY HEALTH IMPROVEMENT TEAM HAS ADDRESSED THE WILLIAMSON HEALTH COUNCIL MEETING TO SHARE THE FOUR PRIORITIES AND DATA FROM THE CHNA.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>

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

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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 WILSON COUNTY HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

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

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Schedule H (Form 990) 2020

Page **5****Part V** Facility Information (continued)

## Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group VANDERBILT WILSON COUNTY HOSPITAL

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

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**Part V Facility Information** *(continued)*

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** VANDERBILT WILSON COUNTY HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)*

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

**Name of hospital facility or letter of facility reporting group** VANDERBILT WILSON COUNTY HOSPITAL

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

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**PUBLIC DISCLOSURE COPY****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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 AUGUST 1, 2019, VANDERBILT UNIVERSITY MEDICAL CENTER ACQUIRED THE ASSETS AND OPERATIONS OF VANDERBILT WILSON COUNTY HOSPITAL (FORMERLY TENNOVA HEALTHCARE-LEBANON, STATE LICENSE 00000137), A TWO-CAMPUS FACILITY LICENSED FOR 245 BEDS, FROM SUBSIDIARIES OF COMMUNITY HEALTH SYSTEMS, INC.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT WILSON COUNTY HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO NOTIFICATION ON THE WEBSITE, OR PATIENT REQUEST, VWCH PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VWCH HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>

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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 TULLAHOMA-HARTON HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

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

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**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

**Name of hospital facility or letter of facility reporting group** VANDERBILT TULLAHOMA-HARTON HOSPITAL

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

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**Part V Facility Information** *(continued)*

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** VANDERBILT TULLAHOMA-HARTON HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)*

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

**Name of hospital facility or letter of facility reporting group** VANDERBILT TULLAHOMA-HARTON HOSPITAL

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

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**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 JANUARY 1, 2021, VANDERBILT UNIVERSITY MEDICAL CENTER ACQUIRED THE ASSETS AND OPERATIONS OF VANDERBILT TULLAHOMA-HARTON HOSPITAL (FORMERLY TENNOVA HEALTHCARE-HARTON, STATE LICENSE 00000018), A 135-BED FACILITY, FROM SUBSIDIARIES OF COMMUNITY HEALTH SYSTEMS, INC.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT TULLAHOMA-HARTON HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO NOTIFICATION ON THE WEBSITE, OR PATIENT REQUEST, VANDERBILT TULLAHOMA-HARTON HOSPITAL ("VTHH") PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VTHH HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>

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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 BEDFORD HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

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

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**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group VANDERBILT BEDFORD HOSPITAL

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

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**Part V Facility Information** *(continued)*

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** VANDERBILT BEDFORD HOSPITAL

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)*

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

**Name of hospital facility or letter of facility reporting group** VANDERBILT BEDFORD HOSPITAL

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

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 JANUARY 1, 2021, VANDERBILT UNIVERSITY MEDICAL CENTER ACQUIRED THE ASSETS AND OPERATIONS OF VANDERBILT BEDFORD HOSPITAL (FORMERLY TENNOVA HEALTHCARE-SHELBYVILLE, STATE LICENSE 00000002), A 60-BED FACILITY, FROM SUBSIDIARIES OF COMMUNITY HEALTH SYSTEMS, INC.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.vanderbilthealth.com/information/financial-assistance">https://www.vanderbilthealth.com/information/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT BEDFORD HOSPITAL</p> <p>DESCRIPTION: IN ADDITION TO NOTIFICATION ON THE WEBSITE, OR PATIENT REQUEST, VANDERBILT BEDFORD HOSPITAL ("VBCH") PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VBCH HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>

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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 STALLWORTH REHABILITATION HOSPITALLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	✓
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	✓
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	<b>3</b>	✓
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	✓
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	✓
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	✓
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .	<b>7</b>	✓
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	✓
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	✓
<b>a</b> If "Yes," (list url): <u>(SEE STATEMENT)</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	✓
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

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

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

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**Part V Facility Information** *(continued)*

**Billing and Collections**

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

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)*

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

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

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

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**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2019 CHNA OF VANDERBILT STALLWORTH REHABILITATION HOSPITAL (STALLWORTH) ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY, IDENTIFIED BY THE CHNA.</p> <p>THE 2019 PROCESS OF PRIORITIZING THE SIGNIFICANT NEEDS INCLUDED A NUMBER OF PHASES. STALLWORTH AND OTHER COLLABORATORS COLLECTED AND ANALYZED PRIMARY DATA FROM A BROAD ARRAY OF STAKEHOLDERS AND COMMUNITY MEMBERS. ADDITIONALLY, STALLWORTH PULLED AND REVIEWED HUNDREDS OF INDICATORS FROM PUBLICLY AVAILABLE SECONDARY DATA. IN EACH OF THE THREE COUNTIES IN THE CHNA COMMUNITIES SERVED (DAVIDSON, RUTHERFORD, AND WILLIAMSON COUNTIES), STALLWORTH HELD A COMMUNITY SUMMIT, WHICH INCLUDED HOSPITAL LEADERSHIP, LOCAL HEALTH DEPARTMENTS, COMMUNITY LEADERS REPRESENTING A NUMBER OF SECTORS, AND COMMUNITY MEMBERS AS WELL AS INDIVIDUALS WHO PARTICIPATED IN INTERVIEWS AND LISTENING SESSIONS AS A PART OF THE CHNA PROCESS. STALLWORTH ALSO CONDUCTED AN ENVIRONMENTAL SCAN IN EACH COUNTY. THE RESULTS OF STALLWORTH'S DATA COLLECTION AND ANALYSIS WERE PRESENTED TO THE COMMUNITY, AND PARTICIPANTS WERE ASKED TO PRIORITIZE THEIR MOST PRESSING HEALTH NEEDS THROUGH INTERACTIVE EXERCISES. THE NEEDS PRIORITIZED BY THE COMMUNITIES WERE ADOPTED BY STALLWORTH, AND EACH DESCRIBED AT LENGTH IN STALLWORTH'S 2019 CHNA. THROUGH THIS CHNA PROCESS, THE COMMUNITY PRIORITIZED THE SIGNIFICANT HEALTH NEEDS OF MENTAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO RESOURCES AND SERVICES, BASIC NEEDS AND SOCIAL DETERMINANTS, PREVENTION AND EDUCATION.</p>



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Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, WERE OBTAINED THROUGH FACE-TO-FACE INTERVIEWS AND VIA COMMUNITY LISTENING SESSIONS. INTERVIEWS TOOK PLACE FROM FEBRUARY 2018 TO MAY 2018. LISTENING SESSIONS TOOK PLACE FROM JUNE 2018 TO SEPTEMBER 2018. COMMUNITY SUMMITS WERE HELD IN THE FALL AND WINTER OF 2018 AND INTO 2019.</p> <p>FOR THE 2019 CHNA, STALLWORTH IDENTIFIED LEADERS FROM PUBLIC HEALTH, GOVERNMENT, EDUCATION, THE FAITH COMMUNITY, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS, AND ACADEMIA AMONG OTHERS AS INTERVIEWEES. INTERVIEWEES WERE IDENTIFIED IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN EACH COUNTY AND WERE SELECTED BASED ON THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE COMMUNITY AND UNDERSERVED POPULATIONS. INTERVIEWEES ALSO INCLUDED HEALTH DEPARTMENT DIRECTORS FROM THE COMMUNITY SERVED, COMMUNITY PHYSICIANS, PUBLIC HEALTH RESEARCHERS, AND COMMUNITY-BASED ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH. IN ALL, 68 COMMUNITY LEADERS WERE INTERVIEWED WITH PARTICULAR ATTENTION TO UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.</p> <p>ORGANIZATIONS REPRESENTED IN DAVIDSON COUNTY INTERVIEWS HELD IN 2019 INCLUDED THE FOLLOWING: DAVIDSON COUNTY METRO COUNCIL, NASHVILLE ORGANIZED FOR ACTION AND HOPE (NOAH), METRO HOMELESSNESS COMMISSION, METROPOLITAN GOVERNMENT, NASHVILLE MAYOR'S OFFICE, MEHARRY MEDICAL COLLEGE, 58TH LEGISLATIVE DISTRICT OFFICE, SAINT THOMAS HEALTH, VANDERBILT UNIVERSITY MEDICAL CENTER, TENNESSEE OFFICE FOR REFUGEES, SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, SALAHADEEN CENTER OF NASHVILLE, MENTAL HEALTH COOPERATIVE, WALK BIKE NASHVILLE, SYCAMORE INSTITUTE, PFLAG NASHVILLE, METRO NASHVILLE PUBLIC SCHOOLS, METRO PUBLIC HEALTH DEPARTMENT, INTERFAITH DENTAL CLINIC, FAMILY &amp; CHILDREN'S SERVICES, MATTHEW WALKER COMPREHENSIVE HEALTH CENTER, NASHVILLE GENERAL HOSPITAL, AND FIRST PRESBYTERIAN.</p> <p>ORGANIZATIONS REPRESENTED IN THE 2019 RUTHERFORD COUNTY INTERVIEWS INCLUDED THE FOLLOWING: MTSU CENTER FOR HEALTH &amp; HUMAN SERVICES, ASCENSION SAINT THOMAS RUTHERFORD, RUTHERFORD DISTRICT 13 OFFICE, NISSAN DIVERSITY AND INCLUSION COMMITTEE, ATLAS, MURFREESBORO COLD PATROL, RUTHERFORD OPIOID TASKFORCE, MIDDLE TENNESSEE STATE UNIVERSITY, FIRST BAPTIST CHURCH, RUTHERFORD COUNTY EMS, ST. LOUISE CLINIC, RUTHERFORD DISTRICT 21 OFFICE, SMYRNA SENIOR CENTER, NARCOTICS ANONYMOUS, RUTHERFORD COUNTY GOVERNMENT OFFICE, VETERANS' AFFAIRS, JOURNEY HOME, PRIMARY CARE AND HOPE CLINIC OF RUTHERFORD COUNTY, INTERFAITH DENTAL CLINIC, MATTHEW WALKER COMPREHENSIVE HEALTH CENTER - SMYRNA, RUTHERFORD COUNTY HEALTH DEPARTMENT, AND RUTHERFORD COUNTY POLICE DEPARTMENT.</p> <p>ORGANIZATIONS REPRESENTED IN WILLIAMSON COUNTY INTERVIEWS HELD IN 2019 INCLUDED THE FOLLOWING: FRANKLIN TOMORROW, WILLIAMSON COUNTY SCHOOLS, FAIRVIEW MAYOR'S OFFICE, WILLIAMSON MEDICAL CENTER, FRANKLIN SPECIAL SCHOOL DISTRICT, WILLIAMSON COUNTY PUBLIC LIBRARY, COORDINATED SCHOOL HEALTH, DEPARTMENT OF CHILDREN'S SERVICES, VETERANS' AFFAIRS, WILLIAMSON COUNTY JUVENILE COURT, WILLIAMSON COUNTY HEALTH DEPARTMENT, FRANKLIN MAYOR'S OFFICE, WILLIAMSON COUNTY PARKS &amp; RECREATION, MERCY CLINIC, WILLIAMSON COUNTY ANTI-DRUG COALITION, FRANKLIN HOUSING AUTHORITY, AND GRACEWORKS.</p> <p>POPULATIONS SERVED BY THESE ORGANIZATIONS INCLUDE RACIAL AND ETHNIC MINORITY GROUPS, INDIVIDUALS SEEKING SOCIAL SERVICES SUCH AS HOUSING OR FOOD ASSISTANCE, INDIVIDUALS SEEKING AFFORDABLE HEALTHCARE, AT-RISK YOUTH, THOSE EXPERIENCING HOMELESSNESS, HISPANIC AND LATINO COMMUNITY LEADERS, THE MEDICALLY UNDER-SERVED, THOSE EXPERIENCING MENTAL ILLNESS, THOSE EXPERIENCING ADDICTION, CHILDREN AND OTHER LOW-INCOME INDIVIDUALS, MINORITIES, THE UNDER-SERVED, AND OTHER VULNERABLE POPULATIONS.</p> <p>TO BETTER UNDERSTAND COMMUNITY MEMBERS' OPINIONS OF THE HEALTH NEEDS PRESENT IN 2019 STALLWORTH HELD 13 FOCUS GROUPS. THESE WERE CONDUCTED ACROSS THE THREE COUNTIES THAT REPRESENT THE COMMUNITY SERVED. THE FOCUS GROUPS IN DAVIDSON COUNTY WERE HELD IN COLLABORATION WITH ASCENSION SAINT THOMAS HEALTH AS WELL AS THE METRO PUBLIC HEALTH DEPARTMENT. IN DAVIDSON COUNTY, SESSIONS WERE HELD AT SALAHADEEN CENTER, BUILDING LIVES FOUNDATION, OUTREACH BASE, ELIZABETH PARK CENTER, HARTMAN PARK, AND HADLEY PARK. POPULATIONS SERVED BY THESE ORGANIZATIONS INCLUDE MUSLIM YOUTH, PEOPLE EXPERIENCING HOMELESSNESS, SENIORS, AFRICAN-AMERICAN POPULATIONS, AND LATINO POPULATIONS.</p> <p>IN 2019 STALLWORTH HELD LISTENING SESSIONS THAT WERE COORDINATED WITH SAINT THOMAS HEALTH AND THE RUTHERFORD COUNTY HEALTH DEPARTMENT. RECRUITMENT WAS DONE IN COORDINATION WITH THE HOST SITES, WHICH INCLUDED FIRST BAPTIST CHURCH OF RUTHERFORD (2), RUTHERFORD COUNTY HEALTH DEPARTMENT, AND JOURNEY HOME. THESE ORGANIZATIONS PRIMARILY SERVE THOSE EXPERIENCING HOMELESSNESS, AS WELL AS LATINO, AFRICAN-AMERICAN, AND SENIOR POPULATIONS.</p> <p>FOR THE 2019 CHNA IN WILLIAMSON COUNTY, RECRUITMENT WAS DONE IN COLLABORATION WITH THE WILLIAMSON COUNTY HEALTH DEPARTMENT. HOST SITES INCLUDED THE FAIRVIEW BRANCH OF THE PUBLIC LIBRARY, MERCY CLINIC, AND THE HEALTH DEPARTMENT. RURAL, UNINSURED/UNDERINSURED, AND LATINO POPULATIONS ARE SERVED BY THESE ORGANIZATIONS.</p> <p>BOTH ENGLISH AND SPANISH SPEAKERS WERE INCLUDED IN LISTENING SESSIONS IN EACH COUNTY.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: FOR THE 2019 CHNA, VANDERBILT STALLWORTH REHABILITATION HOSPITAL CONDUCTED A HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH ITS AFFILIATED HEALTH SYSTEM, VANDERBILT UNIVERSITY MEDICAL CENTER.</p>

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Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="https://encompasshealth.com/locations/vanderbiltstallworth#Vandy-CHNA">https://encompasshealth.com/locations/vanderbiltstallworth#Vandy-CHNA</a>
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	<a href="https://encompasshealth.com/locations/vanderbiltstallworth#Vandy-CHNA">https://encompasshealth.com/locations/vanderbiltstallworth#Vandy-CHNA</a>
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: VANDERBILT STALLWORTH REHABILITATION HOSPITAL (STALLWORTH) IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN THE 2019 CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE - ALPHABETICALLY: 1) ACCESS TO RESOURCES AND SERVICES; 2) BASIC NEEDS AND SOCIAL DETERMINANTS; 3) MENTAL HEALTH AND SUBSTANCE ABUSE; AND 4) PREVENTION AND EDUCATION. STALLWORTH IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2019 IMPLEMENTATION STRATEGY (IS). THE 2019 IMPLEMENTATION STRATEGY INCLUDES 83 ACTIVITIES AND PROGRAMS. TO DATE, WE HAVE IDENTIFIED 232 ACTIVITIES AND PROGRAMS.</p> <p>WHILE ACTIVITIES HAVE BEEN IMPACTED BY COVID-19, STALLWORTH HOLDS MONTHLY GRAND ROUNDS FOR MEMBERS OF THE MEDICAL COMMUNITY TO DISCUSS TOPICS THAT HAVE AN IMPACT ON REHABILITATION AND POST-ACUTE CARE. IN ADDITION, STALLWORTH OFFERS A NUMBER OF SUPPORT GROUPS AND EDUCATIONAL CLASSES FOR PATIENTS AND CAREGIVERS. THE MONTHLY STROKE SUPPORT GROUP AND STROKE EDUCATION CLASSES, WHICH MEET WEEKLY, ARE OPEN TO BOTH PATIENTS AND CAREGIVERS. STALLWORTH WORKS TO BUILD STRONG COLLABORATIONS THROUGHOUT THE COMMUNITY AND THROUGHOUT THE COUNTRY AND CURRENTLY SUPPORTS THE WORK OF THE AMERICAN HEART AND STROKE ASSOCIATION, UNITED SPINAL ASSOCIATION, ACHILLES FOUNDATION, THE ARTHRITIS FOUNDATION, BRAIN INJURY ASSOCIATION OF TENNESSEE, WILLIAMSON COUNTY SENIOR EXPO, THE ANNUAL HAROLD "JOBE" BERNARD STROKE AND NEUROSCIENCES SYMPOSIUM, SENIOR HEALTH FAIRS, FIFTY FORWARD ASSISTED LIVING FACILITIES, MAURY COUNTY SENIOR CENTER, AND THE HENDERSONVILLE SENIOR CENTER.</p> <p>IN DECEMBER OF 2020, STALLWORTH EXPANDED HOURS FOR ITS PSYCHOLOGIST'S CONTRACT TO PROVIDE A RESOURCE FOR THE INPATIENT POPULATION. STALLWORTH COLLABORATES WITH THE TRAUMA SURVIVORS NETWORK, WHICH PROVIDES A HOST OF FREE RESOURCES TO HELP PATIENTS AND FAMILIES COPE WITH THE CHALLENGES OF TRAUMA RECOVERY. IN ADDITION, THE SPINAL CORD INJURY PEER MENTOR PROGRAM, WHICH IS HELD TWICE MONTHLY, INCLUDES TRAINING FOR PEER MENTOR VOLUNTEERS WHO HELP PATIENTS AS THEY MAKE THE SIGNIFICANT LIFE CHANGES OFTEN ASSOCIATED WITH TRAUMA RECOVERY. FINALLY, HOUSING EVALUATIONS ARE DONE DURING THE PRE-ADMISSION PROCESS TO ASSESS HOME-READINESS AFTER A TRAUMATIC INJURY. ONCE AN INDIVIDUAL IS ADMITTED AS AN INPATIENT AT STALLWORTH, A RECURRING HOUSING ASSESSMENT IS DONE, AND STALLWORTH STAFF OFTEN CONNECT PATIENTS WITH COMMUNITY RESOURCES TO ASSIST IN THE TRANSITION. THROUGH ON-GOING PARTNERSHIPS AND ENGAGEMENT OF KEY STAKEHOLDERS, STALLWORTH WILL CONTINUE TO COLLABORATE TO MEET THE NEEDS IDENTIFIED IN THE MOST RECENT NEEDS ASSESSMENT.</p> <p>STALLWORTH SERVES A PATIENT DEMOGRAPHIC THAT HAS NEEDS THAT ARE UNIQUE IN THE PATIENT LANDSCAPE OF VANDERBILT UNIVERSITY MEDICAL CENTER. AS SUCH, THE CHNA TEAM CONDUCTED A LISTENING SESSION TO EXPLORE MORE GRANULAR NEEDS OF STALLWORTH IN RELATION TO THE IDENTIFIED NEEDS. THE LISTENING SESSION WAS CONDUCTED WITH THE PATIENTS WITHIN A SUPPORT GROUP FOR TRAUMATIC BRAIN INJURIES HOSTED AT STALLWORTH.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://encompasshealth.com/locations/vanderbiltstallworth/financial-assistance">https://encompasshealth.com/locations/vanderbiltstallworth/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://encompasshealth.com/locations/vanderbiltstallworth/financial-assistance">https://encompasshealth.com/locations/vanderbiltstallworth/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://encompasshealth.com/locations/vanderbiltstallworth/financial-assistance">https://encompasshealth.com/locations/vanderbiltstallworth/financial-assistance</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE AT THE FRONT DESK, IN THE MAIN ELEVATOR TO THE PATIENT CARE UNITS &amp; ALONG THE BACK HALLWAY OF THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>

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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 TENNOVA HEALTHCARE - CLARKSVILLELine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

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

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**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

**Name of hospital facility or letter of facility reporting group** TENNOVA HEALTHCARE - CLARKSVILLE

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

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**Part V Facility Information** *(continued)*

**Billing and Collections**

**Name of hospital facility or letter of facility reporting group** TENNOVA HEALTHCARE - CLARKSVILLE

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** *(continued)*

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

**Name of hospital facility or letter of facility reporting group** TENNOVA HEALTHCARE - CLARKSVILLE

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

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**Supplemental Information.** Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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 JANUARY 1, 2021, VANDERBILT UNIVERSITY MEDICAL CENTER ACQUIRED A MINORITY INTEREST IN TENNOVA HEALTHCARE - CLARKSVILLE (STATE LICENSE 00000090), A 270-BED FACILITY, FROM SUBSIDIARIES OF CLARKSVILLE VOLUNTEER HEALTH INC.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="https://www.tennovaclarksville.com/hospital-501-r-information">https://www.tennovaclarksville.com/hospital-501-r-information</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="https://www.tennovaclarksville.com/hospital-501-r-information">https://www.tennovaclarksville.com/hospital-501-r-information</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="https://www.tennovaclarksville.com/hospital-501-r-information">https://www.tennovaclarksville.com/hospital-501-r-information</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: TENNOVA HEALTHCARE - CLARKSVILLE</p> <p>DESCRIPTION: IN ADDITION TO NOTIFICATION ON THE WEBSITE, OR PATIENT REQUEST, TENNOVA HEALTHCARE - CLARKSVILLE PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS.</p>



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Page **9****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? 34

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

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 34

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

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**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 34

Name and address	Type of Facility (describe)
<b>1</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 1303 W. MAIN STREET LEBANON, TN 37087	AMBULATORY CLINIC
<b>2</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 2401 OLD FORT PKWY MURFREESBORO, TN 37128	AMBULATORY CLINIC
<b>3</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 3500 GALLATIN PIKE NASHVILLE, TN 37216	AMBULATORY CLINIC
<b>4</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 5555 EDMONDSON PIKE NASHVILLE, TN 37211	AMBULATORY CLINIC
<b>5</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 518 DONELSON PIKE NASHVILLE, TN 37214	AMBULATORY CLINIC
<b>6</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 4243 HARDING PIKE NASHVILLE, TN 37205	AMBULATORY CLINIC
<b>7</b> RETAIL HEALTH CLINICS, LLC (D/B/A VANDERBILT HEALTH CLINICS) 400 SAM RIDLEY PKWY SMYRNA, TN 37167	AMBULATORY CLINIC
<b>8</b> SPRING HILL SURGERY CENTER, LLC. 1003 RESERVE BLVD., SUITE 210 SPRING HILL, TN 37174	AMBULATORY SURGERY TREATMENT CENTER
<b>9</b> VANDERBILT-INGRAM CANCER CENTER, FRANKLIN 2107 EDWARD CURD LANE FRANKLIN, TN 37067	AMBULATORY SURGERY TREATMENT CENTER
<b>10</b> VANDERBILT HOME DIALYSIS CLINIC 2906 FOSTER CREIGHTON DRIVE, SUITE 100 NASHVILLE, TN 37204	END STAGE RENAL DIALYSIS

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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? 34

Name and address	Type of Facility (describe)
<b>1</b> VANDERBILT DIALYSIS CLINIC 2906 FOSTER CREIGHTON DRIVE, SUITE 200 NASHVILLE, TN 37214	END STAGE RENAL DIALYSIS
<b>2</b> VANDERBILT UNIVERSITY MEDICAL CENTER DIALYSIS CLINIC-EAST 20 RACHEL DRIVE NASHVILLE, TN 37214	END STAGE RENAL DIALYSIS
<b>3</b> VANDERBILT BIRTH CENTER 3212 WEST END AVE, SUITE 100 NASHVILLE, TN 37203	BIRTHING CENTER
<b>4</b> OUTPATIENT DIAGNOSTIC CENTER OF NASHVILLE 337 22ND AVENUE NORTH NASHVILLE, TN 37203	OUTPATIENT DIAGNOSTIC CENTER
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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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 37.50%.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	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	DUE TO THE ADOPTION OF ASC 606, THE AUDITED FINANCIAL STATEMENTS OF VUMC NO LONGER DISCLOSE THE CONSOLIDATED AMOUNT OF BAD DEBT EXPENSE.
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 FY21, SUCH SHORTFALLS AMOUNTED TO 230,724,168.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	COLLECTION PRACTICES: ALTHOUGH VANDERBILT UNIVERSITY MEDICAL CENTER'S POLICIES DO NOT CONTAIN PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, IN PRACTICE, IF A PATIENT QUALIFIES FOR A 100% CHARITY CARE WRITE OFF, THE ACCOUNT IS CLOSED AND NO FURTHER COLLECTION EFFORTS ARE MADE. IF A PATIENT QUALIFIES FOR A PARTIAL CHARITY CARE WRITE OFF, THE ACCOUNT IS REDUCED FOR THE APPLICABLE CHARITY DISCOUNT AND NORMAL COLLECTION EFFORTS ARE MADE. ALTHOUGH NO EXTRAORDINARY COLLECTION ACTIONS WERE TAKEN IN FY21, 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  WRITTEN APPROVAL MUST BE OBTAINED FROM VUMC BEFORE ANY OF THE ABOVE ECAS CAN TAKE PLACE.

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Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20 - EXTRAORDINARY COLLECTION ACTIONS	<p>THE VUMC, VWCH, VTHH, AND VBCH FINANCIAL ASSISTANCE POLICY PERMITS THE USE OF ECAS. HOWEVER, VUMC, VWCH, VTHH, AND VBCH DID NOT ENGAGE IN ANY ECAS DURING FY2021.</p> <p>THE STALLWORTH FINANCIAL ASSISTANCE POLICY EXPLICITLY FORBIDS THE USE OF ECAS.</p> <p>THE TENNOVA HEALTHCARE - CLARKSVILLE FINANCIAL ASSISTANCE POLICY PERMITS THE USE OF ECAS. HOWEVER, THE FINANCIAL ASSISTANCE POLICY FORBIDS THE USE OF ANY ECAS PRIOR TO MAKING REASONABLE EFFORTS TO DETERMINE THE INDIVIDUAL'S ELIGIBILITY UNDER THE FACILITY'S FINANCIAL ASSISTANCE POLICY.</p>
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>VUMC AND STALLWORTH CONTINUALLY ASSESS THE HEALTHCARE NEEDS OF THE COMMUNITIES THEY SERVE. THE VANDERBILT PATIENT AND FAMILY ADVISORY COUNCIL COMPRISES COMMUNITY VOLUNTEERS AND PARTNERS WITH VUMC'S HEALTH CARE TEAM AND LEADERSHIP TO ASSESS NEEDS AND EVALUATE SERVICES AND PROGRAMS. VUMC AND STALLWORTH HAVE ALSO FORMED THE COMMUNITY HEALTH IMPROVEMENT WORKING GROUP, AN INTERNAL COMMITTEE OF PROGRAM MANAGERS AS WELL AS OTHER LEADERSHIP ROLES WHICH MEETS REGULARLY AND MAKES RECOMMENDATIONS TO THE CHNA ADVISORY COMMITTEE. THE CHNA ADVISORY COMMITTEE COMPRISES VUMC AND STALLWORTH SENIOR LEADERS WHO MEET TO CONTINUALLY ASSESS THE NEEDS OF THE COMMUNITY AND DRIVE IMPROVEMENTS IN CARE AND PROCESSES FOR THE COMMUNITIES THEY SERVE.</p> <p>TO UNDERSTAND IN MORE DEPTH THE NEEDS OF SPECIFIC POPULATIONS, VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM HAS CONDUCTED ADDITIONAL LISTENING SESSIONS TO DETERMINE HOW THEIR EXPERIENCES ALIGN WITH THE BROAD CATEGORIES OF NEEDS THAT WERE IDENTIFIED IN THE 2019 CHNA AND WHAT STRATEGIES WILL BEST ADDRESS THE NEEDS OF THE COMMUNITY. THESE LISTENING SESSIONS HAVE INCLUDED ONE (1) SESSION WITH PATIENTS SERVED BY STALLWORTH AND THREE (3) WITH THE LGBTQ COMMUNITY.</p> <p>VUMC AND STALLWORTH FURTHER ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES THEY SERVE 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 AND STALLWORTH REVIEW THE MANY NEEDS ASSESSMENTS PUBLISHED BY THESE LOCAL GROUPS (ALIGNMENT NASHVILLE, SAINT THOMAS HEALTH, NASHVILLE AREA CHAMBER OF COMMERCE, METRO SOCIAL SERVICES, HEALTHY NASHVILLE, AND THE TN DEPARTMENT OF HEALTH, AMONG OTHERS) TO HELP GAUGE THE NEEDS AND RESOURCES WITHIN THE COMMUNITY. FOR THE 2019 CHNA, VUMC AND STALLWORTH COMPLETED A SYSTEMATIC REVIEW OF 31 RECENT ASSESSMENTS COMPLETED BY COMMUNITY PARTNERS ACROSS THE THREE COUNTIES, HIGHLIGHTING POPULATIONS SERVED, GEOGRAPHIC AREA COVERED, AND THEMES HIGHLIGHTED IN THE REPORT. IN ADDITION, VUMC AND STALLWORTH HAVE DEVELOPED PARTNERSHIPS WITH THE STATE DEPARTMENT OF HEALTH TO STAY ABREAST OF IMPORTANT COMMUNITY HEALTH NEEDS.</p> <p>THE COVID-19 PANDEMIC EXPOSED AND EXACERBATED LONGSTANDING DRIVERS OF HEALTH INEQUITIES, DISPROPORTIONATELY IMPACTING RACIAL AND ETHNIC MINORITIES AND VUMC AND STALLWORTH HAVE BEEN AT THE FOREFRONT OF ADDRESSING THESE. VUMC AND STALLWORTH ENACTED MANY COVID-19 SPECIFIC INITIATIVES TO ENSURE THAT RESOURCES AND IMPORTANT COMMUNICATIONS REMAIN AVAILABLE TO ALL COMMUNITY MEMBERS. FOR EXAMPLE, THE COMMUNITY HEALTH IMPROVEMENT TEAM PROMPTLY CONVENED A WORKGROUP WITH OTHER RELEVANT COMMUNITY ORGANIZATIONS TO CREATE, SHARE, AND DISTRIBUTE RESOURCES FOR POPULATIONS THAT SPEAK LANGUAGES OTHER THAN ENGLISH. ALONG WITH THIS EFFORT, VUMC AND STALLWORTH SELECTED A GROUP OF LEADERS TO SIT ON THE "VUMC COVID-19 EXPERT VACCINE PANEL," PROVIDING EXPERTISE AND ADDRESSING VACCINE HESITANCY AT VARIOUS TOWNHALLS OR COMMUNITY EVENTS.</p> <p>VANDERBILT UNIVERSITY MEDICAL CENTER ALSO EMBEDDED STRATEGIES TO MITIGATE HEALTH INEQUITIES IN ITS COVID-19 COMMAND CENTER EARLY IN THE PANDEMIC. LED BY THE OFFICE OF HEALTH EQUITY, AN INTER-PROFESSIONAL COVID HEALTH EQUITY TEAM COMPRISED OF PHYSICIANS, NURSES, SOCIAL WORKERS, AND OPERATIONAL LEADERS WITH EXPERTISE IN MINORITY HEALTH, SDOH, QUALITY IMPROVEMENT, PUBLIC HEALTH, HEALTH COMMUNICATION, CLINICAL RESEARCH, DIVERSITY AND INCLUSION, AND TELEHEALTH WAS ASSEMBLED. THIS TEAM WAS CRITICAL TO USING A SYSTEMS APPROACH TO ADDRESS THE COMPLEX DRIVERS OF COVID-19 INEQUITIES.</p> <p>THE CREATION OF INTERACTIVE DASHBOARDS POPULATED WITH DATA FOR ALL PATIENTS TESTED FOR SARS-COV-2 AT VUMC FACILITATED DISAGGREGATION OF METRICS BY RACE, ETHNICITY, PRIMARY LANGUAGE, AND ZIP CODE. THESE DATA POINTS WERE ALSO LINKED TO COMMUNITY-LEVEL SOCIOECONOMIC DATA TO UNDERSTAND DISPARITIES IN TESTING, POSITIVITY RATES, HOSPITALIZATIONS, TREATMENT, AND DEATH. FOR EXAMPLE, TO UNDERSTAND THE SOCIAL AND ENVIRONMENTAL CONTEXT FOR PATIENTS MOST IMPACTED BY INEQUITIES, THE HEALTH EQUITY WORKSTREAM MAPPED THE ZIP CODES OF PATIENTS WHO TESTED POSITIVE AND FOUND THE HIGHEST NUMBER OF CASES IN TWO ADJACENT ZIP CODES. IN THESE TWO ZIP CODES, MORE THAN 30% OF RESIDENTS' PRIMARY LANGUAGE IS NOT ENGLISH AND ADJUSTED GROSS INCOME IS \$36,384, COMPARED WITH THE COUNTY AVERAGE OF \$56,507 MEDIAN. BY DISAGGREGATING DATA AND IMPLEMENTING STRATEGIES INFORMED BY SOCIAL CONTEXT, VUMC AND STALLWORTH MAY PREVENT OR LESSEN HEALTH INEQUITIES AND BE BETTER POSITIONED TO ADDRESS UNDERLYING CONTRIBUTORS TO HEALTH.</p>

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Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>VUMC, VWCH, VTHH, AND VBCH PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER VUMC'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL-BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VUMC HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW-INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p> <p>STALLWORTH PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE POSTED AT VARIOUS LOCATIONS WITHIN THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW-INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p> <p>TENNOVA HEALTHCARE - CLARKSVILLE PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA THE FACILITY'S WEBSITE, BY PATIENT REQUEST, AND VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>VANDERBILT UNIVERSITY MEDICAL CENTER, LOCATED IN NASHVILLE, TENNESSEE, SERVES PRIMARILY TENNESSEE, NORTHERN ALABAMA AND SOUTHERN KENTUCKY. VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC (EXCLUDES VANDERBILT HEALTH SERVICES, LLC AND SUBSIDIARIES) HAVE APPROXIMATELY 71,000 ANNUAL DISCHARGES. VUMC ALSO PROVIDES APPROXIMATELY 2.5 MILLION ANNUAL OUTPATIENT VISITS, INCLUDING 144,000 TO THE EMERGENCY DEPARTMENTS. VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS PROVIDE CRITICAL AND OFTEN UNIQUE HEALTH CARE RESOURCES TO THE COMMUNITY AND PROVIDE BROAD ACCESS TO CARE. THE MAJORITY OF VUMC'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES: DAVIDSON, WILLIAMSON, RUTHERFORD AND MONTGOMERY.</p> <p>VANDERBILT WILSON COUNTY HOSPITAL IS A TWO-CAMPUS 245-BED FACILITY LOCATED IN MOUNT JULIET, TENNESSEE AND IS THE SOLE PROVIDER OF INPATIENT AND OUTPATIENT MEDICAL SERVICES IN WILSON COUNTY.</p> <p>VANDERBILT TULLAHOMA-HARTON HOSPITAL IS A 135-BED FACILITY LOCATED IN TULLAHOMA, TENNESSEE AND SERVES COFFEE COUNTY, TENNESSEE.</p> <p>VANDERBILT BEDFORD HOSPITAL IS A 60-BED FACILITY LOCATED IN SHELBYVILLE, TENNESSEE AND IS THE SOLE PROVIDER OF INPATIENT AND OUTPATIENT MEDICAL SERVICES IN BEDFORD COUNTY, TENNESSEE.</p> <p>VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LOCATED IN NASHVILLE, TENNESSEE, SERVES MIDDLE TENNESSEE, SOUTHERN KENTUCKY AND THE NORTHERN PARTS OF MISSISSIPPI, ALABAMA AND GEORGIA. THIS 80-BED HOSPITAL IS A JOINT VENTURE BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND ENCOMPASS HEALTH AND OFFERS COMPREHENSIVE ACUTE REHABILITATION SERVICES. ANNUALLY, VANDERBILT STALLWORTH REHABILITATION HOSPITAL HAS APPROXIMATELY 1,280 DISCHARGES. THE MAJORITY OF STALLWORTH'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES - DAVIDSON, WILLIAMSON, RUTHERFORD AND MONTGOMERY.</p> <p>TENNOVA HEALTHCARE - CLARKSVILLE IS A 270-BED FACILITY LOCATED IN CLARKSVILLE, TENNESSEE AND IS THE SOLE PROVIDER OF INPATIENT AND OUTPATIENT MEDICAL SERVICES IN MONTGOMERY COUNTY, TENNESSEE. TENNOVA HEALTHCARE - CLARKSVILLE IS A JOINT VENTURE BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND COMMUNITY HEALTH SYSTEMS, INC.</p>
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>FOR INFORMATION ON HOW VUMC PROMOTES THE HEALTH OF THE COMMUNITY PLEASE SEE:</p> <p>"FACTS ABOUT VANDERBILT UNIVERSITY MEDICAL CENTER" AS FOUND AT:  <a href="https://www.vumc.org/about/vanderbilt-university-medical-center">HTTPS://WWW.VUMC.ORG/ABOUT/VANDERBILT-UNIVERSITY-MEDICAL-CENTER</a>  (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p> <p>"VANDERBILT IN TENNESSEE: COUNTY BY COUNTY" AS FOUND AT:  <a href="https://www.vanderbilt.edu/community-relations/map/">HTTPS://WWW.VANDERBILT.EDU/COMMUNITY-RELATIONS/MAP/</a>  (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p> <p>"2019 ECONOMIC IMPACT REPORT" AS FOUND AT:  <a href="https://www.vanderbilt.edu/reports/2019-economic-impact-report/">HTTPS://WWW.VANDERBILT.EDU/REPORTS/2019-ECONOMIC-IMPACT-REPORT/</a>  (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p>



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Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). ADDITIONALLY, VUMC OWNS VANDERBILT WILSON COUNTY HOSPITAL, VANDERBILT TULLAHOAHARTON HOSPITAL, AND VANDERBILT BEDFORD HOSPITAL WHICH EACH OPERATE UNDER THEIR OWN RESPECTIVE HOSPITAL LICENSES.</p> <p>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. 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. FOR A LIST OF ALL ORGANIZATIONS RELATED TO VANDERBILT UNIVERSITY MEDICAL CENTER AND THE PRIMARY ACTIVITY OF EACH, PLEASE REFER TO SCHEDULE R.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	NOT APPLICABLE.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

**PUBLIC DISCLOSURE COPY**  
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

35-2528741

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501(C)(3)	33,041		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(2)</b> BOSTON UNIVERSITY P O BOX 28770, NEW YORK, NY 10087	04-2103547	501(C)(3)	238,801		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(3)</b> HARVARD MEDICAL SCHOOL P O BOX 415649, BOSTON, MA 02241	04-2103580	501(C)(3)	417,293		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(4)</b> MASSACHUSETTS EYE & EAR INFIRMARY P O BOX 412356, BOSTON, MA 02241	04-2103591	501(C)(3)	705,883		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(5)</b> MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	129,503		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(6)</b> (SEE STATEMENT)	04-2103611	501(C)(3)	464,019		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(7)</b> BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	4,889,990		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(8)</b> SCHEPENS EYE RESEARCH INSTITUTE P O BOX 412360, BOSTON, MA 02241	04-2129889	501(C)(3)	289,308		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(9)</b> BRIGHAM & WOMENS HOSPITAL INC P O BOX 3887, BOSTON, MA 02241	04-2312909	501(C)(3)	158,181		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(10)</b> MASSACHUSETTS GENERAL HOSPITAL P O BOX 3829, BOSTON, MA 02241	04-2697983	501(C)(3)	381,694		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(11)</b> LAHEY CLINIC INC 41 MALL ROAD, BURLINGTON, MA 01805	04-2704683	501(C)(3)	81,659		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 213

**3** Enter total number of other organizations listed in the line 1 table ▶ 18

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

Cat. No. 50055P

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT ASSISTANCE	2	386			
2 PATIENT ASSISTANCE	506		78,967	FMV	HEALTHCARE SUPPLIES & MEDICINE
3 PATIENT ASSISTANCE	111		5,500	FMV	CAR SEATS & HOME SAFETY KITS
4 PATIENT ASSISTANCE	11,867		21,314,456	FMV	PRESCRIPTION DRUGS
5 PATIENT ASSISTANCE	25		219,820	FMV	POST ACUTE CARE
6 PATIENT ASSISTANCE	15		79,107	FMV	PATIENT TEMPORARY HOUSING
7 (SEE STATEMENT)					

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

(SEE STATEMENT)

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**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) BOSTON CHILDREN'S HOSPITAL P O BOX 414413, BOSTON, MA 02241	04-2774441	501(C)(3)	58,550		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(13) BAYSTATE MEDICAL CENTER INC 2 MORRISSEY BLVD, DORCHESTER, MA 02125	04-2790311	501(C)(3)	326,550		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(14) NEW ENGLAND RESEARCH INSTITUTES INC 480 PLEASANT STREET, SUITE A 100, WATERTOWN, MA 02472	04-2919509	N/A	25,586		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(15) RHODE ISLAND HOSPITAL 167 POINT ST, PROVIDENCE, RI 02903	05-0258954	501(C)(3)	12,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(16) YALE UNIVERSITY P O BOX 1873, NEW HAVEN, CT 06508	06-0646973	501(C)(3)	369,232		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(17) UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXTENSION, UNIT 1133, STORRS MANSFIELD, CT 06269	06-0772160	GOVT	6,710		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(18) WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE, 9TH FLOOR, NEW YORK, NY 10022	13-1623978	501(C)(3)	436,209		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(19) ROCKEFELLER UNIVERSITY 1230 YORK AVE, BOX 259, NEW YORK, NY 10065	13-1624158	501(C)(3)	64,007		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(20) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE, BRONX, NY 10461	13-1624225	501(C)(3)	233,700		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(21) MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST, BRONX, NY 10467	13-1740114	501(C)(3)	12,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(22) MEMORIAL SLOAN - KETTERING CANCER CENTER P O BOX 29049, NEW YORK, NY 10087	13-1924236	501(C)(3)	60,918		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(23) CATALENT PHARMA SOLUTIONS LLC 25111 NETWORK PLACE, CHICAGO, IL 60673	13-4268760	N/A	152,088		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(24) NEW YORK UNIVERSITY SCHOOL OF MEDICINE P O BOX 415026, BOSTON, MA 02241	13-5562308	501(C)(3)	528,473		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(25) COLUMBIA UNIVERSITY P O BOX 29789, NEW YORK, NY 10087	13-5598093	501(C)(3)	1,940,403		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(26) MASONIC MEDICAL RESEARCH LABORATORY 2150 BLEECKER STREET, UTICA, NY 13501	13-5648611	501(C)(3)	15,353		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(27) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L LEVY PLACE, BOX 3500, NEW YORK, NY 10029	13-6171197	501(C)(3)	353,573		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(28) ALBANY MEDICAL COLLEGE 47 NEW SCOTLAND AVE, ALBANY, NY 12208	14-1338310	501(C)(3)	79,393		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(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
(29) THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK 875 ELLICOTT STREET, BUFFALO, NY 14203	14-1368361	501(C)(3)	784,905		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(30) HEALTH RESEARCH INC ELM & CARLTON STREETS, BUFFALO, NY 14263	14-1402155	501(C)(3)	99,282		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(31) SYRACUSE UNIVERSITY BURSAR OPERATIONS, 119 BOWNE HALL, SYRACUSE, NY 13244	15-0532081	501(C)(3)	74,213		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(32) THE ROCHESTER GENERAL HOSPITAL 1424 PORTLAND AVE, BOX 704, ROCHESTER, NY 14621	16-0743134	501(C)(3)	19,200		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(33) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE, BOX 704, ROCHESTER, NY 14642	16-0743209	501(C)(3)	76,558		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(34) SARAH CANNON RESEARCH INSTITUTE LLC P O BOX 27025, RICHMOND, VA 23261	20-1557751	N/A	15,164		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(35) CUMBERLAND FAMILY MEDICAL CENTER INC P O BOX 1080, BURKESVILLE, KY 42717	20-3131989	501(C)(3)	65,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(36) THE VALLEY HOSPITAL INC 223 NORTH VAN DIEN AVE, RIDGEWOOD, NJ 07450	22-1487307	501(C)(3)	9,478		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(37) WAKE FOREST UNIVERSITY HEALTH SCIENCES OFFICE OF CONTROLLER, MEDICAL CENTER BOULEVARD, WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	33,535		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(38) CHILDRENS HOSPITAL OF PHILADELPHIA 3501 CIVIC CENTER BLVD, CTRB 2400-5, PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	170,129		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(39) THOMAS JEFFERSON UNIVERSITY 125 9TH STREET, 2ND FLOOR, PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	10,878		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(40) UNIVERSITY OF PENNSYLVANIA P O BOX 785541, INSTITUTION NO 10052177, PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	923,393		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(41) GEISINGER CLINIC 100 N ACADEMY AVENUE, DANVILLE, PA 17822	23-6291113	501(C)(3)	108,811		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(42) INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE, SUITE C227, PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	8,885		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(43) RURAL HEALTH SERVICES INC 1000 CLYBURN PLACE, AIKEN, SC 29801	23-7085643	501(C)(3)	32,500		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(44) FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE N POB 19024, MAIL STOP J6-500, SEATTLE, WA 98109	23-7156071	501(C)(3)	40,314		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(45) METHODIST HEALTHCARE FOUNDATION P O BOX 42048, MEMPHIS, TN 38174	23-7320638	501(C)(3)	6,250		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(46) FAMILY HEALTH INTERNATIONAL P O BOX 602146, CHARLOTTE, NC 28260	23-7413005	501(C)(3)	10,084		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(47) PENNSYLVANIA STATE UNIVERSITY CONTROLLERS OFFICE MAIL CODE A 470, ACADEMIC SUPPORT BLDG STE 4100A, HERSHEY, PA 17033	24-6000376	GOVT	32,726		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(48) UNIVERSITY OF PITTSBURGH 5150 CENTER AVE, ROOM 457 F, PITTSBURGH, PA 15232	25-0965591	GOVT	4,566,687		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(49) CARNEGIE MELLON UNIVERSITY P O BOX 371032, PITTSBURGH, PA 15250	25-0969449	501(C)(3)	108,962		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(50) ALLEGHENY SINGER RESEARCH INSTITUTE PO BOX 951765, CLEVELAND, OH 44193	25-1320493	501(C)(3)	86,274		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(51) THE BROAD INSTITUTE INC 415 MAIN ST, CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	8,945,351		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(52) SHAWNEE CHRISTIAN HEALTHCARE CENTER INC 234 AMY AVE, LOUISVILLE, KY 40212	26-4345390	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(53) HEART CENTER RESEARCH LLC 105 RANDS AVE SE, HUNTSVILLE, AL 35801	27-1088752	N/A	9,977		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(54) APPLIED DECISION SCIENCE LLC 1776 MENTOR AVE, SUITE 424, CINCINNATI, OH 45212	27-1438501	N/A	30,743		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(55) REGENSTRIEF INSTITUTE INC 1101 WEST 10TH STREET, INDIANAPOLIS, IN 46202	30-0007730	501(C)(3)	37,600		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(56) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, CINCINNATI, OH 45229	31-0833936	501(C)(3)	195,248		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(57) UNIVERSITY OF TENNESSEE MEDICAL CENTER 9000 EXECUTIVE PARK DRIVE, KNOXVILLE, TN 37923	31-1626179	501(C)(3)	18,977		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(58) BATTELLE P O BOX 84391, SEATTLE, WA 98124	31-4379427	501(C)(3)	371,987		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(59) NATIONWIDE CHILDREN'S HOSPITAL P O BOX 781653, DETROIT, MI 48278	31-4379441	501(C)(3)	22,880		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(60) UNIVERSITY OF CINCINNATI P O BOX 932641, CLEVELAND, OH 44193	31-6000989	GOVT	881,696		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(61) OHIO STATE UNIVERSITY 1960 KENNY ROAD, 4TH FLOOR, COLUMBUS, OH 43210	31-6025986	GOVT	73,863		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(62) RESEARCH INSTITUTE AT NATIONWIDE PO BOX 78000, DETROIT, MI 48278	31-6056230	501(C)(3)	17,770		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(63) OHIOHEALTH CORPORATION 3545 OLENTANGY RIVER ROAD, SUITE 301, COLUMBUS, OH 43214	31-6059784	501(C)(3)	76,926		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(64) OHIO STATE UNIV RESEARCH FOUNDATION 1960 KENNY ROAD, ACCOUNTING DEPT, 4TH FLOOR, COLUMBUS, OH 43210	31-6401599	501(C)(3)	97,487		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(65) LA JOLLA INSTITUTE FOR IMMUNOLOGY 9420 ATHENA CIR, LA JOLLA, CA 92037	33-0328688	501(C)(3)	127,767		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(66) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	501(C)(3)	24,158		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(67) ILLUMINA INC 12864 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	33-0804655	N/A	284,855		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(68) CLEVELAND CLINIC P O BOX 931531, CLEVELAND, OH 44193	34-0714585	501(C)(3)	112,594		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(69) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, NORD HALL SUITE 615, CLEVELAND, OH 44106	34-1018992	501(C)(3)	262,175		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(70) CENTRAL AMERICAN MEDICAL OUTREACH INC 322 WESTWOOD AVENUE, ORRVILLE, OH 44667	34-1740695	501(C)(3)	117,728		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(71) INDIANA UNIVERSITY DEPT 78867, PO BOX 78000, DETROIT, MI 48278	35-6001673	GOVT	397,102		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(72) PURDUE UNIVERSITY 23510 NETWORK PLACE, CHICAGO, IL 60673	35-6002041	GOVT	332,002		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(73) NORTHWESTERN UNIVERSITY 633 CLARK STREET, EVANSTON, IL 60208	36-2167817	501(C)(3)	628,734		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(74) ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE, BOX 44, CHICAGO, IL 60611	36-2170833	501(C)(3)	20,556		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(75) RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN, ROOM 277, CHICAGO, IL 60612	36-2174823	501(C)(3)	174,150		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(76) UNIVERSITY OF CHICAGO 5841 SOUTH MARYLAND AVENUE, MC 2115, CHICAGO, IL 60637	36-2177139	501(C)(3)	291,929		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(77) GRANDVIEW MEDICAL GROUP RESEARCH LLC 3686 GRANDVIEW PARKWAY, SUITE 620, BIRMINGHAM, AL 35243	36-4919197	N/A	10,949		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(78) UNIVERSITY OF ILLINOIS 809 SOUTH MARSHFIELD AVE, 511MB, CHICAGO, IL 60612	37-6000511	GOVT	456,269		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(79) UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET, 333 WATERMAN BUILDING, BURLINGTON, VT 05405	37-6047339	GOVT	84,039		NOT APPLICABLE	NOT APPLICABLE	RESEARCH



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(80) ARBOR RESEARCH COLLABORATIVE FOR HEALTH 340 E HURON STREET, SUITE 300, ANN ARBOR, MI 48104	38-3289521	501(C)(3)	30,338		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(81) AFFINITY CARDIOVASCULAR SPECIALISTS LLC 3686 GRANDVIEW PARKWAY, SUITE 720, BIRMINGHAM, AL 35243	38-3976603	N/A	53,975		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(82) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD, ROOM 2, EAST LANSING, MI 48824	38-6005984	GOVT	213,459		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(83) UNIVERSITY OF MICHIGAN BOX 223131, PITTSBURGH, PA 15251	38-6006309	GOVT	324,118		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(84) WAYNE STATE UNIVERSITY P O BOX 02788, DETROIT, MI 48202	38-6028429	GOVT	183,763		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(85) MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD, P O BOX 26509, MILWAUKEE, WI 53226	39-0806261	501(C)(3)	72,253		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(86) UNIVERSITY OF WISCONSIN - MADISON OFFICE FOR RES. & SPONS. PROG., DRAWER #538, MILWAUKEE, WI 53278	39-1805963	GOVT	259,022		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(87) BOARD OF REGENTS OF UNIV OF WISCONSIN UW-MADISON GAR ACCOUNT, DRAWER #538, MILWAUKEE, WI 53278	39-6006492	GOVT	116,059		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(88) MINNEAPOLIS MEDICAL RESEARCH FOUNDATION 701 PARK AVE, PP7 700, MINNEAPOLIS, MN 55415	41-1677920	501(C)(3)	171,900		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(89) UNIVERSITY OF MINNESOTA PO BOX 1450, MINNEAPOLIS, MN 55485	41-6007513	GOVT	72,412		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(90) MAYO CLINIC ROCHESTER PO BOX 860334, MINNEAPOLIS, MN 55486	41-6011702	501(C)(3)	336,840		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(91) UNIVERSITY OF IOWA 118 SOUTH CLINTON STREET, IOWA CITY, IA 52242	42-6004813	GOVT	47,905		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(92) WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE, SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	3,849,872		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(93) UNIVERSITY OF MISSOURI P O BOX 807012, KANSAS CITY, MO 64180	43-6003859	501(C)(3)	16,481		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(94) CHILDRENS MERCY HOSPITALS P O BOX 803852, KANSAS CITY, MO 64180	44-0605373	501(C)(3)	33,968		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(95) BAPTIST CLINICAL RESEARCH INSTITUTE P O BOX 771364, MEMPHIS, TN 38177	45-3032246	501(C)(3)	25,326		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(96) SANFORD RESEACH P O BOX 5064, SIOUX FALLS, SD 57104	46-0450378	501(C)(3)	122,662		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(97) RUTGERS, THE STATE UNIVERSITY OF NEW 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR EAST, PISCATAWAY, NJ 08854	46-2354111	GOVT	151,384		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(98) FATHER FLANAGANS BOYS HOME P O BOX 145, BOYS TOWN, NE 68010	47-0376606	501(C)(3)	10,602		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(99) ADVANCED RESPIRATORY TECHNOLOGIES LLC 1105 WILLIAM PITT WAY, PITTSBURGH, PA 15238	47-3573079	N/A	73,254		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(100) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 2385 IRVING HALL ROAD, LAWRENCE, KS 66045	48-0680117	501(C)(3)	68,134		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & CONTRIBUTION
(101) KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BLVD, MAILSTOP 1039, KANSAS CITY, KS 66160	48-1108830	501(C)(3)	12,500		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(102) UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING, NEWARK, DE 19716	51-6000297	501(C)(3)	18,600		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(103) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR, CHICAGO, IL 60693	52-0595110	501(C)(3)	1,668,116		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(104) THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 6720 A ROCKLEDGE DRIVE, SUITE 100, BETHESDA, MD 20817	52-1317896	501(C)(3)	59,702		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(105) CHILDRENS NATIONAL MEDICAL CENTER 801 ROEDER ROAD, SUITE 500, SILVER SPRING, MD 20910	52-1640403	501(C)(3)	150,747		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(106) UNIVERSITY OF MARYLAND BALTIMORE P O BOX 41428, BALTIMORE, MD 21203	52-6002033	GOVT	33,159		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(107) MEDSTAR HEALTH RESEARCH INSTITUTE INC P O BOX 418223, BOSTON, MA 02241	52-6056274	501(C)(3)	19,140		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(108) CHILDRENS HOSPITAL 1 INVENTA PLACE 3RD FLOOR, SILVER SPRING, MD 20910	53-0196580	501(C)(3)	19,582		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(109) GEORGE WASHINGTON UNIVERSITY P O BOX 829896, PHILADELPHIA, PA 19182	53-0196584	501(C)(3)	233,652		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(110) SENTARA HOSPITALS 835 GLENROCK ROAD, SUITE 220, NORFOLK, VA 23502	54-1547408	501(C)(3)	13,200		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(111) KENNEL AND ASSOCIATES INC 3130 FAIRVIEW PARK DRIVE, SUITE 450, FALLS CHURCH, VA 22042	54-1771141	N/A	62,556		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(112) US CIVILIAN RESEARCH & DEVELOPMENT 1776 WILSON BLVD, SUITE 300, ARLINGTON, VA 22209	54-1773406	501(C)(3)	62,944		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(113) VIRGINIA COMMONWEALTH UNIVERSITY P O BOX 843039, RICHMOND, VA 23284	54-6001758	GOVT	19,085		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(114) UNIVERSITY OF VIRGINIA P O BOX 400195, CHARLOTTESVILLE, VA 22904	54-6001796	GOVT	561,795		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(115) WEST VIRGINIA UNIVERSITY RESEARCH CORP P O BOX 6001, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	183,050		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(116) DUKE UNIVERSITY P O BOX 602651, CHARLOTTE, NC 28260	56-0532129	501(C)(3)	1,428,398		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(117) WAKE FOREST UNIVERSITY OFFICE OF SPONSORED PROGRAMS, MEDICAL CENTER BLVD, WINSTON SALEM, NC 27157	56-0532138	501(C)(3)	642,960		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(118) RESEARCH TRIANGLE INSTITUTE P O BOX 900002, RALEIGH, NC 27675	56-0686338	501(C)(3)	12,014		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(119) UNIVERSITY OF NORTH CAROLINA CHARLOTTE 9201 UNIVERSITY CITY BLVD, CHARLOTTE, NC 28223	56-0791228	GOVT	55,471		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(120) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL PO BOX 402420, ATLANTA, GA 30384	56-6001393	GOVT	1,913,913		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(121) UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, SUITE 612, COLUMBIA, SC 29208	57-6001153	GOVT	551,049		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(122) MERCER UNIVERSITY 1501 MERCER UNIVERSITY DRIVE, MACON, GA 31207	58-0566167	501(C)(3)	32,517		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(123) EMORY UNIVERSITY P O BOX 935084, ATLANTA, GA 31193	58-0566256	501(C)(3)	815,343		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(124) AUGUSTA UNIVERSITY RESEARCH INSTITUTE P O BOX 945552, ATLANTA, GA 30394	58-1418202	501(C)(3)	64,283		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(125) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW, ATLANTA, GA 30310	58-1438873	501(C)(3)	317,312		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(126) SAINT THOMAS HEALTH 4220 HARDING RD, NASHVILLE, TN 37205	58-1716804	501(C)(3)	107,417		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(127) GEORGIA STATE UNIVERSITY RESEARCH P O BOX 3999, ATLANTA, GA 30302	58-1845423	501(C)(3)	34,421		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(128) CHILDREN'S HEALTHCARE OF ATLANTA INC 3375 NORTHEAST EXPRESSWAY, SUITE 100, ATLANTA, GA 30341	58-2367819	501(C)(3)	8,349		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(129) GEORGIA TECH APPLIED RESEARCH CORP P O BOX 277004, ATLANTA, GA 30384	58-2374837	501(C)(3)	50,773		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(130) UNIVERSITY OF MIAMI P O BOX 405803, OFFICE OF RESEARCH ADMIN, ATLANTA, GA 30384	59-0624458	501(C)(3)	1,664,653		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(131) RURAL HEALTH CARE INC P O DRAWER 817, PALATKA, FL 32178	59-1792958	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION

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(132) CASWELL FAMILY MEDICAL CENTER INC P O BOX 1448, YANCEYVILLE, NC 27379	59-1812757	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(133) H LEE MOFFITT CANCER CENTER AND 1209 MAGNOLIA DR M2GEN-INNOV, TAMPA, FL 33612	59-2451713	501(C)(3)	142,334		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(134) UNIVERSITY OF SOUTH FLORIDA P O BOX 864568, ORLANDO, FL 32886	59-3102112	GOVT	15,935		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(135) UNIVERSITY OF FLORIDA P O BOX 113001, GAINESVILLE, FL 32611	59-6002052	GOVT	2,706,071		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(136) MEMORIAL HEALTHCARE SYSTEM P O BOX 538514, ATLANTA, GA 30353	59-6014973	501(C)(3)	12,768		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(137) UNIVERSITY OF LOUISVILLE RESEARCH 300 EAST MARKET ST, SUITE 300, LOUISVILLE, KY 40202	61-1029626	501(C)(3)	88,726		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(138) BALLAD HEALTH CREDENTIALING 311 PRINCETON ROAD, SUITE 3, JOHNSON CITY, TN 37601	61-1771290	501(C)(3)	173,878		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(139) UNIVERSITY OF KENTUCKY RESEARCH P O BOX 931113, CLEVELAND, OH 44193	61-6033693	501(C)(3)	322,189		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(140) COUNCIL ON AGING OF GREATER NASHVILLE 95 WHITE BRIDGE ROAD, SUITE 250, NASHVILLE, TN 37205	62-0476667	501(C)(3)	72,179		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(141) VANDERBILT UNIVERSITY GRANTS PMB 401591, 2301 VANDERBILT PLACE, NASHVILLE, TN 37240	62-0476822	501(C)(3)	15,018,830		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(142) TENNESSEE VALLEY HEALTHCARE SYSTEM 1310 24TH AVENUE SOUTH, RESEARCH AND DEVELOPMENT 151, NASHVILLE, TN 37212	62-0484828	GOVT	55,925		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(143) DAVID LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE, NASHVILLE, TN 37204	62-0485733	501(C)(3)	68,656		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(144) MEHARRY MEDICAL COLLEGE 1005 D B TODD JR BLVD, NASHVILLE, TN 37208	62-0488046	501(C)(3)	1,893,620		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(145) TENNESSEE HOSPITAL ASSOCIATION 5201 VIRGINIA WAY, BRENTWOOD, TN 37027	62-0534232	501(C)(3)	104,547		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(146) CHEROKEE HEALTH SYSTEMS INC 6350 WEST ANDREW JOHNSON HWY, TALBOTT, TN 37877	62-0637925	501(C)(3)	40,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(147) METRO PUBLIC HEALTH DEPARTMENT 2500 CHARLOTTE AVENUE, SUITE 100, NASHVILLE, TN 37209	62-0694743	GOVT	68,478		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(148) TENNESSEE STATE UNIVERSITY 3500 JOHN A MERRITT BLVD, NASHVILLE, TN 37209	62-0786119	GOVT	22,319		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION

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(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
(149) CENTENNIAL MEDICAL CENTER P O BOX 27025, RICHMOND, VA 23261	62-1113737	N/A	12,580		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(150) NASHVILLE CARES 633 THOMPSON LANE, NASHVILLE, TN 37204	62-1274532	501(C)(3)	41,256		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(151) MIDDLE TENNESSEE RESEARCH INSTITUTE 1310 24TH AVENUE SOUTH, ROOM F-201, NASHVILLE, TN 37212	62-1387860	501(C)(3)	141,642		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(152) TENNESSEE DISABILITY COALITION 955 WOODLAND STREET, NASHVILLE, TN 37206	62-1447320	501(C)(3)	13,410		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION & CONTRIBUTION
(153) CUMBERLAND PEDIATRIC FOUNDATION 5141 VIRGINIA WAY, SUITE 230, BRENTWOOD, TN 37027	62-1615913	501(C)(3)	95,079		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(154) CUMBERLAND PHARMACEUTICALS INC 2525 WEST END AVENUE, SUITE 950, NASHVILLE, TN 37203	62-1765329	N/A	70,702		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(155) UNIVERSITY OF TENNESSEE MEMPHIS 910 MADISON AVE, SUITE 816, MEMPHIS, TN 38163	62-6001636	GOVT	322,240		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(156) MIDDLE TENNESSEE STATE UNIVERSITY 1301 EAST MAIN ST, MURFREESBORO, TN 37132	62-6005794	501(C)(3)	6,885		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(157) JACKSON MADISON COUNTY GENERAL HOSPITAL 620 SKYLINE DRIVE, JACKSON, TN 38301	62-6010402	GOVT	37,984		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(158) EAST TENNESSEE STATE UNIVERSITY P O BOX 70732, JOHNSON CITY, TN 37614	62-6021046	GOVT	155,920		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(159) MONTGOMERY AIDS OUTREACH, INC P O BOX 11087, MONTGOMERY, AL 36111	63-0959628	501(C)(3)	338,143		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(160) FIVE HORIZONS HEALTH SERVICES 2720 6TH ST, TUSCALOOSA, AL 35401	63-0995963	501(C)(3)	40,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(161) UNIVERSITY OF ALABAMA 1720 2ND AVENUE SOUTH, AB 990, BIRMINGHAM, AL 35294	63-6001138	GOVT	269,726		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(162) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVENUE SOUTH, AB 990, BIRMINGHAM, AL 35294	63-6005396	GOVT	1,119,176		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(163) DELTA HEALTH CENTER INC 702 MARTIN LUTHER KING RD, MOUND BAYOU, MS 38762	64-0443928	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(164) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE ST, JACKSON, MS 39216	64-6008520	501(C)(3)	365,990		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(165) PHDS CO 3011 AMHERST ROAD, KNOXVILLE, TN 37921	68-0625833	N/A	105,081		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(166) UNIVERSITY OF ARKANSAS FAYETTEVILLE P O BOX 1404, FAYETTEVILLE, AR 72702	71-6003252	501(C)(3)	16,602		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(167) UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 WEST MARKHAM STREET, LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	18,240		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(168) OUR LADY OF THE LAKE HOSPITAL INC 7556 HENNESSY BLVD, BATON ROUGE, LA 70808	72-0423651	501(C)(3)	1,186,579		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(169) ADMINISTRATORS OF THE TULANE EDUCATIONAL 1555 POYDRAS ST, SUITE 805, NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	38,990		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(170) LSU HEALTH SCIENCES CENTER NEW ORLEANS 1901 PERDIDO STREET, SUITE 3205, NEW ORLEANS, LA 70112	72-6087770	GOVT	118,886		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(171) UNIVERSITY OF TEXAS HEALTH SCIENCE P O BOX 301418, DALLAS, TX 75303	74-1586031	GOVT	116,092		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(172) BAYLOR COLLEGE OF MEDICINE P O BOX 301207, DALLAS, TX 75303	74-1613878	501(C)(3)	342,818		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(173) UNIVERSITY OF TEXAS HEALTH SCIENCE P O BOX 301418, DALLAS, TX 75303	74-1761309	GOVT	43,722		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(174) NATIONAL JEWISH HEALTH 1400 JACKSON STREET, DENVER, CO 80206	74-2044647	501(C)(3)	71,271		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(175) UNIVERSITY OF ARIZONA P O BOX 41817, TUCSON, AZ 85717	74-2652689	GOVT	19,393		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(176) TEXAS A & M UNIVERSITY HEALTH SCIENCE 400 HARVEY MITCHELL PARKWAY S, SUITE 300, COLLEGE STATION, TX 77845	74-2907553	GOVT	17,366		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(177) UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7159, AUSTIN, TX 78713	74-6000203	GOVT	120,761		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(178) UNIVERSITY OF TEXAS MEDICAL BRANCH P O BOX 660120, DEPT #750, DALLAS, TX 75266	74-6000949	GOVT	57,313		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(179) MD ANDERSON CANCER CENTER P O BOX 4266, HOUSTON, TX 77210	74-6001118	GOVT	384,230		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(180) UNIVERSITY OF HOUSTON P O BOX 988, HOUSTON, TX 77001	74-6001399	501(C)(3)	29,063		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(181) UNIVERSITY OF TEXAS DALLAS 800 WEST CAMPBELL ROAD, SP 2 27, RICHARDSON, TX 75080	75-1305566	GOVT	156,718		NOT APPLICABLE	NOT APPLICABLE	RESEARCH



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(182) TRANSLATIONAL GENOMICS RESEARCH 445 NORTH FIFTH STREET, SUITE 600, PHOENIX, AZ 85004	75-3065445	501(C)(3)	69,032		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(183) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL P O BOX 841765, DALLAS, TX 75284	75-6002868	GOVT	160,647		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(184) PALO ALTO VETERANS INSTITUTE FOR 3801 MIRANDA AVENUE (151P), P O BOX V-38, PALO ALTO, CA 94304	77-0207331	501(C)(3)	313,224		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(185) POSITIVE ORAL HEALTH CONSULTING LLC 3020 NE 32ND AVE, # 1113, FORT LAUDERDALE, FL 33308	81-4286681	N/A	34,002		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(186) MJD WELLNESS & COMMUNITY CENTER INC 822 NE 125TH ST, SUITE 103, MIAMI, FL 33161	81-5404209	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(187) PREMIER MOBILE HEALTH SERVICES CORP 3903 DR MARTIN LUTHER KING JR BLVD, SUITE K, FORT MYERS, FL 33916	82-5372657	501(C)(3)	40,000		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(188) PHYSICIANS CARE OF CLARKE 24B CAMDEN BYP, CAMDEN, AL 36726	83-2589567	501(C)(3)	32,500		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(189) DHR HEALTH INSTITUTE FOR RESEARCH AND 5323 SOUTH MCCOLL ROAD, EDINBURG, TX 78539	83-3783071	501(C)(3)	143,084		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(190) DENVER RESEARCH INSTITUTE 3401 QUEBEC STREET, SUITE 5000, DENVER, CO 80207	84-1392442	501(C)(3)	33,843		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(191) UNIVERSITY OF COLORADO DENVER 13001 E 17TH PL, MAIL STOP F 497, AURORA, CO 80045	84-6000555	GOVT	1,290,855		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(192) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO, MSC09 5225, ALBUQUERQUE, NM 87131	85-6000642	GOVT	25,151		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(193) BRIGHAM YOUNG UNIVERSITY GRANTS AND CONTRACTS ACCOUNTING, A-261 ASB, PROVO, UT 84602	87-0217280	501(C)(3)	59,275		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(194) UNIVERSITY OF UTAH 201 SOUTH PRESIDENTS CIRCLE, ROOM 406, SALT LAKE CITY, UT 84112	87-6000525	GOVT	747,967		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(195) UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE, CHICAGO, IL 60693	91-6001537	GOVT	2,445,453		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(196) OREGON HEALTH & SCIENCE UNIVERSITY P O BOX 3003, PORTLAND, OR 97208	93-1176109	GOVT	256,250		NOT APPLICABLE	NOT APPLICABLE	RESEARCH



**PUBLIC DISCLOSURE COPY**

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(197) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR, OAKLAND, CA 94612	94-1105628	501(C)(3)	43,592		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(198) LELAND STANFORD JUNIOR UNIVERSITY PO BOX 44253, SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	1,909,807		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(199) IHC HEALTH SERVICES INC P O BOX 57828, SALT LAKE CITY, UT 84157	94-2854057	501(C)(3)	282,575		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(200) UNIVERSITY OF CALIFORNIA SAN FRANCISCO P O BOX 748872, LOS ANGELES, CA 90074	94-6036493	GOVT	102,944		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(201) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA STREET, SUITE 102, LOS ANGELES, CA 90074	95-1642394	501(C)(3)	2,634,847		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(202) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 EAST CALIFORNIA BLVD, MAIL CODE 117-15, PASADENA, CA 91125	95-1643307	501(C)(3)	261,697		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(203) CEDARS SINAI MEDICAL CENTER 6500 WILSHIRE BLVD, SUITE 1150, LOS ANGELES, CA 90048	95-1644600	501(C)(3)	752,168		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(204) CITY OF HOPE NATIONAL MEDICAL CENTER 1500 E DUARTE ROAD, DUARTE, CA 91010	95-1683875	501(C)(3)	185,404		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(205) SCRIPPS HEALTH 10140 CAMPUS POINT DRIVE, SUITE 200, SAN DIEGO, CA 92121	95-1684089	501(C)(3)	626,336		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(206) UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY, SUITE 200, IRVINE, CA 92697	95-2226406	GOVT	17,708		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(207) BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE RD, MONROVIA 2562, DUARTE, CA 91010	95-3432210	501(C)(3)	23,311		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(208) UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVE, 1125 MURPHY HALL, LOS ANGELES, CA 90095	95-6006143	501(C)(3)	166,100		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(209) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE, # 0737, LA JOLLA, CA 92093	95-6006144	GOVT	275,077		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(210) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD, HONOLULU, HI 96822	99-6000354	GOVT	21,286		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(211) ACOUSTIC NEUROMA ASSOCIATION 600 PEACHTREE PARKWAY, SUITE 108, CUMMING, GA 30041	23-2170836	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(212) AMERICAN HEART ASSOCIATION 1818 PATTERSON ST, NASHVILLE, TN 37203	13-5613797	501(C)(3)	220,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

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(213) CHEEKWOOD BOTANICAL GARDEN & MUSEUM OF ART 1200 FORREST PARK DR., NASHVILLE, TN 37205	62-0627921	501(C)(3)	50,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(214) CHILDREN'S EMERGENCY CARE ALLIANCE 3841 GREEN HILLS VILLAGE DRIVE, SUITE 3048, NASHVILLE, TN 37215	20-2802786	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(215) GREENWAYS FOR NASHVILLE, INC. P O BOX 196340, NASHVILLE, TN 37219	62-1570596	501(C)(3)	6,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(216) HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVENUE, NASHVILLE, TN 37214	62-0909363	501(C)(3)	35,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(217) JDRF DIABETES FOUNDATION 105 WESTPARK DR, #415, BRENTWOOD, TN 37027	23-1907729	501(C)(3)	12,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(218) JUNIOR LEAGUE OF NASHVILLE 2202 CRESTMOOR RD, NASHVILLE, TN 37215	62-0476815	501(C)(3)	30,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(219) MATTHEW 25 P O BOX 158461, NASHVILLE, TN 37215	58-1673641	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(220) MIDDLE TN CHAPTER SOCIETY FOR HUMAN RESOURCE MANAGEMENT P O BOX 1305, ANTIOCH, TN 37011	62-1433642	501(C)(6)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(221) MIDDLE TN COUNCIL, BOY SCOUTS OF AMERICA 3414 HILLSBORO PIKE, NASHVILLE, TN 37215	62-0477729	501(C)(3)	6,417		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(222) MOTLOW COLLEGE FOUNDATION P O BOX 8500 DEPT 160, LYNCHBURG, TN 37352	23-7450071	501(C)(3)	7,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(223) NASHVILLEHEALTH 40 BURTO HILLS BLVD, NASHVILLE, TN 37215	81-3063375	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(224) NATIONAL ALLIANCE ON MENTAL ILLNESS DAVIDSON COUNTY 1101 KERMIT DR., SUITE 506, NASHVILLE, TN 37217	80-0597038	501(C)(3)	6,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(225) NATIONAL BUSINESS GROUP ON HEALTH 20 F ST. NEW, SUITE 200, WASHINGTON, DC 20001	52-1147591	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(226) TENNESSEE GOLF FOUNDATION 400 FRANKLIN ROAD, FRANKLIN, TN 37069	58-1893478	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(227) TENNESSEE KIDNEY FOUNDATION 37 PEABODY STREET, SUITE 206, NASHVILLE, TN 37210	27-0812507	501(C)(3)	7,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(228) TULLAHOMA AREA CHAMBER OF COMMERCE 135 WEST LINCOLN ST, TULLAHOMA, TN 37388	62-0611533	501(C)(6)	6,230		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

**PUBLIC DISCLOSURE COPY**

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(229) WILLIAMSON, INC. 5005 MERIDIAN BLVD, #150, FRANKLIN, TN 37067	36-4720381	501(C)(6)	1,556,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(230) WILSON COUNTY BUSINESS & EDUCATION COALITION 149 PUBLIC SQUARE, LEBANON, TN 37087	62-1596462	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(231) WILSON COUNTY PROMOTIONS, INC. P O BOX 1203, LEBANON, TN 37088	62-1088535	501(C)(4)	7,295		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

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

(a) Type of grant or assistance	(b) Number of Recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(7) AWARDS AND RESEARCH GRANTS	563	8,348,961			
(8) PATIENT ASSISTANCE	1,210		336,316	FMV	AMBULANCE RIDES
(9) PATIENT ASSISTANCE	2,119		343,395	FMV	CAR RIDES

**PUBLIC DISCLOSURE COPY****Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>VANDERBILT UNIVERSITY MEDICAL CENTER MAINTAINS A FORMAL POLICY DEFINING ITS PROCEDURES FOR MONITORING THE USE OF SPONSORED FUNDS BY SUBRECIPIENTS WHO ARE PERFORMING A PORTION OF A SPONSORED PROJECT EXTERNALLY AWARDED TO VANDERBILT UNIVERSITY MEDICAL CENTER. THE POLICY PROVIDES GUIDANCE TO ENSURE THAT SUBRECIPIENTS CONDUCT THEIR PORTIONS OF SPONSORED PROJECTS IN COMPLIANCE WITH LAWS, REGULATIONS, TERMS AND CONDITIONS OF AWARDS AND SUBAWARDS, AND THAT REIMBURSED COSTS INCURRED BY SUBRECIPIENTS ARE ALLOWED. THE POLICY ADDRESSES THE ROLES AND RESPONSIBILITIES OF CENTRAL OFFICES AND DEPARTMENTS OF THE MEDICAL CENTER AND DESCRIBES THE MONITORING PROCEDURES FOR EACH AREA. THE FULL TEXT OF VANDERBILT UNIVERSITY MEDICAL CENTER'S SUBRECIPIENT POLICY IS AVAILABLE ONLINE AT THE FOLLOWING WEB ADDRESS:</p> <p><a href="https://www.vumc.org/administrators-resource/policies-procedures">HTTPS://WWW.VUMC.ORG/ADMINISTRATORS-RESOURCE/POLICIES-PROCEDURES</a> (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>NEWTON WELLESLEY HOSPITAL</p> <p>2014 WASHINGTON ST, NEWTON LOWER FALLS, MA 02462</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

**PUBLIC DISCLOSURE COPY  
Compensation Information**

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

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

35-2528741

**Part I Questions Regarding Compensation**

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

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

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

	Yes	No
1a		
1b	✓	

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

2	✓	
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**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

4a	✓	
4b	✓	
4c		✓

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

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

5a		✓
5b		✓

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

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

6a		✓
6b		✓

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

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

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

9		
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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(SEE STATEMENT)	(i)							
	(ii)							
1	(i)							
	(ii)							
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**PUBLIC DISCLOSURE COPY**

**Part II**

**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY R. BALSER , MD, PHD PRESIDENT AND CEO	(i)	2,341,610	1,237,527	665,289	1,032,141	28,642	5,305,209	632,802
	(ii)	0	0	0	0	0	0	0
(2) C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF HEALTH SYSTEM OFFICER	(i)	1,807,661	668,350	430,052	559,644	18,374	3,484,081	394,362
	(ii)	0	0	0	0	0	0	0
(3) BYRON F. STEPHENS, II, MD ASST PROFESSOR COMPREHENSIVE SPINE CENTER	(i)	1,058,779	1,024,501	12,970	13,881	28,024	2,138,155	0
	(ii)	0	0	0	0	0	0	0
(4) CECELIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	(i)	1,009,258	379,086	241,751	323,634	23,992	1,977,721	172,104
	(ii)	0	0	0	0	0	0	0
(5) JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	(i)	975,681	338,068	180,577	290,139	29,020	1,813,485	166,513
	(ii)	0	0	0	0	0	0	0
(6) AMIR M. ABTAHI, MD ASST PROFESSOR COMPREHENSIVE SPINE CENTER	(i)	704,795	889,857	22,146	18,857	23,299	1,658,954	0
	(ii)	0	0	0	0	0	0	0
(7) RICK W. WRIGHT, MD DEPT CHAIRPERSON PROFESSOR, ORTHO - SPORTS MEDICINE	(i)	1,173,628	338,338	32,722	13,881	15,609	1,574,178	0
	(ii)	0	0	0	0	0	0	0
(8) GINGER HOLT, MD PROFESSOR, ORTHO-ONCOLOGY	(i)	1,402,548	4,500	11,706	13,881	39,017	1,471,652	0
	(ii)	0	0	0	0	0	0	0
(9) MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	(i)	719,062	273,657	196,558	237,543	28,920	1,455,740	172,075
	(ii)	0	0	0	0	0	0	0
(10) DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	(i)	715,716	272,278	210,872	162,106	29,682	1,390,654	178,683
	(ii)	0	0	0	0	0	0	0
(11) GREGORY G. POLKOWSKI, II, MD ASSOC PROFESSOR, ORTHO-JOINTS	(i)	704,768	620,565	11,040	13,881	34,017	1,384,271	0
	(ii)	0	0	0	0	0	0	0
(12) WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	(i)	756,075	279,050	14,826	13,881	19,321	1,083,153	0
	(ii)	0	0	0	0	0	0	0
(13) JENNIFER A. PIETENPOL, PHD CHIEF SCIENTIFIC OFFICER	(i)	750,814	166,580	32,322	92,768	36,573	1,079,057	0
	(ii)	0	0	0	0	0	0	0
(14) DAVID R. POSCH EVP FOR POPULATION HEALTH	(i)	737,219	271,723	4,343	14,079	24,404	1,051,768	0
	(ii)	0	0	0	0	0	0	0
(15) SHON DWYER, MBA, RN PRESIDENT, VANDERBILT ADULT HOSPITAL	(i)	505,015	336,948	21,242	132,024	13,370	1,008,599	0
	(ii)	0	0	0	0	0	0	0
(16) ZEENA M. ABDULAHAD, MPA EVP AND CHIEF DEVELOPMENT OFFICER	(i)	621,825	227,099	1,242	137,709	10,891	998,766	0
	(ii)	0	0	0	0	0	0	0
(17) THOMAS S. NANTAIS, MBA EVP ADULT AMBULATORY	(i)	614,919	227,099	3,757	106,802	21,946	974,523	0
	(ii)	0	0	0	0	0	0	0
(18) MARGARET G. RUSH, MD, MMHC PRESIDENT AND EXECUTIVE MEDICAL DIRECTOR, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	(i)	586,805	154,143	14,064	95,520	13,905	864,437	0
	(ii)	0	0	0	0	0	0	0

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(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(19) TRACI K. NORDBERG, JD CHIEF HR OFFICER	(i)	852,689	0	0	0	852,689	0
	(ii)	0	0	0	0	0	0

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**Part III**

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	<p>VANDERBILT UNIVERSITY MEDICAL CENTER EXCLUDES THE BENEFITS FROM TAXABLE INCOME WHEN A DOCUMENTED BUSINESS PURPOSE IS SERVED.</p> <p>1 OFFICER RECEIVED CHARTER TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.</p> <p>1 OFFICER RECEIVED FIRST-CLASS TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.</p>
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	1 OFFICER AND 1 HIGHEST COMPENSATED EMPLOYEE RECEIVED TAX GROSS-UP PAYMENT BENEFITS THAT WERE INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	ONE KEY EMPLOYEE, TRACI K. NORDBERG, RECEIVED A SEVERANCE PAYMENT TOTALING \$852,689 THAT WAS INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>CERTAIN INDIVIDUALS LISTED IN FORM 990, SCHEDULE J, PART II PARTICIPATE IN NONQUALIFIED DEFERRED COMPENSATION PLANS. AMOUNTS CONTRIBUTED TO THE PLANS INCLUDE FIXED PERCENTAGES OF ANNUAL BONUS PAYMENTS AND FIXED DOLLAR AMOUNTS. CONTRIBUTIONS TO THE PLAN VEST ON THE FIRST DAY OF THE FOURTH PLAN YEAR FOLLOWING CONTRIBUTION, OR UPON OCCURRENCE OF OTHER EVENTS SPECIFIED IN THE PLAN (INCLUDING EXPIRATION OF THE PARTICIPANT'S EMPLOYMENT AGREEMENT, IF PARTICIPANT HAS REACHED AGE 65).</p> <p>CURRENT YEAR ACCRUALS OF COMPENSATION ASSOCIATED WITH THESE PLANS ARE INCLUDED IN THE AMOUNTS REPORTED FOR EACH INDIVIDUAL IN SCHEDULE J, PART II, COLUMN (C). THE PAYOUT OF THESE AMOUNTS IN FUTURE YEARS WILL BE INCLUDED IN THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) FOR SUCH INDIVIDUALS. AMOUNTS ACCRUED IN PRIOR YEARS AND PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN (C) ARE REPORTED IN SCHEDULE J, PART II, COLUMN (F).</p> <p>PAYOUTS WERE MADE UNDER THESE PLANS TO 5 OFFICERS AND 1 KEY EMPLOYEE DURING 2020. JEFFREY R. BALSER RECEIVED A PAYOUT TOTALING \$632,802; C. WRIGHT PINSON RECEIVED A PAYOUT TOTALING \$394,362; JOHN F. MANNING, JR. RECEIVED A PAYOUT TOTALING \$166,513; CECELIA B. MOORE RECEIVED A PAYOUT TOTALING \$172,104; MICHAEL J. REGIER RECEIVED A PAYOUT TOTALING \$172,075; AND DAVID RAIFORD RECEIVED A PAYOUT TOTALING \$178,683.</p>
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED VARIABLE INCENTIVE COMPENSATION BASED ON THE ACHIEVEMENT OF PRE-ESTABLISHED GOALS WHERE JUDGMENT WAS DETERMINED BY THE COMPENSATION COMMITTEE. INCENTIVE PAYMENTS ARE SHOWN IN SCHEDULE J, PART II, COLUMN B(II).

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY**

**Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I Bond Issues**

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

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	53,385,000		127,128,208		536,573,506			
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .								
<b>7</b> Issuance costs from proceeds . . . . .	285,000		1,334,390		10,700,399			
<b>8</b> Credit enhancement from proceeds . . . . .								
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .			125,793,818		525,873,107			
<b>11</b> Other spent proceeds . . . . .	53,100,000							
<b>12</b> Other unspent proceeds . . . . .			0					
<b>13</b> Year of substantial completion . . . . .	2018		2019		2016			
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	✓			✓		✓		
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓		✓		✓		
<b>16</b> Has the final allocation of proceeds been made? . . . . .	✓		✓		✓			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓		✓			

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

Cat. No. 50193E

Schedule K (Form 990) 2020

**PUBLIC DISCLOSURE COPY**

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓		✓		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓		✓		✓			
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓		✓			
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶	0.60 %		0.00 %		0.20 %			
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶	0.20 %		0.00 %		0.00 %			
<b>6</b>	Total of lines 4 and 5 . . . . .	0.80 %		0.00 %		0.20 %			
<b>7</b>	Does the bond issue meet the private security or payment test? . . . . .		✓		✓		✓		
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓		✓			

**Part IV Arbitrage**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓		✓		✓		
<b>2</b>	If "No" to line 1, did the following apply?								
<b>a</b>	Rebate not due yet? . . . . .		✓	✓			✓		
<b>b</b>	Exception to rebate? . . . . .	✓			✓	✓			
<b>c</b>	No rebate due? . . . . .		✓		✓		✓		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		✓		✓		✓		



**PUBLIC DISCLOSURE COPY****Part VI**

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

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	ROW (B) - THE ISSUE IS FINANCING VARIOUS NEW CAPITAL PROJECTS FOR THE MEDICAL CENTER.  ROW (C) - COST OF CONSTRUCTION, RENOVATION, REMODELING AND EQUIPPING OF CAPITAL PROJECTS FOR THE BORROWER.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN (B) - THE DIFFERENCE IN THE ISSUE PRICE AND TOTAL PROCEEDS OF \$793,818 IS DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND. AS OF 6/30/2021 ALL PROCEEDS WERE SPENT ON CAPITAL PROJECTS FOR THE ISSUE AND ARE INCLUDED IN THE TOTAL AMOUNT SPENT ON CAPITAL EXPENDITURES ON LINE 10, AS WELL AS THE TOTAL PROCEEDS OF LINE 3.
SCHEDULE K, PART II, LINE 11 - OTHER SPENT PROCEEDS	COLUMN (A) - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**PUBLIC DISCLOSURE COPY**  
**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020****Open To Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2020

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L (Form 990 or 990-EZ) 2020

**PUBLIC DISCLOSURE COPY**

**Part IV**

**Business Transactions Involving Interested Persons** (continued)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MEAGHAN C. LYNCH	FAMILY MEMBER OF CURRENT DIRECTOR, SAMUEL E. LYNCH, DMD, DMSC	\$80,644	EMPLOYMENT AT VANDERBILT UNIVERSITY MEDICAL CENTER		✓

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**PUBLIC DISCLOSURE COPY  
Noncash Contributions**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	✓	10	9,205	MARKET VALUE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		259	MARKET VALUE
5 Clothing and household goods . . . . .	✓		89,843	MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	91	3,577,396	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 . . . . .	✓	2	261,315	MARKET VALUE
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	✓	6	1,925	MARKET VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>GIFT CERTIFICATES</u> ) . . . . .	✓	40	4,706	MARKET VALUE
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**PUBLIC DISCLOSURE COPY****Part II**

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

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

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

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the Organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer Identification Number

35-2528741

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 -	<p>VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") IS ONE OF THE NATION'S LONGEST SERVING AND MOST PRESTIGIOUS ACADEMIC MEDICAL CENTERS. THROUGH ITS HISTORIC BOND WITH VANDERBILT UNIVERSITY, VUMC CULTIVATES DISTINGUISHED RESEARCH AND EDUCATIONAL PROGRAMS TO ADVANCE A CLINICAL ENTERPRISE THAT PROVIDES COMPASSIONATE AND PERSONALIZED CARE AND SUPPORT FOR MILLIONS OF PATIENTS AND FAMILY MEMBERS EACH YEAR. WORLD-LEADING ACADEMIC DEPARTMENTS AND COMPREHENSIVE CENTERS OF EXCELLENCE PURSUE SCIENTIFIC DISCOVERIES, TRANSFORMATIONAL EDUCATIONAL AND CLINICAL ADVANCEMENTS ACROSS THE ENTIRE SPECTRUM OF HEALTH AND DISEASE.</p> <p>THE MEDICAL CENTER'S VISION IS TO BE THE WORLD LEADER IN ADVANCING PERSONALIZED HEALTH WHILE ITS MISSION IS PERSONALIZING THE PATIENT EXPERIENCE THROUGH ITS CARING SPIRIT AND REMARKABLE CAPABILITIES.</p>

**PUBLIC DISCLOSURE COPY**

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p>4A. PATIENT SERVICES -</p> <p>VUMC PROVIDES HIGH QUALITY MEDICAL AND HEALTH CARE SERVICES REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF VUMC, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER THAT PART OF VUMC'S MISSION IS TO SERVE THE COMMUNITY. THEREFORE, IN KEEPING WITH VUMC'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY ARE PROVIDED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS. THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES. CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED-PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH VUMC BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED. DURING THE FISCAL YEAR, VUMC SERVICED 71,297 INPATIENTS AND 2,521,400 EMERGENCY AND OUTPATIENT CLINIC VISITS.</p> <p>SINCE THE OUTSET OF THE COVID-19 PANDEMIC, VUMC HAS DIAGNOSED MORE THAN 60,000 INDIVIDUALS INFECTED WITH VARIOUS STRAINS OF THE COVID VIRUS AND HAS CARED FOR TENS OF THOUSANDS OF CRITICALLY ILL INPATIENTS ACROSS ITS HOSPITAL SYSTEM. VUMC'S WALK-IN CLINICS HAVE AVERAGED CARING FOR MORE THAN 1,000 COVID PATIENTS PER DAY DURING MULTIPLE WAVES OF THE PANDEMIC. THROUGHOUT THE PANDEMIC, VUMC HAS SERVED AS A NATIONAL AND REGIONAL RESOURCE FOR EXPERT INFORMATION, PROVIDING ADVICE TO THE PUBLIC WHILE ITS EXPERTS ADDRESSED THOUSANDS OF DIFFERENT COVID-RELATED TOPICS THROUGH INTERVIEWS WITH THE NEWS MEDIA. THIS INFORMATION HAS EDUCATED, CALMED AND IMPROVED THE HEALTH OF THE PUBLIC AS A RESULT.</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 &amp; WORLD REPORT, BECKER'S HOSPITAL REVIEW AND OTHERS:</p> <p>*U.S. NEWS &amp; WORLD REPORT: FOR 2021 VANDERBILT UNIVERSITY MEDICAL CENTER NAMED TO THE 'HONOR ROLL' OF THE NATION'S TOP 20 HOSPITALS, NO. 1 HOSPITAL IN TENNESSEE FOR THE 10TH CONSECUTIVE YEAR; NO.1 METRO NASHVILLE; 9 ADULT CLINICAL SPECIALTIES RANKED AMONG THE NATION'S BEST; MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT IS NAMED AS ONE OF THE ELITE CHILDREN'S HOSPITAL IN THE NATION BY U.S. NEWS, AND NO. 1 IN THE SOUTHEAST AND NO. 1 IN TENNESSEE WITH 10 OUT OF 10 SPECIALTIES NATIONALLY RANKED IN 2020</p> <p>*BECKER'S HOSPITAL REVIEW: ONE OF THE "100 GREAT HOSPITALS IN AMERICA," THE ONLY HEALTH CARE FACILITY IN TENNESSEE TO MAKE THE LIST IN 2021</p> <p>*NATIONAL INSTITUTES OF HEALTH: VANDERBILT UNIVERSITY SCHOOL OF MEDICINE CURRENTLY RANKED 9TH AMONG THE TOP GRANT AWARDEES FOR MEDICAL RESEARCH IN THE U.S. AS OF DECEMBER 2020.</p> <p>*MAGNET DESIGNATION FROM AMERICAN NURSES CREDENTIALING CENTER: VANDERBILT UNIVERSITY MEDICAL CENTER IS THE ONLY ORGANIZATION IN MIDDLE TENNESSEE THAT HAS BEEN MAGNET-DESIGNATED THREE CONSECUTIVE TIMES</p> <p>*FOR THE 10TH TIME, VUMC WAS NAMED A LEADER IN LGBTQ HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN HEALTHCARE EQUALITY INDEX (HEI) IN 2020. VUMC IS THE ONLY HEALTHCARE ORGANIZATION IN TENNESSEE TO BE SIMILARLY RECOGNIZED FOR ITS COMMITMENT TO ADOPTING LGBTQ-INCLUSIVE PATIENT, VISITATION AND EMPLOYMENT POLICIES.</p> <p>*THE CEO ROUNDTABLE ON CANCER RE-ACCREDITED VUMC AS A CEO CANCER GOLD STANDARD EMPLOYER FOR VUMC'S EFFORTS TO REDUCE THE RISK OF CANCER FOR EMPLOYEES AND THEIR FAMILIES. VUMC HAS EARNED THE CEO CANCER GOLD STANDARD DESIGNATION EVERY YEAR SINCE 2008.</p> <p>ALONG WITH THE VARIOUS NATIONAL RANKINGS, THERE ARE SEVERAL VUMC PROGRAMS UNIQUE TO TENNESSEE OR THE REGION, WHICH INCLUDE:</p> <p>*ONLY LEVEL 1 (HIGHEST LEVEL) TRAUMA CENTER IN MIDDLE TENNESSEE</p> <p>*ONLY LEVEL 4 (HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNIT, AS WELL AS A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT AND LEVEL 1 PEDIATRIC TRAUMA PROGRAM</p> <p>*VANDERBILT-INGRAM CANCER CENTER, THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN TENNESSEE THAT CONDUCTS RESEARCH AND CARES FOR BOTH CHILDREN AND ADULTS; ALSO, A MEMBER OF THE ELITE NATIONAL COMPREHENSIVE CANCER NETWORK, A GROUP OF THE NATION'S TOP 21 CLINICAL CANCER INSTITUTES</p> <p>*ONLY JOINT COMMISSION-ACCREDITED PROGRAM FOR TRAUMATIC BRAIN INJURY REHABILITATION (ONE OF SEVEN NATIONALLY)</p> <p>*DEDICATED REGIONAL BURN CENTER</p> <p>*LIFEFIGHT, AN INTEGRATED AIR AND GROUND EMERGENCY PATIENT TRANSPORT SYSTEM</p> <p>*TENNESSEE POISON CENTER</p> <p>*TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER, SERVING BOTH ADULT AND PEDIATRIC PATIENTS</p>



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Return Reference - Identifier	Explanation
	<p>FOR MORE INFORMATION REGARDING HEALTH CARE AT VANDERBILT UNIVERSITY MEDICAL CENTER, VISIT  <a href="https://www.vanderbilthealth.com/patientandvisitorinfo/48538">HTTPS://WWW.VANDERBILTHEALTH.COM/PATIENTANDVISITORINFO/48538</a></p>
FORM 990, PART III, LINE 4B -	<p>4B. ACADEMIC AND SCIENTIFIC RESEARCH -</p> <p>VUMC IS AN INTERNATIONALLY RECOGNIZED RESEARCH INSTITUTION. A MAJORITY OF VUMC'S RESEARCH FUNDING, INCLUDING SUBSTANTIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH, IS RECEIVED FROM THE FEDERAL GOVERNMENT. FUNDING IS ALSO RECEIVED FROM FOUNDATIONS, ASSOCIATIONS, CORPORATIONS, AND OTHER SOURCES. VUMC'S RESEARCHERS ARE AT THE FOREFRONT OF DISCOVERY AND ARE POSING INNOVATIVE SOLUTIONS TO SOME OF THE MOST CHALLENGING QUESTIONS ABOUT DISEASES AFFECTING HUMANKIND.</p> <p>VUMC'S PROGRAMS IN GRADUATE MEDICAL EDUCATION ARE CONSISTENTLY AMONG THE MOST SELECTIVE, AND ARE NATIONALLY RECOGNIZED FOR THEIR DIVERSITY &amp; INCLUSION, INNOVATION AND CAPACITY TO TRANSFORM THE EDUCATIONAL EXPERIENCE, WHILE THE BREADTH OF THE SCIENTIFIC DISCOVERIES WE MAKE ARE PROPELLED BY A RESEARCH ENTERPRISE THAT IS CONSISTENTLY RANKED AMONG THE NATION'S TOP RECIPIENTS IN TOTAL FEDERAL FUNDING.</p> <p>FOR MORE INFORMATION REGARDING RESEARCH AT VANDERBILT UNIVERSITY MEDICAL CENTER VISIT: <a href="https://www.vumc.org/oor/">HTTPS://WWW.VUMC.ORG/OOR/</a> (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$136,386,988 INCLUDING GRANTS OF \$0)(REVENUE \$893,925,289)</p> <p>4D. OTHER PROGRAM SERVICES -</p> <p>OTHER PROGRAM SERVICES INCLUDE PUBLIC HEALTH SERVICE, ACADEMIC SUPPORT, INSTITUTIONAL SUPPORT, AND OTHER AUXILIARY SERVICES. VANDERBILT UNIVERSITY MEDICAL CENTER ENGAGES IN A VARIETY OF PUBLIC SERVICE PROJECTS, INCLUDING, BUT NOT LIMITED TO FORMULATING NEW APPROACHES TO INCREASE HEALTH, SAFETY, QUALITY AND OUTCOMES, WHILE DECREASING TOTAL COSTS; AND MANY OTHER SPONSORED COMMUNITY HEALTH AND EDUCATIONAL PROGRAMS.</p> <p>TO READ MORE ABOUT VUMC'S ROLE IN THE COMMUNITY, VISIT  <a href="https://www.vanderbilthealth.com/main/38766">HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/38766</a></p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE OF THE BOARD OF THE DIRECTORS CONSISTS OF AT LEAST THREE DIRECTORS, INCLUDING THE BOARD CHAIRPERSON, THE CEO OF VUMC, AND THE CHANCELLOR OF VANDERBILT UNIVERSITY. THE EXECUTIVE COMMITTEE IS EMPOWERED TO EXERCISE ALL OF THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, SUBJECT TO CERTAIN RESTRICTIONS INVOLVING MAJOR CORPORATE DECISIONS.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PARTIES	<p>AS A RESULT OF VUMC'S CONTINUING RELATIONSHIP WITH VANDERBILT UNIVERSITY, DAVID W. PATTERSON, ROBERT C. SCHIFF, JR., GREGORY SCOTT ALLEN, AND DANIEL DIERMEIER SERVE ON THE VANDERBILT UNIVERSITY BOARD OF TRUST AND WERE APPOINTED BY VANDERBILT UNIVERSITY TO SERVE ON THE VUMC BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>VUMC ADOPTED AMENDED BYLAWS ON JUNE 2, 2021 TO INCORPORATE THE FOLLOWING CHANGES:</p> <p>SECTION 3.4 WAS AMENDED TO ADD A PROCEDURE THROUGH WHICH A BOARD MEMBER MAY SUBMIT A WRITTEN REQUEST FOR ONE-TIME WAIVER OF APPLICABLE TERM LIMITS LIMITING BOARD SERVICE, SUBJECT TO APPROVAL BY THE AFFIRMATIVE VOTE OF 80% OF REMAINING BOARD MEMBERS.</p> <p>SECTION 4.2 WAS AMENDED TO ADD A PROVISION PERMITTING PERSONS OTHER THAN BOARD MEMBERS TO BE APPOINTED AS VOTING MEMBERS OF BOARD COMMITTEES OTHER THAN THE BOARD'S EXECUTIVE COMMITTEE, SUBJECT TO THE REQUIREMENT THAT BOARD MEMBERS MUST STILL COMPRISE A MAJORITY OF VOTING MEMBERS OF EACH SUCH COMMITTEE.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY VUMC AND PROVIDED TO ERNST &amp; YOUNG, VUMC'S INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER REVIEW BY ERNST &amp; YOUNG, VUMC PROVIDES A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW TO ALL GENERAL OFFICERS, WHICH INCLUDES THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND SECRETARY. ONCE THIS REVIEW PROCESS IS COMPLETE, THE AUDIT AND COMPLIANCE COMMITTEE IS PROVIDED ELECTRONIC ACCESS TO THE DRAFT FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW. THE FINAL FORM 990 AND ALL REQUIRED SCHEDULES ARE MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE FILING OF THE RETURN.</p>

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Return Reference - Identifier	Explanation												
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>VUMC HAS A CONFLICT OF INTEREST ("COI") POLICY, WHICH REQUIRES THAT ALL STAFF MEMBERS AND VUMC EMPLOYED FACULTY COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY, DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST. IF A CONFLICT IS DISCLOSED BY A STAFF MEMBER, THE CONFLICT IS REVIEWED BY THE INDIVIDUAL'S SUPERVISOR AND THE COI DIRECTOR, IN THE OFFICE OF LEGAL AFFAIRS, WHICH REPORTS TO THE VUMC GENERAL COUNSEL / CORPORATE SECRETARY.</p> <p>FOR VUMC EMPLOYED FACULTY, DISCLOSED CONFLICTS ARE REVIEWED BY THE FACULTY MEMBER'S DEPARTMENT CHAIR AND THE ASSOCIATE DEAN FOR FACULTY AFFAIRS.</p> <p>VUMC HAS A CONFLICT OF INTEREST COMMITTEE WHICH CONSISTS OF REPRESENTATIVES FROM RELEVANT AREAS ACROSS VUMC AND ARE APPOINTED BY THE CEO UPON THE RECOMMENDATION OF THE CHIEF OF CLINICAL STAFF. THE CHIEF OF CLINICAL STAFF SERVES AS CHAIR OF THE COMMITTEE.</p> <p>THE CONFLICT OF INTEREST COMMITTEE IS RESPONSIBLE FOR REVIEWING CONFLICT OF INTEREST CASES OF VUMC EMPLOYEES (INCLUDING THOSE HOLDING VU FACULTY APPOINTMENTS) WHERE A DECISION IS NOT MADE AFTER THE INITIAL REVIEW OF THE DISCLOSURE; AND WHERE VUMC AS A PARTY, OR IN WHICH VUMC AS AN INSTITUTION, IS SUBJECT TO A CONFLICT OF INTEREST. ANY REPORTED CONFLICT IS MANAGED OR ELIMINATED AS APPROPRIATE.</p> <p>THE CONFLICT OF INTEREST COMMITTEE REPORTS SEMIANNUALLY TO THE VUMC BOARD AUDIT &amp; COMPLIANCE COMMITTEE.</p> <p>MEMBERS OF THE BOARD OF DIRECTORS ALSO MUST COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURES. THOSE WITH DISCLOSED POTENTIAL CONFLICTS OF INTEREST ARE PRESENTED TO THE AUDIT AND COMPLIANCE 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>												
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>FORM 990, PART VI, LINES 15A &amp; 15B -</p> <p>TO ENSURE THAT VUMC IS PAYING REASONABLE TOTAL COMPENSATION, IS NOT VIOLATING THE PRIVATE INUREMENT PROHIBITION, WHICH REQUIRES THAT NONE OF THE ORGANIZATION'S INCOME OR ASSETS UNREASONABLY BENEFIT ANY OF ITS DIRECTORS, OFFICERS, OR KEY EMPLOYEES, AND IS IN COMPLIANCE WITH THE INTERMEDIATE SANCTIONS PROVISIONS WITH RESPECT TO THE GENERAL OFFICERS, VUMC'S BOARD OF DIRECTORS HAS DESIGNATED THE MANAGEMENT DEVELOPMENT AND 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 MANAGEMENT DEVELOPMENT AND 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 MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE MEETINGS. THE FULL BOARD IS INFORMED ANNUALLY OF THE TOTAL COMPENSATION OF THE GENERAL OFFICERS DURING PRIVATE SESSION.</p>												
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>VUMC'S GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. VUMC'S FINANCIAL STATEMENTS ARE POSTED TO THE EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE FOLLOWING WEBSITE:</p> <p><a href="https://www.vumc.org/faculty/policies-procedures">HTTPS://WWW.VUMC.ORG/FACULTY/POLICIES-PROCEDURES</a> (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE).</p>												
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS</td><td align="right">46,823,693</td></tr> <tr> <td>NET ASSETS RELEASED FROM RESTRICTIONS</td><td align="right">- 15,646,920</td></tr> <tr> <td>ENDOWMENT APPRECIATION</td><td align="right">11,168,900</td></tr> <tr> <td>CHANGE IN NON-CONTROLLING INTEREST NET ASSETS</td><td align="right">1,704,056</td></tr> <tr> <td>OTHER CHANGES IN NET ASSETS</td><td align="right">- 4</td></tr> </table>	(a) Description	(b) Amount	TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS	46,823,693	NET ASSETS RELEASED FROM RESTRICTIONS	- 15,646,920	ENDOWMENT APPRECIATION	11,168,900	CHANGE IN NON-CONTROLLING INTEREST NET ASSETS	1,704,056	OTHER CHANGES IN NET ASSETS	- 4
(a) Description	(b) Amount												
TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS	46,823,693												
NET ASSETS RELEASED FROM RESTRICTIONS	- 15,646,920												
ENDOWMENT APPRECIATION	11,168,900												
CHANGE IN NON-CONTROLLING INTEREST NET ASSETS	1,704,056												
OTHER CHANGES IN NET ASSETS	- 4												

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SCHEDULE R  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

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	1,517,863	14,222,230	VUMC
(2) FRIENDS IN GLOBAL HEALTH, LLC (26-0170070) 2525 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	PUBLIC HEALTH	TN	25,119,349	336,809	VHS
(3) VANDERBILT-WILSON RADIATION ONCOLOGY, LLC (26-1241612) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	HOLDING COMPANY	TN	2,155,818	1,161,359	VHS
(4) VANDERBILT HEALTH AFFILIATED NETWORK, LLC (46-1571024) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203	CLINICAL NETWORK	TN	22,312,508	18,541,615	VHS
(5) PROJECT HOLDING COMPANY, LLC (81-3915926) 4350 LASSITER AT NORTH HILLS AVE, SUITE 300, RALEIGH, NC 27609-5793	HOLDING COMPANY	TN	0	9,645,014	VUMC
(6) (SEE STATEMENT)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

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**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)									

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

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	O	96,569	FMV
<b>(1)</b> AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	S	3,153,454	FMV
<b>(2)</b> VANDERBILT GATEWAY CANCER CENTER, G.P.	L	1,177,147	FMV
<b>(3)</b> VANDERBILT GATEWAY CANCER CENTER, G.P.	O	133,661	FMV
<b>(4)</b> VANDERBILT GATEWAY CANCER CENTER, G.P.	Q	553,131	FMV
<b>(5)</b> (SEE STATEMENT)			
<b>(6)</b>			

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**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) .....													
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(15) .....													
(16) .....													

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**Part I**

**Identification of Disregarded Entities** (continued)

(a) Name, address and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
(6) HEALTH PROFESSIONAL SOLUTIONS, LLC (30-0964540) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	HOLDING COMPANY	TN	0	3,781,138	VUMC
(7) VANDERBILT HEALTH RX SOLUTIONS, LLC (82-1456647) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY ADMINISTRATION	TN	2,939,243	4,815,940	VHPS
(8) VANDERBILT HEALTH PHARMACY GROUP, LLC (82-1462688) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY SERVICES	TN	4,940,789	1,454,325	VHRXS
(9) RETAIL HEALTH CLINICS, LLC (82-1942209) 2525 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	WALK-IN CLINICS	TN	7,003,541	186,023	VHS
(10) NASHVILLE BIOSCIENCES, LLC (82-4174759) 2525 WEST END AVE., SUITE 930, NASHVILLE, TN 37203	RESEARCH & DEVELOPMENT IN BIOTECHNOLOGY	TN	8,505,807	4,080,338	VUMC
(11) VANDERBILT HEALTH SUPPLY CHAIN SOLUTIONS, LLC (82-4143617) MCN 1161 21ST AVE, D-3300, NASHVILLE, TN 37203	CONSULTING	TN	563,088	601,849	VHPS
(12) VANDERBILT HEALTH PURCHASING COLLABORATIVE, LLC (82-4148840) MCN 1161 21ST AVE, D-3300, NASHVILLE, TN 37203	GROUP PURCHASING ORGANIZATION	TN	6,001,356	8,210,222	VHSCS
(13) ACO OF CENTRAL ALABAMA 1, LLC (82-1681443) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	578,072	370,906	VWRO
(14) ACO OF LOUISIANA, LLC (82-1686154) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	0	3,683	VWRO
(15) ACO OF NORTH DELAWARE, LLC (81-2692564) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	570,060	407,024	VWRO
(16) MID SOUTH ACO, LLC (82-1685569) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	1,285,230	677,336	VWRO
(17) VANDERBILT HOME CARE SERVICES, LLC (62-1404948) 2120 BELCOURT AVENUE, NASHVILLE, TN 37212	HOME HEALTH	TN	17,463,210	(203,562)	VHS
(18) CAREFLUENT CONNECT, LLC (84-3131467) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	COMPREHENSIVE CARE SERVICES	TN	28,832	(2,114,598)	VHSCS
(19) BUNDLE PAYMENT SERVICES, LLC (84-3700835) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	ADMINISTRATIVE SERVICES	TN	0	0	VUMC
(20) VANDERBILT INTEGRATED PROVIDERS, LLC (62-1650124) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	5,836,023	5,376,229	VHS
(21) VANDERBILT COFFEE HOSPITAL, LLC (85-3420386) 1801 N JACKSON STREET, TULLAHOMA, TN 37388	GENERAL MEDICAL AND SURGICAL HOSPITALS	TN	24,660,364	34,774,387	VUMC
(22) VANDERBILT BEDFORD HOSPITAL, LLC (85-3419620) 2835 US-231, SHELBYVILLE, TN 37160	GENERAL MEDICAL AND SURGICAL HOSPITALS	TN	11,156,044	18,922,824	VUMC
(23) VANDERBILT MONTGOMERY HOLDINGS, LLC (85-3448238) 1161 21ST AVENUE SOUTH, D-3300 MEDICAL CENTER NORTH, NASHVILLE, TN 37232	HOLDING COMPANY	TN	2,444,400	38,390,057	VUMC



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**Part III**

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC (62-1809227) 40 BURTON HILLS BLVD., STE. 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	VHS	RELATED	3,021,498	3,163,394		✓			✓	52.04
(2) NEW LIGHT IMAGING, LLC (14-1895171) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	MANAGEMENT SERVICES	TN	VHS	RELATED	1,046,428	755,487		✓			✓	66.67
(3) ONE HUNDRED OAKS IMAGING, LLC (26-3762022) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	DIAGNOSTIC IMAGING	TN	VHS/VIS	RELATED	3,789,081	5,637,685		✓			✓	77.60
(4) SPRINGFIELD VIP REALTY, LLC (26-1237360) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	REAL ESTATE	TN	VUMC	EXCLUDED	21,626	393,862		✓		✓		49.00
(5) VANDERBILT GATEWAY CANCER (20-3844791) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	ONCOLOGY SERVICES	DE	VHS	RELATED	847,416	2,467,366		✓		✓		60.00
(6) VANDERBILT IMAGING SERVICES, LLC (62-1787098) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	RADIOLOGY SERVICES	TN	VHS	RELATED	6,046,418	6,990,563		✓			✓	62.67
(7) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LP (63-1077470) 3660 GRANDVIEW PARKWAY, STE. 200, BIRMINGHAM, AL 35243	REHAB SERVICES	TN	VUMC/VHS	RELATED	(2,120,375)	6,954,351		✓		✓		50.00
(8) VANDERBILT-MAURY RADIATION ONCOLOGY, LLC (46-0757412) 1003 RESERVE BLVD., STE 120, SPRING HILL, TN 37174	ONCOLOGY SERVICES	TN	VHS	RELATED	70,633	1,119,019		✓		✓		40.00
(9) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES (62-1864145) 512 AUTUMN SPRINGS CT., STE C, FRANKLIN, TN 37067	WALK-IN CLINICS	TN	VHS	RELATED	555,694	3,480,516		✓		✓		51.00
(10) VIP MIDSOUTH, LLC (62-1654580) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VIP	RELATED	1,129,654	3,969,712		✓		✓		65.01
(11) WILLIAMSON IMAGING, LLC (62-1855535) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	DIAG. IMAGING	TN	VIS	RELATED	2,018,601	2,239,031		✓			✓	50.14
(12) SPRING HILL SURGERY CENTER, LLC (46-2325870) 310 SEVEN SPRINGS WAY, SUITE 500, BRENTWOOD, TN 37027	AMBULATORY SURGERY	TN	VHS	RELATED	(449,023)	1,177,041		✓			✓	51.00

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**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) CHARITABLE REMAINDER TRUST (5)	CHARITABLE TRUST	TN	VUMC	TRUST			N/A	✓	
(2) PERPETUAL TRUSTS (1)	CHARITABLE TRUST	TN	VUMC	TRUST			N/A	✓	
(3) VANDERBILT INTEGRATED PROVIDERS (62-1650124) 3319 WEST END AVE, SUITE 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VHS	C CORPORATION	415,413	4,365,841	100.00	✓	

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**Part V**

**Transactions with Related Organizations** (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) VANDERBILT GATEWAY CANCER CENTER, G.P.	S	1,147,589	FMV
(7) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	B	64,000	FMV
(8) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	L	391,938	FMV
(9) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	O	78,926	FMV
(10) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	Q	405,742	FMV
(11) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	B	382,088	FMV
(12) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	K	512,781	FMV
(13) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	Q	2,711,108	FMV
(14) VIP MIDSOUTH, LLC	L	137,952	FMV
(15) VIP MIDSOUTH, LLC	O	159,486	FMV
(16) VIP MIDSOUTH, LLC	Q	276,025	FMV
(17) VIP MIDSOUTH, LLC	S	216,836	FMV
(18) VANDERBILT INTEGRATED PROVIDERS	O	64,702	FMV
(19) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	J	83,207	FMV
(20) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	O	10,921,581	FMV
(21) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	Q	3,035,727	FMV
(22) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	S	331,794	FMV
(23) VANDERBILT IMAGING SERVICES, LLC	O	565,978	FMV
(24) VANDERBILT IMAGING SERVICES, LLC	Q	3,396,176	FMV
(25) VANDERBILT IMAGING SERVICES, LLC	S	4,747,712	FMV
(26) NEW LIGHT IMAGING, LLC	O	560,600	FMV
(27) NEW LIGHT IMAGING, LLC	S	1,422,149	FMV
(28) WILLIAMSON IMAGING, LLC (COOL SPRINGS IMAGING)	Q	2,833,312	FMV
(29) ONE HUNDRED OAKS IMAGING, LLC	Q	4,025,496	FMV
(30) ONE HUNDRED OAKS IMAGING, LLC	S	1,844,471	FMV
(31) PERPETUAL TRUSTS (1)	S	389,334	FMV

# Vanderbilt University Medical Center

## Consolidated Financial Statements and Supplementary Information Years Ended June 30, 2021 and 2020

Ernst & Young LLP



**Vanderbilt University Medical Center**  
**Index to Consolidated Financial Statements**  
**June 30, 2021 and 2020**

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Ernst & Young LLP  
Suite 2100  
222 2nd Avenue South  
Nashville, TN 37201

Tel: +1 615 252 2000  
ey.com

### Report of Independent Auditors

The Board of Directors  
Vanderbilt University Medical Center

We have audited the accompanying consolidated financial statements of Vanderbilt University Medical Center, which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Vanderbilt University Medical Center at June 30, 2021 and 2020, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst + Young LLP*

October 1, 2021



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**Vanderbilt University Medical Center**  
**Consolidated Balance Sheets**  
**June 30, 2021 and 2020**

(\$ in thousands)	<u>2021</u>	<u>2020</u>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 837,312	\$ 1,170,526
Current investments	215,484	232,178
Patient accounts receivable	553,874	470,550
Grants and contracts receivable	77,365	60,031
Inventories	140,281	104,603
Other current assets	118,259	118,439
Total current assets	<u>1,942,575</u>	<u>2,156,327</u>
Restricted cash	27,404	11,806
Noncurrent investments	779,389	539,173
Noncurrent investments limited as to use	127,414	113,526
Property, plant, and equipment, net	1,630,325	1,525,103
Operating lease assets	839,850	846,695
Other noncurrent assets	96,351	53,347
Total assets	<u>\$ 5,443,308</u>	<u>\$ 5,245,977</u>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Current portion of long-term debt	\$ 14,704	\$ 14,321
Short-term borrowings	300,000	100,000
Accounts payable and other accrued expenses	356,171	309,162
Medicare accelerated payments	189,427	222,445
Estimated payables under third-party programs	37,669	45,957
Accrued compensation and benefits	316,531	238,039
Current portion of operating lease liabilities	67,343	70,062
Current portion of deferred revenue	4,240	4,827
Current portion of medical malpractice self-insurance reserves	15,820	12,577
Total current liabilities	<u>1,301,905</u>	<u>1,017,390</u>
Long-term debt, net of current portion	1,432,150	1,841,290
Noncurrent portion of operating lease liabilities	795,330	797,811
Fair value of interest rate exchange agreements	76,864	100,342
Noncurrent portion of medical malpractice self-insurance reserves	56,770	47,682
Noncurrent portion of deferred revenue	2,923	4,027
Other noncurrent liabilities	46,986	35,449
Total liabilities	<u>3,712,928</u>	<u>3,843,991</u>
Net assets		
Net assets without donor restrictions controlled by Vanderbilt University Medical Center	1,497,483	1,208,796
Net assets without donor restrictions related to noncontrolling interests	8,339	6,635
Total net assets without donor restrictions	<u>1,505,822</u>	<u>1,215,431</u>
Net assets with donor restrictions	224,558	186,555
Total net assets	<u>1,730,380</u>	<u>1,401,986</u>
Total liabilities and net assets	<u>\$ 5,443,308</u>	<u>\$ 5,245,977</u>

The accompanying notes are an integral part of these consolidated financial statements.

**PUBLIC DISCLOSURE COPY**

**Vanderbilt University Medical Center**  
**Consolidated Statements of Operations**  
**Years Ended June 30, 2021 and 2020**

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
<b>Operating revenues</b>		
Patient service revenue	\$ 4,691,814	\$ 4,031,720
Academic and research revenue	614,611	552,822
Other operating revenue	228,204	301,143
Total operating revenues	<u>5,534,629</u>	<u>4,885,685</u>
<b>Operating expenses</b>		
Salaries, wages, and benefits	2,836,544	2,495,795
Supplies and drugs	1,216,203	1,046,398
Facilities and equipment	296,748	273,405
Services and other	795,287	740,255
Depreciation and amortization	151,454	126,654
Interest	60,530	60,771
Total operating expenses	<u>5,356,766</u>	<u>4,743,278</u>
Income from operations	<u>177,863</u>	<u>142,407</u>
<b>Nonoperating revenues and expenses</b>		
Income from investments	68,201	27,224
Gift income	19,104	20,702
Earnings of unconsolidated organizations	8,100	4,865
Unrealized gain (loss) on interest rate exchange agreements, net of cash settlements	17,372	(37,152)
Total nonoperating revenues and expenses	<u>112,777</u>	<u>15,639</u>
Excess of revenues over expenses	290,640	158,046
Excess of revenues over expenses attributable to noncontrolling interests	(6,295)	(4,074)
Excess of revenues over expenses attributable to VUMC	284,345	153,972
<b>Other changes in net assets without donor restrictions</b>		
Change in noncontrolling interests' net assets	1,704	(1,141)
Net assets released from restriction for capital	474	4,773
Other changes	3,868	(458)
Total changes in net assets without donor restrictions	<u>\$ 290,391</u>	<u>\$ 157,146</u>

The accompanying notes are an integral part of these consolidated financial statements.

**PUBLIC DISCLOSURE COPY**  
**Vanderbilt University Medical Center**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended June 30, 2021 and 2020**

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
<b>Net assets without donor restrictions</b>		
Net assets without donor restrictions at the beginning of the period	\$ 1,215,431	\$ 1,058,285
Excess of revenues over expenses	284,345	153,972
Change in noncontrolling interests' net assets	1,704	(1,141)
Net assets released from restriction for capital	474	4,773
Other changes	3,868	(458)
Change in net assets without donor restrictions	<u>290,391</u>	<u>157,146</u>
Net assets without donor restrictions at the end of the period	<u>\$ 1,505,822</u>	<u>\$ 1,215,431</u>
<b>Net assets with donor restrictions</b>		
Net assets with donor restrictions at the beginning of the period	\$ 186,555	\$ 155,897
Contributions	46,824	45,079
Restricted investment income	11,169	1,727
Net assets released from restrictions for operations	(15,647)	(13,788)
Net assets released from restriction for capital	(474)	(4,773)
Other changes	(3,869)	2,413
Change in net assets with donor restrictions	<u>38,003</u>	<u>30,658</u>
Net assets with donor restrictions at the end of the period	<u>\$ 224,558</u>	<u>\$ 186,555</u>
<b>Total net assets</b>		
Beginning of the period	\$ 1,401,986	\$ 1,214,182
Change in total net assets	328,394	187,804
End of the period	<u>\$ 1,730,380</u>	<u>\$ 1,401,986</u>

The accompanying notes are an integral part of these consolidated financial statements.

**PUBLIC DISCLOSURE COPY**

**Vanderbilt University Medical Center**  
**Consolidated Statements of Cash Flows**  
**Years Ended June 30, 2021 and 2020**

(\$ in thousands)	<u>2021</u>	<u>2020</u>
<b>Cash flows from operating activities</b>		
Change in total net assets	\$ 328,394	\$ 187,804
Adjustments to reconcile change in total net assets to net cash provided by operating activities:		
Depreciation and amortization	151,454	126,654
Amortization of debt issuance costs, and original issue premium and discount	953	709
Loss on disposal of assets	524	1,116
Undistributed equity in earnings of equity method affiliates	(2,949)	(1,754)
Investment gains and losses	(64,917)	(8,662)
Purchases of trading securities	(391,959)	(392,111)
Sales of trading securities	363,454	242,191
Change in split-interest trusts	(2,380)	260
Unrealized (gain) loss on interest rate exchange agreements	(23,478)	32,441
Restricted contributions for endowments and property, plant, and equipment	(21,755)	(14,073)
Increase (decrease) in cash due to changes in:		
Patient accounts receivable	(83,324)	11,935
Accounts payable and other accrued expenses	44,666	21,141
Medicare accelerated payments	(33,018)	222,445
Other assets and other liabilities, net	46,411	6,755
Net cash provided by operating activities	<u>312,076</u>	<u>436,851</u>
<b>Cash flows from investing activities</b>		
Purchase of property, plant, and equipment	(236,244)	(238,291)
Acquisition of hospitals	(15,600)	(19,252)
Acquisition of equity method investment	(36,927)	-
Purchases of long-term securities	(437,281)	(255,581)
Sales and maturities of long-term securities	295,673	239,623
Proceeds on sale of property, plant, and equipment	15	5
Net cash used in investing activities	<u>(430,364)</u>	<u>(273,496)</u>
<b>Cash flows from financing activities</b>		
Proceeds from issuance of debt	200,000	463,600
Draws on lines of credit	100,000	100,000
Debt issuance costs	(459)	(1,645)
Repayment of debt and lines of credit	(510,267)	(133,070)
Principal payments under finance lease obligations	(5,766)	(4,334)
Restricted contributions for endowments and property, plant, and equipment	21,755	14,073
Distributions to noncontrolling interests	(4,591)	(6,333)
Net cash (used in) provided by financing activities	<u>(199,328)</u>	<u>432,291</u>
Net change in cash, cash equivalents, and restricted cash	(317,616)	595,646
<b>Cash, cash equivalents, and restricted cash</b>		
Beginning of the period	1,182,332	586,686
End of the period	<u>\$ 864,716</u>	<u>\$ 1,182,332</u>

The accompanying notes are an integral part of these consolidated financial statements.

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**Vanderbilt University Medical Center**  
**Notes to Consolidated Financial Statements**  
**June 30, 2021 and 2020**

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**1. Description of Organization**

Vanderbilt University Medical Center (“VUMC”) is a Tennessee not-for-profit corporation incorporated in March 2015 to operate an academic medical center, including a comprehensive research, teaching, and patient care health system (the “Medical Center”). Until April 29, 2016, the Medical Center operated as a unit within Vanderbilt University (“the University” or “VU”), as a part of the University’s administrative structure, with the same governing board, legal, financial, and other shared services.

VUMC began operations effective April 30, 2016, following the closing of the sale of the Medical Center by the University (the “Acquisition”). VUMC owns and operates three hospitals located on the main campus of the University in Nashville, Tennessee: Vanderbilt University Hospital (“VUH”), Monroe Carell Junior Children’s Hospital at Vanderbilt (“MCJCHV”), and Vanderbilt Psychiatric Hospital (“VPH”). In addition, VUMC partially owns Vanderbilt Stallworth Rehabilitation Hospital (“VSRH”), also located on the main campus of the University, through a joint venture with Encompass Health Corp. in which VUMC holds a 50% interest, which includes a 1% interest held by Vanderbilt Health Services, LLC, (“VHS”), a VUMC wholly owned subsidiary. Effective August 1, 2019, VUMC acquired a hospital from Community Health Systems, Inc. (“CHS”): Tennova Healthcare – Lebanon, now known as Vanderbilt Wilson County Hospital (“VWCH”). Effective January 1, 2021, VUMC acquired from CHS: Tennova Healthcare – Shelbyville and Tennova Healthcare – Harton, now known as Vanderbilt Bedford Hospital (“VBCH”) and Vanderbilt Tullahoma-Harton Hospital (“VTHH”). At the same time as the acquisition of VBCH and VTHH, VUMC acquired a noncontrolling ownership interest of 20% in CHS’s affiliated Tennova Healthcare – Clarksville (“VMH”). VUH, MCJCHV, VPH, VWCH, VBCH, and VTHH are licensed for 1,664 beds, and VSRH is licensed for 80 beds.

VUMC consists of two major operating divisions and an administrative overhead division. The operating divisions include the Clinical Enterprise and Academic Enterprise divisions. The administrative overhead division is referred to as Medical Center Administration (“MCA”).

The Clinical Enterprise division includes the professional clinical practice revenues and related expenses of Vanderbilt Medical Group (“VMG”), and technical revenues and associated expenses for the operation of VUMC’s hospitals and clinic facilities, including VUH, MCJCHV, VPH, VWCH, VBCH, and VTHH. The Clinical Enterprise also includes VHS.

- VUH is a quaternary care teaching hospital licensed for 726 acute care and specialty beds. VUH, a Level I trauma center, provides advanced patient care and serves as a key site for medical education and clinical research conducted by physician faculty. VUH includes a comprehensive burn center, the Vanderbilt Transplant Center, the Vanderbilt Heart and Vascular Institute, and the Vanderbilt Ingram Cancer Center. As of June 30, 2021, VUMC held a temporary license provided under the Board for Licensing Health Care Facilities (“BLHCF”) Policy 82 to license 49 additional beds in response to COVID-19. This licensure increase is comprised of 34 observation beds and 15 double occupancy beds. The beds associated with this temporary license are not included in the above VUH bed count.
- MCJCHV is a pediatric quaternary care teaching hospital licensed for 343 beds (159 acute and specialty, 65 pediatric intensive care, and 119 neonatal intensive care). MCJCHV is the region’s only full-service pediatric hospital, with over 30 pediatric specialties. MCJCHV serves as a site for medical education and clinical research conducted by pediatric physician faculty, houses the only Level IV neonatal intensive care center and the only Level 1 pediatric trauma center within the region, and is a regional referral center for extracorporeal membrane oxygenation (heart and lung failure).

- VPH is a psychiatric hospital licensed for 106 beds and provides inpatient care to pediatric, adolescent, adult, and geriatric patients. Also, VPH provides partial hospitalization programs to both adult and adolescent patients, psychiatric assessment services, adult intensive outpatient programs, pediatric and adult ambulatory outpatient treatment, and neuromodulation procedures through electroconvulsive therapy and transcranial magnetic stimulation.
- VWCH is a two-campus facility licensed for 245 beds and is a substantial provider of both inpatient and outpatient medical services in Lebanon, Tennessee. Services offered include an accredited chest pain center, a stroke center, and a comprehensive total joint program for orthopedics. In addition, Vanderbilt Ingram Cancer Center extended services to this campus in 2020, and it includes a state-of-the-art linear accelerator.
- VBCH is a 60-bed, Joint Commission-accredited hospital, which offers a range of inpatient and outpatient medical and surgical services, along with urgent care services.
- VTHH is a 135-bed Joint Commission-accredited hospital, which offers a full range of inpatient and outpatient surgical and specialty services including a sleep center, cardiac rehabilitation, and physical rehabilitation. The hospital features an accredited Chest Pain Center.
- VMG is the practice group of physicians and advanced practice nurses employed by VUMC, most of whom have faculty appointments from the University, who perform billable professional medical services. VMG is not a separate legal entity. VMG has a board which consists of the VUMC clinical service chiefs, who also serve as clinical department chairs. Under the oversight of VUMC executive leadership, VMG sets professional practice standards, bylaws, policies, and procedures. VUMC bills for services rendered by VMG clinicians in both inpatient and outpatient locations. VMG includes nationally recognized physicians whose expertise spans the spectrum from primary care to the most specialized quaternary discipline. The entire clinical faculty is “board certified” or eligible for board certification. All staff members are re-credentialed every two years by the National Committee for Quality Assurance standards. All specialties and subspecialties currently recognized by the various national specialty boards are represented on the clinical faculty.
- VHS serves as a holding company for 16 first-tier health care related subsidiaries and joint ventures owned with various entities, including, but not limited to, VSRH and the Vanderbilt Health Affiliated Network (“VHAN”). VHS operations primarily consist of community physician practices, walk-in and retail health clinics, imaging services, outpatient surgery centers, radiation oncology centers, a home health care agency, a home infusion and respiratory service, an affiliated health network, accountable care organizations, and a rehabilitation hospital. These subsidiaries include clinics managed in multiple outpatient locations throughout middle Tennessee and southwestern Kentucky.
- Health Professional Solutions, LLC (“HPS”) is a holding company that holds interest in five VUMC subsidiaries that engage in or support various health care activities in order to improve the quality and availability of health care services in the community. These subsidiaries include businesses focused on pharmacy, supply chain, and clinically integrated support services.
- Nashville Biosciences, LLC (“NashBio”) operates exclusively in support of VUMC’s non-academic medical research activities. NashBio deploys the biospecimens and genomic data and de-identified medical records of VUMC known as “BioVU”, along with other information, to provide commercial services and products to life science industry customers in connection with pharmaceutical, biotechnology, and medical research and development activities.

The Academic Enterprise division includes all clinically related research, research-support activities, and faculty endeavors supporting post-graduate training programs. A significant funding source for VUMC's research is the federal government. Federal funding is received from the Department of Health and Human Services, the Department of Defense, the National Science Foundation, and other federal agencies. Sponsored research awards, including multiple year grants and contracts from government sources, foundations, associations, and corporations signify future research commitments. Also, core activities supporting research, including advanced computing and grant administration, are included in this division.

The terms "Company," "VUMC," "we," "our", or "us" as used herein and unless otherwise stated or indicated by context refer to Vanderbilt University Medical Center and its affiliates. The terms "facilities" or "hospitals" refer to entities owned and operated by VUMC and its affiliates, and the term "employees" refers to employees of VUMC and its affiliates.

VUMC operates on a fiscal year which ends on June 30. The term "Fiscal" preceding a year refers to a particular VUMC fiscal year.

## **2. Summary of Significant Accounting Policies**

### **Basis of Presentation**

The accompanying consolidated financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the U.S. ("GAAP"). Based on the existence or absence of donor-imposed restrictions, VUMC classifies resources into two categories: net assets without donor restrictions and net assets with donor restrictions.

### **Principles of Consolidation**

The consolidated financial statements include the accounts of VUMC and its wholly owned, majority-owned, and controlled organizations. Noncontrolling interests in less-than-wholly owned consolidated subsidiaries of VUMC are presented as a component of net assets to distinguish between the interests of VUMC and the interests of the noncontrolling owners. All material intercompany transactions and account balances among the various entities have been eliminated.

VUMC uses the equity method to account for its interests in unconsolidated partnerships, joint ventures, and limited liability entities over which it exercises significant influence. Investment carrying amounts are adjusted for VUMC's share of investee earnings or losses based on percentage of ownership. Distributions received from unconsolidated entities that represent returns on VUMC's investment (i.e., dividends) are reported as cash flows from operating activities in VUMC's statement of cash flows.

### **Use of Estimates**

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect amounts reported in the consolidated financial statements and accompanying notes. These estimates affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated balance sheets and the reported amounts of revenues and expenses during the reporting periods. Actual results ultimately could differ from those estimates.

### **Cash and Cash Equivalents**

Cash and cash equivalents are liquid assets with minimal interest rate risk and maturities of three months or less when purchased. VUMC invests operating assets in a diversified manner. At times, VUMC may have cash and cash equivalents at a financial institution in excess of federally insured limits, and therefore, bears a risk of loss.



**Liquidity and Availability**

As of June 30, 2021, VUMC has \$2,386.1 million of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consisting of cash and cash equivalents of \$837.3 million, patient accounts receivable of \$553.9 million, and unrestricted investments of \$994.9 million. As of June 30, 2020, VUMC had \$2,412.5 million of financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consisting of cash and cash equivalents of \$1,170.5 million, patient accounts receivable of \$470.6 million, and unrestricted investments of \$771.4 million. None of these financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date.

VUMC has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. In addition, as part of its liquidity management, VUMC invests cash in excess of daily requirements in various short-term investments, including certificates of deposit and short-term treasury instruments.

As more fully described in Note 11 Long-Term Debt, VUMC also has committed lines of credit in the amount of \$200.0 million, which it could draw upon in the event of an unanticipated liquidity need, with \$100.0 million drawn as of June 30, 2021 and 2020.

**Revenue Recognition – Patient Services**

VUMC recognizes revenue from patient services at the amount that reflects the consideration to which VUMC expects to be paid for providing such services. These amounts, representing transaction price, are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlements of audits, reviews, and investigations. Patient service revenue is recognized as performance obligations based on the nature of the services provided by VUMC are satisfied.

Performance obligations satisfied over time relate to admitted patients in VUMC hospitals receiving inpatient acute care services from admission to the point when services are no longer required, which is generally at the time of discharge. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. Outpatient services are performance obligations satisfied at a point in time with the related revenue being recognized when goods or services are provided.

VUMC has elected to apply the optional exemption provided in FASB (ASC) 606-10-50-14 as substantially all of its performance obligations relate to contracts with a duration of less than one year. Therefore, VUMC is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period. Unsatisfied or partially satisfied performance obligations are primarily related to in-house patients at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which is typically within a week.

VUMC uses a portfolio approach consisting of major payor classes to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. Based on historical collection trends and other analysis, VUMC believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

VUMC determines the transaction price, which involves estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided

to uninsured and underinsured patients in accordance with VUMC policy, and historical collection experience. VUMC analyzes its history and identifies trends for each of its major revenue categories to estimate the appropriate price concessions. Management regularly reviews data for these major revenue categories in evaluating the reasonableness of the transaction price, taking into consideration recent experience by payor category, payor agreement rate changes, and other factors.

In addition to patient payments, VUMC earns revenue and reimbursements from certain services provided under federal healthcare programs and other contracts with third-party payors. These compensation arrangements are complex programs which extend over multiple accounting periods and are subject to the interpretation of federal and state-specific reimbursement rates, new or changing legislation, and final cost report settlements. Estimated settlements under these programs are recorded in the period the related services are performed and are subsequently adjusted, as needed, based on new information.

VUMC provides care to patients who meet the criteria for charity care under its financial assistance policy for no payment or at payment amounts less than its established charge rates. VUMC does not recognize the charges that qualify as charity care as revenue because VUMC does not pursue collection of these amounts.

#### **Revenue Recognition – Non-Patient Services**

Revenue for non-patient services is recognized at an amount that reflects the consideration VUMC expects to be entitled in exchange for providing goods or services. The amounts recognized reflect considerations due from customers, the U.S. government, and others, and is recognized as performance obligations are satisfied. Primary categories of non-patient revenue include academic and research revenue as well as other miscellaneous activities as further described in Note 8 Other Relevant Financial Information.

VUMC receives funding through grants and contracts issued by departments and agencies of the U.S. government, industry, and other foundation sponsors who restrict the use of such funds to academic and research purposes. VUMC recognizes revenue from these grants and contracts in accordance with contract terms, as defined in the agreements governing that funding. VUMC recognizes facilities and administrative ("F&A") costs recovery as revenue when the allowable expenditure is incurred on the associated grant or contract. This activity represents reimbursement, primarily from the federal government, of F&A costs on sponsored activities.

Grants and contracts receivable include amounts due from these sponsors of externally funded research. These amounts have been billed or are billable to the sponsor and are recorded at the amount that reflects the consideration VUMC expects to receive.

#### **Deferred Revenue**

Deferred revenue is recorded for funds received in advance. The related revenue is recognized when the performance obligations have been met.

#### **Gift Income and Pledges**

VUMC recognizes unconditional promises to give cash and other assets, referred to as pledges, as gift income at fair value when the pledge is received. Conditional promises to give are recognized as pledges once the conditions are substantially met. Pledges are recognized as net assets with donor restrictions. Gifts received with donor stipulations limiting the use of the donated assets are reported as net assets with donor restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as gift income in the consolidated statements of operations. Gift income is recognized when a donor restriction expires, that is, when a stipulated

time restriction ends or purpose restriction is accomplished. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions until the assets are placed in service, at which point they are reclassified to net assets without donor restrictions.

Pledges receivable are reported net of allowances for uncollectible amounts based on an analysis of past collection experience and other judgmental factors. Pledges receivable are included in other current or other noncurrent assets in the consolidated balance sheets based on the expected timing of cash flows. VUMC discounts the noncurrent portion of pledges receivables at a rate commensurate with the scheduled timing of receipt. VUMC applied annual discount rates ranging from 0.5% to 1.5% to amounts outstanding as of June 30, 2021 and 2020.

#### **Concentrations of Credit Risk**

VUMC grants unsecured credit to its patients, primarily residing in Nashville, Tennessee and the surrounding areas of middle Tennessee, most of whom are insured under commercial, Medicare (both traditional fee-for-service and Managed Medicare), or TennCare agreements. Medicare, Blue Cross Blue Shield ("BCBS"), and TennCare (which includes BCBS of Tennessee, United, and Amerigroup) represent VUMC's significant concentrations of credit risk from payors.

#### **Inventories**

VUMC reports inventories at the lower of cost or market, with cost being determined on the first-in, first-out method. Inventories consist primarily of medical supplies, surgical implants, and pharmaceuticals.

#### **Restricted Cash**

VUMC reports cash whose use is restricted at cost, which approximates fair value. The cash is primarily restricted for use in purchasing and constructing property, plant, and equipment.

#### **Investments**

VUMC reports investments held at fair value in the consolidated balance sheets. Private equity investments are reported using the equity method of accounting based on net asset value (NAV) provided by the respective fund manager. VUMC records purchases and sales of securities on the trade dates, and realized gains and losses are determined based on the average historical cost of the securities sold. VUMC reports net receivables and payables arising from unsettled trades as a component of investments.

#### **Property, Plant, and Equipment, Net**

VUMC records purchases of property, plant, and equipment at cost and expenses repairs and maintenance costs as incurred. VUMC capitalizes interest cost incurred on borrowed funds during the period of construction of capital assets as a component of the cost of acquiring those assets. VUMC capitalizes donated assets at fair value on the date of donation.

Capitalized software for internal use is recorded during the application development stage. These costs include fees paid to third parties for direct costs of materials and services consumed in developing or obtaining the software; payroll related costs and capitalized interest costs. Costs for training and application maintenance in the post-implementation operation stage are expensed as incurred.

VUMC computes depreciation using the straight-line method over the estimated useful life of land improvements (5 to 18 years), buildings and leasehold improvements (2 to 40 years), and equipment (2 to 20 years). Equipment costs also include capitalized internal use software costs, which are expensed over the expected useful life, which is generally 3 to 12 years.

Software for internal use is amortized on a straight-line basis over its estimated useful life. In determining the estimated useful life, management considers the effects of obsolescence, technology, competition, other economic factors, and rapid changes that may be occurring in the development of software products, operating systems, and computer hardware. Amortization begins once the software is ready for its intended use.

#### **Impairment of Long-Lived Assets**

VUMC reviews long-lived assets, such as property, plant, and equipment, for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. VUMC measures the recoverability of assets to be held and used by comparing the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, VUMC recognizes an impairment charge to the extent the carrying amount of the asset exceeds its fair value.

#### **Conditional Asset Retirement Costs and Obligations**

VUMC recognizes the estimated fair value of liabilities for existing legal obligations to perform certain activities, primarily asbestos removal, in connection with the retirement, disposal, or abandonment of assets. These liabilities are included in other noncurrent liabilities on the consolidated balance sheets and total \$6.7 million and \$6.5 million as of June 30, 2021 and 2020, respectively. VUMC measures these liabilities using estimated cash flows with an inflation rate applied of 3.0% as of June 30, 2021 and 2020. VUMC discounts those cash flow estimates at a credit-adjusted, risk-free rate, which ranged from 2.9% to 4.2% as of June 30, 2021 and 2020, and adjusts these liabilities for accretion costs and revisions in estimated cash flows.

#### **Long-Term Debt**

The carrying value of VUMC's debt is the par amount adjusted for the net unamortized amount of debt issuance costs, bond premiums and discounts.

#### **Interest Rate Exchange Agreements**

VUMC reports interest rate exchange agreements at fair value, which is determined to be the present value of future net cash settlements that reflect market yields as of the measurement date and estimated amounts that VUMC would pay, or receive, to terminate the contracts as of the report date. VUMC considers current interest rates and creditworthiness of the interest rate exchange counterparties when estimating termination settlements.

#### **Self-Insurance Reserves**

VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability coverage via an irrevocable self-insurance trust. For Fiscal 2021 and 2020, the maximum annual self-insurance retention was \$6.0 million per occurrence, up to \$46.0 million in the aggregate. Actuarial firms assist management in estimating expected losses on an annual basis, at which time VUMC records medical malpractice, professional, and general liability expense within the limits of the program. These liabilities are classified as current or noncurrent based on the expected timing of cash flows and are measured at the net present value of those cash flows using a discount rate of 2.5% as of June 30, 2021 and 2020. For both Fiscal 2021 and 2020, VUMC obtained excess medical malpractice, professional, and general liability coverage from commercial insurance carriers for claims exceeding the retention limits, up to \$175.0 million. These policies would also provide coverage up to \$175.0 million if any claims in the aggregate exceeded the retention limits.

VUMC also elects to self-insure for employee health and workers' compensation expenses. Actuarial firms assist management in estimating expected losses on an annual basis. The maximum retention for workers' compensation was \$0.8 million per occurrence for both Fiscal 2021 and 2020. There is no stop loss insurance on health plan claims.

#### **Income Taxes**

VUMC is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is generally exempt from federal income taxes under Section 501(a) of the Code.

#### **Excess of Revenues Over Expenses**

The consolidated statements of operations include excess of revenues over expenses as a performance indicator. Excess of revenues over expenses includes all changes in net assets without donor restrictions, except for changes in noncontrolling interest holders' share of consolidated entities, net assets released from restrictions used for capital, and certain other items.

#### **Statement of Cash Flows**

For VUMC's consolidated statements of cash flows, cash, cash equivalents, and restricted cash is defined as those amounts included in the cash and cash equivalents caption and restricted cash caption on the consolidated balance sheets.

#### **Recent Accounting Pronouncements**

Periodically, the FASB issues Accounting Standards Updates ("ASUs") that may impact the recognition, measurement, and presentation of balances and activity in VUMC's consolidated financial statements or the disclosures contained within those statements. As part of preparing consolidated financial statements, VUMC evaluates the effects of the ASUs and applies the updated guidance within the required effective dates.

##### *Adopted*

- Effective July 1, 2020, VUMC adopted FASB ASU 2018-13, Fair Value Measurement. This ASU improves the effectiveness of the notes to the financial statements through changes in the disclosure requirements for fair value measurement. The adoption of this ASU did not materially impact the consolidated financial statements.

##### *Not Yet Adopted*

- In August 2018, the FASB issued ASU 2018-15, Intangibles – Goodwill and Other, Internal-Use Software (Subtopic 350-40), Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That is a Service Contract. The primary effect of adopting this ASU will be capitalization of implementation costs incurred in hosting arrangements that are service contracts and subsequent amortization expenses in the consolidated statements of operations. The ASU is effective for fiscal years beginning after December 15, 2020 and will be applied using a prospective approach. VUMC is currently assessing the impact of this ASU on the consolidated financial statements.
- In September 2020, the FASB issued ASU 2020-07, Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958). This ASU requires presentation of nonfinancial assets as a separate line in the consolidated statement of operations, apart from contributions of cash or other financial assets. The ASU is effective for fiscal years beginning after June 15, 2021 and will be applied on a retrospective basis. VUMC is currently assessing the impact of this ASU on the consolidated financial statements.

### **3. Related Parties**

On April 29, 2016, VUMC acquired the assets, liabilities, rights, and obligations of the clinical enterprise, postgraduate medical training programs, and clinically related research of the University's owned and operated Medical Center, "the Acquisition".

The assets acquired and liabilities assumed from the Acquisition were detailed in a Master Transfer and Separation Agreement ("MTSA"). The MTSA contains the framework for the ongoing economic relationship between VUMC and the University. The relationship is memorialized in the form of an Academic Affiliation Agreement ("AAA"), a Trademark License Agreement ("TMLA"), a Ground Lease, and a Reciprocal Master Services Agreement ("MSA"). The agreements are described below.

- The AAA outlines the ongoing academic, research, and clinical affiliation between the University and VUMC for all the University's degree-granting, certificate, and research programs. The AAA allocates responsibility between the University and VUMC for jointly administered research and academic programs and is an exclusive agreement between VUMC and VU requiring VUMC to be organized, governed, and operated in a manner that supports VU's academic and research mission. The agreement provides that VU will be the exclusive academic affiliate of VUMC, and VUMC will be the exclusive clinical affiliate of VU.

The AAA requires VUMC to pay VU an annual fee in equal monthly payments adjusted annually for inflation based upon the Biomedical Research and Development Price Index ("BRDPI") in perpetuity under certain mutually agreed-upon termination or default clauses. During Fiscal 2021 and 2020, VUMC recorded operating expense totaling \$78.5 million and \$76.9 million, respectively, in connection with fees due under the AAA.

- Under the TMLA, VU grants, subject to certain consents and approvals, a perpetual license to use various VU-owned licensed marks in connection with VUMC's fundamental activities after the Acquisition date. The licensed marks, which VUMC continues to use as its primary brands, include virtually all those previously in use by VUMC. This agreement requires VUMC to pay VU royalties consisting of a monthly payment equal to 1.0% of all operating revenue of VUMC and 15% of income from operations. During Fiscal 2021 and 2020, VUMC recorded operating expense totaling \$83.7 million and \$70.4 million, respectively, in connection with the 1.0% of operating revenue and percentage of operating income payments due under the TMLA. Also, VUMC is required to pay in equal monthly installments an annual TMLA base fee royalty, which increases 3% annually, but is also reduced by the amount of principal payments made under a subordinate note discussed in Note 11 Long-Term Debt (the "Fixed TMLA Royalty Payment"). During Fiscal 2021 and 2020, VUMC recorded operating expense totaling \$64.6 million and \$62.5 million, respectively, in connection with this base fee royalty. In Fiscal 2018, VU sold its rights to future base fee royalty payments to a third party. In Fiscal 2019, VU sold its rights to future 1.0% of operating revenue payments to a third party. The TMLA is in force in perpetuity under certain mutually agreed-upon termination or default clauses.
- The Ground Lease is an agreement between VU and VUMC that allows VUMC to use the land on which VUMC's campus and related buildings are located. The initial term of the Ground Lease ends June 30, 2114, with the option to extend the lease for two additional terms of up to 50 to 99 years each with agreement between VU and VUMC. The lease covers 1.7 million square feet or 38.75 acres of space, payable monthly and CPI adjusted annually. During Fiscal 2021 and 2020, VUMC recorded operating expense totaling \$19.6 million and \$19.4 million, respectively, in connection with fees due under the Ground Lease.

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- The University and VUMC provide services to one another for agreed-upon consideration as outlined in the MSA. VU provides services to VUMC, such as information technology infrastructure support, utilities, and law enforcement staffing. VUMC provides various operational services for the University, such as a student health clinic and animal care. Additionally, the MSA encompasses an Employee Matters Agreement (“EMA”) and specific Employee Service Agreements (“ESAs”). The EMA and ESAs govern employee transactions and ongoing sharing between VU and VUMC in various capacities, such as research, teaching, clinical, and other administrative services. Services under the MSA can be terminated by either party subject to predetermined cancellation notification periods. In connection with the MSA, during Fiscal 2021 and 2020, VUMC recognized revenue totaling \$43.4 million and \$44.2 million, respectively, and recorded operating expense totaling \$119.5 million and \$123.4 million, respectively.
- Also, as part of the Acquisition, VUMC issued to VU a \$100.0 million subordinate promissory note payable, which is further described in Note 11 Long-Term Debt, with a balance of \$74.6 million as of June 30, 2021, and \$79.6 million as of June 30, 2020. VU sold its rights to future principal and interest payments on this note to a third party.

The impact of these agreements in the consolidated statements of operations during Fiscal 2021 and 2020 is as follows:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Academic and research revenue	\$ 15,816	\$ 13,055
Other operating revenue	27,565	31,192
Total operating revenues	<u>\$ 43,381</u>	<u>\$ 44,247</u>
Operating expenses		
Salaries, wages, and benefits	\$ 8,223	\$ 9,086
Facilities and equipment	56,910	59,516
Services and other	300,656	284,040
Interest	2,498	2,661
Total operating expenses	<u>\$ 368,287</u>	<u>\$ 355,303</u>

Other current assets include amounts receivable from VU, which totaled \$8.0 million as of June 30, 2021, and \$6.7 million as of June 30, 2020. Accounts payable and other accrued expenses include amounts payable to related parties, which totaled \$58.5 million as of June 30, 2021, and \$51.1 million as of June 30, 2020.

In the normal course of business, members of VUMC’s Board of Directors or VUMC employees may be directly or indirectly associated with companies engaged in business activities with VUMC. VUMC has a written conflict of interest policy that requires, among other things, that members of the VUMC community (including trustees) may not review, approve, or administratively control contracts or business relationships when (i) the contract or business relationship is between VUMC and a business in which the individual or a family member has a material financial interest, or (ii) the individual or a family member is an employee of the business and is directly involved with activities pertaining to VUMC.



Furthermore, VUMC's conflict of interest policy extends beyond the foregoing business activities in that disclosure is required for any situation in which an applicable individual's financial, professional, or other personal activities may directly or indirectly affect, or have the appearance of affecting, an individual's professional judgment in exercising any VUMC duty or responsibility, including the conduct or reporting of research.

The policy extends to all individual members of the VUMC community (including Board of Directors, VUMC officials, full-time, part-time, temporary faculty and staff). Each applicable person is required to certify compliance with the conflict of interest policy on an annual basis. This certification includes specifically disclosing whether VUMC conducts business with an entity in which he or she (or an immediate family member) has a material financial interest, as well as any other situation that could appear to present a conflict with VUMC's best interests.

When situations exist relative to the conflict of interest policy, VUMC takes active measures to appropriately manage the actual or perceived conflict in the best interests of VUMC, including periodic reporting of measures taken to the Audit and Compliance Committee of the Board of Directors.

**4. Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements**

Management has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the major classes of payors. The sources of patient service revenue by payor for Fiscal 2021 and 2020 are as follows:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Other third-party payors, primarily commercial carriers	\$ 2,961,480	\$ 2,553,307
Medicare/Managed Medicare	1,084,216	924,241
TennCare/Medicaid	608,791	522,606
Uninsured (self-pay)	37,327	31,566
	<u>\$ 4,691,814</u>	<u>\$ 4,031,720</u>

Patient accounts receivable comprise amounts due from the following sources as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Medicare	\$ 95,382	\$ 77,696
TennCare/Medicaid	70,487	57,741
Blue Cross	115,028	99,861
Other third-party payors, primarily commercial carriers	219,643	192,258
Patient responsibility <sup>(1)</sup>	53,334	42,994
Patient accounts receivable	<u>\$ 553,874</u>	<u>\$ 470,550</u>

<sup>(1)</sup> Includes self-pay after insurance.

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Estimated third-party settlements by major payor category as of June 30, 2021 and 2020, are as follows:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Receivables under third-party programs		
Tricare/Champus <sup>(1)</sup>	\$ 4,635	\$ 4,484
Total receivables under third-party programs	<u>\$ 4,635</u>	<u>\$ 4,484</u>
Payables under third-party programs		
TennCare/Medicaid	\$ 33,781	\$ 37,781
Medicare <sup>(1)</sup>	8,170	9,752
Other	353	2,908
Total payables under third-party programs	<u>\$ 42,304</u>	<u>\$ 50,441</u>

<sup>(1)</sup> These two federal healthcare programs are combined for presentation purposes on the face of the consolidated balance sheets and are reflected as an obligation in Fiscal 2021 and Fiscal 2020.

Certain contracts require pay for performance or episode of care settlements whereby VUMC receives additional payment or pays a penalty based on its ability to achieve certain clinical measures or manage the cost of care for patients within various thresholds. VUMC estimates and accrues these adjustments in the period the related services are rendered and adjusts these estimates in future periods as settlements are finalized. The aggregate liability associated with pay for performance and episode of care settlements at June 30, 2021 and 2020, was \$1.1 million and \$2.5 million, respectively, with the ultimate resolution of such financial arrangements not expected to have a material impact on the operating results of VUMC.

**Medicare**

Amounts received under Medicare are subject to review and final determination by program intermediaries or their agents. Final settlements have been reached for program periods ended June 30, 2015. Final settlements have not been reached for subsequent years due to audit delays experienced with the Medicare Administrative Contractor, and thus, those periods remain subject to audit by program representatives.

**TennCare**

TennCare is a Medicaid managed care program implemented by the state of Tennessee to provide healthcare coverage to those patients eligible for Medicaid through the Federal 1115 Waiver Program. VUMC contracts with each of the three TennCare managed care organizations ("MCOs"), which offer health maintenance organization ("HMO") and Medicare Special Needs Products for Dual Eligible Enrollees. VUMC receives inpatient reimbursement through payments that are primarily based on the Medicare severity diagnostic related group system ("MS-DRG") for these plans. VUMC receives outpatient payments generally based on an ambulatory payment classification system ("APC"), and/or a payor-developed fee schedule.

In accordance with the Tennessee Hospital Assessment Act, VUMC receives a payment of a portion of its unreimbursed TennCare costs based upon VUMC's share of uninsured TennCare costs for all of the covered hospitals.

There is no assurance that this program will be continued in its current structure or will not be materially modified in the future, however, we anticipate funding will remain relatively stable over the coming year.

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In Fiscal 2021 and 2020, patient service revenue includes the following supplemental amounts received in each respective period from TennCare.

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Charity pool	\$ 26,659	\$ 24,696
Graduate medical education	14,618	14,592
Trauma fund	1,560	1,685
Virtual disproportionate share	6,400	960
Changes in prior year virtual disproportionate share reserve estimate	<u>20,411</u>	<u>-</u>
Total supplemental TennCare revenue, net of audit provision	<u>\$ 69,648</u>	<u>\$ 41,933</u>

**5. Charity Care Assistance, Community Benefits, and Other Unrecovered Costs**

VUMC maintains a policy which sets forth the criteria under which health care services are provided to patients who have minimal financial resources to pay for medical care. Additionally, VUMC provides other services that benefit the economically disadvantaged for which little or no payment is expected.

Charity care is determined by examining patient and family income relative to the federal poverty guidelines. VUMC provides additional discounts based on the income level of the patient household using a sliding scale for those patients with a major catastrophic medical event not qualifying for full charity assistance. Tennessee law mandates that all uninsured patients receive a discount from billed charges for medically necessary services. These amounts are classified as charity care if the patient meets charity care criteria, for which no revenue is recorded, or is included as a part of price concessions.

VUMC maintains records to identify and monitor the level of charity care provided, and these records include gross charges and patient deductibles, coinsurance and copayments foregone for services furnished under its charity care policy, and the estimated cost of those services. VUMC calculates a ratio of total costs to gross charges and then multiplies the ratio by foregone charity care charges in determining the estimated cost of charity care. The gross amount of foregone charity care revenue in Fiscal 2021 and 2020 totals \$474.1 million and \$422.7 million, respectively. The estimated cost of providing care to charity patients in Fiscal 2021 and 2020 totals \$123.6 million and \$110.1 million, respectively.

In addition to the charity care services described above, TennCare/Medicaid and state indigent programs do not cover the full cost of providing care to beneficiaries of those programs. As a result, in addition to direct charity care costs, VUMC provided services related to TennCare/Medicaid and state indigent programs and was reimbursed substantially below the cost of rendering such services. VUMC also provides public health education and training for new health professionals and provides, without charge, services to the community at large for many patients with special needs.

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**6. Academic and Research Revenue, and Grants and Contracts Receivable**

Academic and research revenue comprises the following for Fiscal 2021 and 2020:

<i>(\$ in thousands)</i>	<u><b>2021</b></u>	<u><b>2020</b></u>
Grants and contracts revenue		
Federally funded	\$ 345,745	\$ 297,651
Non-federally funded	124,690	132,557
	<u>470,435</u>	<u>430,208</u>
Facilities and administrative costs recovery	144,176	122,614
Academic and research revenue	<u>\$ 614,611</u>	<u>\$ 552,822</u>

Grants and contracts receivable comprise the following as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<u><b>2021</b></u>	<u><b>2020</b></u>
Federally funded	\$ 38,472	\$ 28,077
Non-federally funded	38,893	31,954
Total grants and contracts receivable	<u>\$ 77,365</u>	<u>\$ 60,031</u>

**7. Pledges Receivable, Net**

Pledges receivable, net of applied discounts and allowance for uncollectible pledges, as of June 30, 2021 and 2020, were as follows:

<i>(\$ in thousands)</i>	<u><b>2021</b></u>	<u><b>2020</b></u>
Amounts due		
Within one year	\$ 10,660	\$ 11,347
In one to five years	26,257	24,809
Total pledges receivable	<u>36,917</u>	<u>36,156</u>
Unamortized discount	<u>(1,225)</u>	<u>(1,112)</u>
	35,692	35,044
Allowance for uncollectible pledges	<u>(4,806)</u>	<u>(6,126)</u>
Net pledges receivable	<u>\$ 30,886</u>	<u>\$ 28,918</u>
Net pledges receivable classified as		
Current	\$ 6,615	\$ 7,552
Noncurrent	24,271	21,366
	<u>\$ 30,886</u>	<u>\$ 28,918</u>

In addition to pledges reported as pledges receivable, VUMC had cumulative bequest intentions and conditional promises to give totaling \$79.5 million as of June 30, 2021, and \$66.9 million as of June 30, 2020. Due to their conditional nature, VUMC does not recognize intentions to give as assets.

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**8. Other Relevant Financial Information**

Other current assets comprise the following as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Prepaid expenses	\$ 44,552	\$ 42,115
Other receivables	55,295	59,436
Amounts due from VU (see Note 3 Related Parties)	7,977	6,684
Current pledges receivable, net (see Note 7 Pledges Receivable, Net)	6,615	7,552
Expected recoveries from commercial insurance excess coverage	3,820	2,652
Total other current assets	<u>\$ 118,259</u>	<u>\$ 118,439</u>

Other noncurrent assets comprise the following as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Equity in unconsolidated organizations	\$ 63,109	\$ 23,234
Noncurrent pledges receivable (see Note 7 Pledges Receivable, Net)	24,271	21,366
Other	8,971	8,747
Total other noncurrent assets	<u>\$ 96,351</u>	<u>\$ 53,347</u>

Other operating revenues comprise the following for Fiscal 2021 and 2020

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
CARES funding	\$ 63,045	\$ 130,399
Clinical contracts	49,701	46,886
Amounts recognized under MSA with VU (see Note 3 Related Parties)	27,565	31,192
VHS other revenue	21,556	28,176
Nonclinical contracts	16,846	11,898
Resident and house staff rotations	10,151	10,557
Other	39,340	42,035
Total other operating revenue	<u>\$ 228,204</u>	<u>\$ 301,143</u>

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**9. Investments**

VUMC investments are made up of current investments, restricted cash, noncurrent investments, and noncurrent investments limited as to use on the face of the consolidated balance sheets. VUMC investments include assets limited as to use related to the following specified purposes as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Self-insured malpractice program	\$ 46,991	\$ 46,223
Donor endowments	65,083	52,590
Split-interest trusts	9,503	7,124
Supplemental employee retirement program assets	5,837	7,589
	<u>\$ 127,414</u>	<u>\$ 113,526</u>

VUMC's endowment does not include gift annuities, interests in trusts held by others, contributions pending donor designation, or contributions receivable.

The Board of Directors' interpretation of its fiduciary responsibilities for donor-restricted endowments under the Uniform Prudent Management of Institutional Funds Act ("UPMIFA") requirements is to preserve intergenerational equity, barring the existence of any donor-specific provisions. Under this broad guideline, future endowment beneficiaries should receive at least the same level of real economic support as the current generation. The overarching objective is to preserve and enhance the real (inflation-adjusted) purchasing power of the endowment in perpetuity. VUMC invests assets to provide a relatively predictable and stable stream of earnings to meet spending needs and attain long-term return objectives without the assumption of undue risks.

Self-insured malpractice program – VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability via an irrevocable self-insurance trust.

Donor endowments – Donor-restricted gifts where the principal amount is to be held in perpetuity. Distributions of earnings are restricted for use according to the donor's intent, as specified in a gift agreement. Donor endowments typically benefit specific programs in clinical departments of the Medical Center, for either, research, directorships, or general program support.

Split-interest trusts – Trusts established by donors where VUMC is named as beneficiary. Depending on the terms of the trust, VUMC may receive periodic distributions, and potentially a principal amount at some point in the future. Like donor endowments, split-interest trusts typically benefit specific programs as defined in the terms of the trust.

Supplemental executive retirement program assets – Assets set aside to fulfill obligations as they come due according to the terms of the retirement program.

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Investments were as follows as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Corporate bonds	\$ 336,905	\$ 235,249
Equity mutual funds	151,200	128,569
Cash and cash equivalents	27,681	13,147
Split-interest trusts	9,503	7,124
Hedged equity mutual funds	107,548	64,986
Fixed income mutual funds	217,762	190,054
Certificates of deposit	21,162	16,338
Asset-backed securities	28,971	26,448
Mortgage-backed securities	6,503	-
Real estate mutual funds	-	20,680
Commercial paper	37,040	22,218
Government bonds	53,133	80,145
Hedged debt mutual funds	114,474	70,958
Commodities and managed futures mutual funds	19,802	15,902
Target date mutual funds	5,168	4,865
Total investments reported at fair value	<u>\$ 1,136,852</u>	<u>\$ 896,683</u>
Private equity investments recorded at net asset value	12,839	-
Total investments	<u><u>\$ 1,149,691</u></u>	<u><u>\$ 896,683</u></u>

Investment returns comprise the following elements for Fiscal 2021 and 2020:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Interest and dividend income	\$ 14,910	\$ 20,740
Net realized gains on sales of securities	14,922	5,025
Realized investment gains	29,832	25,765
Unrealized investment gains (losses), net	49,995	3,637
Total investment returns	79,827	29,402
Investment manager, trustee and other fees	(457)	(451)
Restricted investment income	(11,169)	(1,727)
Total income from investments, net	<u><u>\$ 68,201</u></u>	<u><u>\$ 27,224</u></u>

VUMC has exposure to risks, including liquidity, interest rate, counterparty, basis, regulatory, market, and credit risks, for marketable securities. Due to the level of risk exposure, it is possible that material near-term valuation changes for investment securities may occur.

VUMC manages all investments, including endowments, in various investment pools.

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**10. Property, Plant, and Equipment, Net**

Property, plant, and equipment comprise the following as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Land and land improvements	\$ 40,800	\$ 40,800
Buildings and improvements	1,249,125	1,189,614
Equipment and software	683,108	562,360
Leasehold improvements	141,358	86,869
Construction in progress	94,027	77,739
Property, plant, and equipment at cost	2,208,418	1,957,382
Accumulated depreciation and amortization	(578,093)	(432,279)
Property, plant, and equipment, net	<u>\$ 1,630,325</u>	<u>\$ 1,525,103</u>

As part of the MTSA, VUMC acquired land and land improvements and buildings and improvements which are not allowed to be repurposed without the express consent of VU.

In Fiscal 2021 and 2020, VUMC capitalized interest of \$2.3 million and \$2.9 million, respectively, related to long-term capital projects, primarily the MCJCHV expansion and the VUH bed expansion.

Property, plant, and equipment balances above include the following amounts related to capitalized internal use software:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Equipment and software	\$ 188,334	\$ 167,897
Construction in progress	7,095	11,063
	195,429	178,960
Accumulated amortization	(58,662)	(40,823)
Internal use software, carrying value	<u>\$ 136,767</u>	<u>\$ 138,137</u>

Depreciation and amortization comprise the following amounts in Fiscal 2021 and 2020:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Depreciation of tangible assets	\$ 117,183	\$ 97,976
Amortization of finance leases, leasehold improvements, and internal use software	34,271	28,678
Total depreciation and amortization	<u>\$ 151,454</u>	<u>\$ 126,654</u>



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**11. Long-Term Debt**

Long-term debt comprises the following as of June 30, 2021 and 2020:

(\$ in thousands)	<u>2021</u> <u>Carrying</u> <u>Amount</u>	<u>2020</u> <u>Carrying</u> <u>Amount</u>	<u>Effective</u> <u>Interest</u> <u>Rate</u> <sup>(2)</sup>	<u>Fiscal</u> <u>Year of</u> <u>Maturity</u>
<b>Series debt</b>				
Fixed-rate debt				
Series 2016A	\$ 476,930	\$ 476,930	4.1%	2047
Series 2016B	300,000	300,000	4.1%	2027
Series 2017A	121,270	121,270	4.1%	2049
Series 2017	100,000	100,000	4.2%	2038
Series 2019B	128,600	128,600	3.9%	2055
Series 2020A	-	300,000	2.2%	2022
Total fixed-rate debt	<u>1,126,800</u>	<u>1,426,800</u>	3.8%	
Variable-rate debt				
Series 2016D	-	100,000	2.8%	2047
Series 2016F	21,900	21,900	1.3%	2025
Series 2017B	50,000	50,000	1.3%	2047
Series 2018	53,385	53,385	0.7%	2050
Series 2019A	35,000	35,000	0.6%	2050
Series 2021A	200,000	-	0.5%	2022
Total variable-rate debt	<u>360,285</u>	<u>260,285</u>	1.2%	
Total series debt	<u>1,487,085</u>	<u>1,687,085</u>		
<b>Other long-term debt</b>				
Lines of credit	100,000	100,000	0.7%	2022
Subordinated note payable	74,583	79,583	3.2%	2036
Product financing arrangement	25,121	29,236	4.2%	2027
Finance leases	16,997	15,980	2.5%	Various
Subtotal <sup>(1)</sup>	<u>1,703,786</u>	<u>1,911,884</u>	3.3%	
Net unamortized premiums	53,986	56,244		
Net unamortized issuance costs	<u>(10,918)</u>	<u>(12,517)</u>		
Total long-term debt	1,746,854	1,955,611		
Short-term borrowings	(300,000)	(100,000)		
Current portion of long-term debt	<u>(14,704)</u>	<u>(14,321)</u>		
Long-term debt, net	<u>\$ 1,432,150</u>	<u>\$ 1,841,290</u>		

(1) The effective interest rate of 3.3% as of June 30, 2021, is presented exclusive of interest rate exchange agreements discussed in Note 12 Interest Rate Exchange Agreements. Inclusive of these agreements, the overall portfolio effective interest rate was 3.6%.

(2) The effective interest rate for each debt instrument is calculated by dividing each instrument's interest expense by the weighted average debt outstanding, and where applicable, interest expense is reduced by premium amortization and increased by original issue discount amortization. Interest rates per the agreements are detailed in the accompanying notes.

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On April 29, 2016, VUMC issued the Series 2016 A, B, D, E, and F bonds (“2016 Series Debt”) and notes aggregating \$1.3 billion of proceeds for the purpose of financing the Medical Center Acquisition and paying a portion of the costs of issuance associated with the 2016 Series Debt.

The bonds and notes comprising the 2016 Series Debt were issued by the Health and Educational Facilities Board of The Metropolitan Government of Nashville and Davidson County, Tennessee (“HEFB”). As a conduit issuer, the HEFB loaned the debt proceeds to VUMC. VUMC’s debt service requirements under these loan agreements coincide with required debt service of the actual HEFB bonds.

- The Series 2016A tax-exempt fixed-rate revenue bonds were issued in the par amount of \$476.9 million and include an original issue premium of \$59.6 million. The Series 2016A bonds have a final maturity date of July 1, 2046, and can be optionally redeemed at par on or after July 1, 2026. The 2016A bonds were structured as serial bonds with maturities from Fiscal 2030 through 2032, as well as three term bonds maturing Fiscal 2036 through 2047, which are subject to mandatory sinking fund redemption in lots. The Series 2016A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.
- The Series 2016B taxable fixed-rate revenue bonds were issued in the par amount of \$300.0 million, bearing interest at 4.1% per annum. Interest is paid semiannually on July 1 and January 1, and has a bullet maturity of July 1, 2026. VUMC is entitled, at its option, to redeem all or a portion of the Series 2016B bonds before April 1, 2026, at a make-whole redemption price, which equals the greater of (i) 100% of the remaining outstanding principal and (ii) the net present value of the remaining scheduled principal and interest payments to the original maturity date, using a discount rate of 35 basis points above rates for U.S. Treasury securities with comparable maturities.
- The Series 2016D taxable variable-rate revenue notes (“floating rate notes”) were issued in the par amount of \$100.0 million and bear interest initially at a fixed spread to one-month LIBOR of 2.5% through the initial mandatory tender date of July 1, 2021, and a final maturity of July 1, 2046. Beginning six months prior to the mandatory tender date of July 1, 2021, the bonds have an optional redemption feature. If the Series 2016D bonds are successfully remarketed at the mandatory tender date, they are subject to mandatory redemption in lots commencing on July 1, 2021, and each July thereafter until final maturity. During Fiscal 2021, the Series 2016D floating rate notes were extinguished using cash on hand.
- The Series 2016E taxable term loan revenue notes were issued in the par amount of \$128.1 million and were placed privately with a bank. The notes bear interest in a variable-rate mode at a fixed spread to one-month LIBOR of 2.4% through the initial mandatory tender date of July 1, 2022, and a final maturity of July 1, 2046. During Fiscal 2018, VUMC renegotiated the interest to a variable-rate mode at a fixed spread to one-month LIBOR of 1.8%. In addition to optional redemption of all or a portion of the notes at any time, subject to notice, the Series 2016E notes are subject to principal amortization commencing on July 1, 2022, as defined in the Series 2016E loan agreement between VUMC and the lender. During Fiscal 2020, the Series 2016E bonds were extinguished using proceeds from the 2019B taxable fixed private placement notes, discussed further below.
- The Series 2016F taxable variable-rate revenue bonds were issued in the par amount of \$75.0 million and were placed privately with a bank. The bonds bear interest in a variable-rate mode at a fixed spread to one-month LIBOR of 2.5% through the initial mandatory tender date of July 1, 2022. During Fiscal 2018, \$53.1 million of the Series 2016F bonds were extinguished using proceeds from the 2018 tax-exempt fixed-rate revenue bonds, discussed further below.

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The renegotiated interest rate on the remaining \$21.9 million of principal outstanding is a variable-rate mode at a fixed spread to one-month LIBOR of 1.2%. The remaining principal has a mandatory tender date of July 1, 2024. Prior to that, VUMC must pay \$2.1 million of principal on July 1, 2022, and \$2.2 million of principal on July 1, 2023. The remaining \$17.6 million of principal is due on July 1, 2024.

On July 26, 2017, the Series 2017A Tax-Exempt and Series 2017 Taxable Corporate Bonds were issued, and on August 1, 2017, the Series 2017B Taxable Revenue Bonds were issued ("2017 Series Debt"), aggregating \$271.3 million of proceeds for the purpose of refinancing existing debt, funding capital projects related to the MCJCHV expansion and the VUH bed expansion/clinical relocation, which is a phased project, and paying a portion of the costs of issuance associated with the 2017 Series Debt.

The Series 2017A Tax-Exempt Revenue Bonds and the Series 2017B Taxable Term Loan Revenue Note were issued by the HEFB. The Series 2017 Taxable Bonds were a corporate issue with VUMC as the issuer.

- The Series 2017A tax-exempt fixed-rate revenue bonds were issued in the par amount of \$121.3 million and include an original issue premium of \$5.1 million. The final maturity date is July 1, 2048, and optional redemption at par can occur on or after July 1, 2027. The Series 2017A bonds bear interest at 4.4% per annum and pay interest semiannually on July 1 and January 1.
- The Series 2017 taxable fixed-rate corporate bonds were issued in the par amount of \$100.0 million, bearing interest at 4.2% per annum. Interest is paid semiannually on July 1 and January 1, and the bonds have a final maturity date of July 1, 2037. There is a bullet payable beginning July 1, 2026, that allows VUMC to call the debt.
- The Series 2017B taxable variable-rate term loan notes were issued in the par amount of \$50 million and placed privately with a bank. The notes bear interest initially at a fixed-spread to one-month LIBOR of 1.2%. The notes have a final maturity date of July 1, 2046, a tender date of August 1, 2024, and may be redeemed at any time. Proceeds from the issuance of the Series 2017B notes were used to extinguish the Series 2016C R-FLOATs, initially issued on April 29, 2016.

On April 20, 2018, the Series 2018 Tax-Exempt Revenue Bonds ("2018 Series Debt") aggregating \$53.4 million of proceeds were issued for the purpose of refinancing existing debt and paying a portion of the costs of issuance associated with the 2018 Series Debt. The Series 2018 Tax-Exempt Revenue Bonds were issued by the HEFB, were placed privately with a bank, and bear interest at a fixed spread to 81% of one-month LIBOR of 0.6%. The bonds have a final maturity date of July 1, 2049 and can be optionally redeemed on or after July 1, 2025. Proceeds from the issuance of the Series 2018 bonds were used to extinguish a portion of the Series 2016F taxable variable-rate bonds.

On July 30, 2019, VUMC entered into a term loan agreement (2019A Term Loan) with a lender for \$35 million to pay for the acquisition of Tennova – Lebanon (now VWCH) hospital facilities, near term capital expenditures, and costs of issuance. The term loan bears interest at a variable rate plus a fixed spread to one-month LIBOR of 0.50% through the maturity date of August 1, 2029. VUMC has the option to redeem prepay all or a portion of the loan at any time, subject to notice. The 2019 loan is subject to principal amortization commencing on July 1, 2024 and ending July 1, 2049, as defined in the 2019 loan agreement between VUMC and the lender.

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On October 22, 2019, the Series 2019B Taxable Fixed Private Placement Notes ("Series 2019B Notes") aggregating \$128.6 million of proceeds were issued for the purpose of refinancing existing debt and paying a portion of the costs of issuance associated with the Series 2019B Notes. The Series 2019B Notes were placed privately with a bank, and bear interest at a fixed rate of 3.9% per annum. The notes have a final maturity date of July 1, 2054. Proceeds from the issuance of the Series 2019B Notes were used to extinguish the Series 2016E Taxable Term Loan Revenue Notes.

On April 9, 2020, the Series 2020A Taxable Fixed Term Loan ("Series 2020A Loan") aggregating \$300 million was issued to provide additional liquidity during the COVID-19 pandemic. The lender for the Series 2020A Loan was JPMorgan Chase Bank. The debt bears interest at a fixed rate of 2.1% per annum, has an optional redemption after one year, and has a final maturity date of April 1, 2022. During Fiscal 2021, the Series 2020A Loan was extinguished using proceeds from the Series 2021A Short-Term Loan discussed further below, and draws on available lines of credit.

On April 9, 2021, the Series 2021A Short-Term Loan was issued in the par amount of \$200.0 million for the purpose of refinancing the Series 2020A Loan. The lender for the Series 2021A Short-Term Loan was Royal Bank of Canada. The debt bears interest at a fixed spread to LIBOR of 0.4% and has a maturity of April 8, 2022.

Each of the bonds and notes comprising the 2016, 2017, 2018, 2019, 2020, and 2021 Series Debt represent separate obligations under a Master Trust Indenture ("MTI") structure. The MTI provides the flexibility for multiple parties to participate in debt issuances as part of an obligated group; presently, VUMC has no other third-party members participating in the obligated group. All debt issued under the MTI is a general obligation of the obligated group. Under the provisions of the Leasehold Deed of Trust, Security Agreement, Assignment of Rents and Leases, and Fixture Filing (the "Security Agreement") within the MTI, gross receivables of the obligated group are pledged as collateral. Additionally, the Security Agreement established a mortgage lien on (i) the leasehold interest of the land subject to the Ground Lease; (ii) the buildings, structures, improvements, and fixtures now or hereafter located on the land subject to the Ground Lease; and (iii) certain other collateral.

Trust indentures for certain bond issues contain covenants and restrictions, the most material of which include limitations on the issuance of additional debt, maintenance of a specified debt service coverage ratio, and a minimum amount of days cash on hand. VUMC complied with such covenants and restrictions as of June 30, 2021 and 2020.

On April 29, 2016, VUMC delivered a secured subordinated promissory note in the amount of \$100.0 million to VU to finance the Acquisition (the "subordinated note"). In July of 2018, VU sold its rights to future principal and interest payments on this note to a third party. The note was issued at a fixed rate of 3.25% with monthly principal payments totaling \$5.0 million annually commencing on May 31, 2016, for a period of 20 years ending on April 30, 2036. VUMC may, at any time and from time to time, without premium or penalty, prepay all or any portion of the unpaid principal amount of the subordinated note. This note is secured by the gross receivables and mortgaged property described in the Security Agreement subject to the requirements of the 2016 Series Debt and the MTI.

As part of the Acquisition, VUMC assumed a 10-year, unsecured, noninterest-bearing product financing arrangement with a vendor for the purchase and implementation of internal use software. The annual payment of \$5.3 million is payable in monthly installments, is considered principal and imputed interest, and continues through Fiscal 2027. The balance due under the Product Financing Arrangement is \$25.1 million and \$29.2 million as of June 30, 2021 and 2020, respectively.

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At June 30, 2021 and 2020, \$4.3 million and \$4.1 million was included in the current portion of long-term debt caption, with the remaining balance in long-term debt, net of current portion.

In Fiscal 2021 and 2020, noncash investing and financing activities totaled \$6.8 million and \$19.1 million, respectively, related to finance leases.

VUMC has an agreement with a bank to provide a general use line of credit with a maximum available commitment totaling \$100.0 million. On March 18, 2020, VUMC drew down the available \$100 million, which bears interest at a fixed spread to one-month LIBOR of 0.65% and has no maturity date if the line of credit is renewed annually. The outstanding balance on the line of credit is \$59.5 million and \$100.0 million as of June 30, 2021 and 2020, respectively. The line of credit accrues a commitment fee of 0.15% per annum on any unused portion of the line of credit.

VUMC established one additional line of credit with a bank in Fiscal 2021. A \$50 million line of credit with Royal Bank of Canada, bearing interest at a fixed spread to one-month LIBOR of 0.45%, maturing in Fiscal 2022 with a commitment fee of 0.2% on any unused portion of the line of credit. As of June 30, 2021, this line of credit had an outstanding balance of \$40.5 million.

VUMC established three additional lines of credit with banks in Fiscal 2020:

- \$50 million line of credit with Truist, bearing interest at a fixed spread to one-month LIBOR of 1.0%, maturing in Fiscal 2022 with a commitment fee of 0.25% on any unused portion of the line of credit. As of June 30, 2021 and 2020, this line of credit had no outstanding balance.
- \$50 million line of credit with Truist, bearing interest at a fixed spread to one-month LIBOR of 0.85%, maturing in Fiscal 2021 with a commitment fee of 0.25% on any unused portion of the line of credit. As of June 30, 2020, this line of credit had no outstanding balance. This line of credit expired during Fiscal 2021.
- \$50 million line of credit with Bank of New York Mellon, bearing interest at a fixed spread to one-month LIBOR of 1.4%, maturing in Fiscal 2021 with a commitment fee of 0.25% on any unused portion of the line of credit. As of June 30, 2020, this line of credit had no outstanding balance. This line of credit expired during Fiscal 2021.

The total outstanding balance on lines of credit is \$100.0 million as of June 30, 2021 and 2020. Commitment fees for the lines of credit totaled \$0.4 million and \$0.2 million in Fiscal 2021 and Fiscal 2020, respectively.

Interest paid on all obligations, including interest rate swap settlements, net of amounts capitalized, was \$68.4 million and \$62.7 million in Fiscal 2021 and 2020, respectively.

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Principal retirements and scheduled sinking fund requirements based on nominal maturity schedules for long-term debt due in subsequent fiscal years ending June 30 are as follows:

*(\$ in thousands)*

2022	\$ 314,585
2023	16,094
2024	15,915
2025	80,974
2026	64,785
Thereafter	1,211,433
	<u>\$ 1,703,786</u>

## 12. Interest Rate Exchange Agreements

Key features of VUMC interest rate exchange agreements are summarized below:

<u>Notional Amount</u>	<u>Pay Fixed Rate</u>	<u>Receive Variable Rate</u>	<u>Mandatory Termination Date</u>
\$75.0 million	4.28%	68% of one-month LIBOR	April 29, 2026
\$75.0 million	4.18%	68% of one-month LIBOR	April 29, 2023

VUMC incorporates these interest rate exchange agreements into its debt portfolio management strategy. There are no collateral pledging requirements. The agreements terminate automatically on April 29, 2026 and 2023, if not renegotiated or extended, at which point the exchange agreements will be settled at fair value.

VUMC recorded the following activity related to the interest rate exchange agreements during Fiscal 2021 and 2020:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Mark-to-market adjustments	\$ 23,478	\$ (32,441)
Cash settlements	(6,106)	(4,711)
Unrealized gain (loss) on interest rate exchange agreements, net of cash settlements	<u>\$ 17,372</u>	<u>\$ (37,152)</u>

## 13. Leases

VUMC has operating and finance leases for real estate, personal property and equipment. VUMC determines if an arrangement is a lease at the inception of a contract. Leases with an initial term of twelve months or less are not recorded on the consolidated balance sheets.

VUMC has lease agreements which require payments for lease and non-lease components and has elected to account for these as a single lease component. For leases that commenced before the effective date of ASU 2016-02, VUMC elected the permitted practical expedients to not reassess the following: (i) whether any expired or existing contracts contain leases; (ii) the lease classification for any expired or existing leases; and (iii) initial direct costs for any existing leases.

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Right-of-use assets represent VUMC's right to use an underlying asset during the lease term, and lease liabilities represent VUMC's obligation to make lease payments arising from the lease. Right-of-use assets and liabilities are recognized at the commencement date, based on the net present value of fixed lease payments over the lease term. VUMC's lease terms include options to extend or terminate the lease when it is reasonably certain that the options will be exercised. As most of VUMC's operating leases do not provide an implicit rate, VUMC uses its incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. VUMC considers recent debt issuances, as well as publicly available data for instruments with similar characteristics when calculating its incremental borrowing rates. Finance lease agreements generally include an interest rate that is used to determine the present value of future lease payments. Operating fixed lease expense and finance lease depreciation expense are recognized on a straight-line basis over the lease term. Variable lease costs consist primarily of common area maintenance and other index adjustments.

Operating and finance lease right-of-use assets and lease liabilities as of June 30, 2021 and 2020, are as follows:

(\$ in thousands)	<b>Balance Sheet Classification</b>	<b>2021</b>	<b>2020</b>
<b>Assets:</b>			
Operating leases	Operating leases	\$ 839,850	\$ 846,695
Finance leases	Property, plant, and equipment, net	17,363	16,712
Total lease assets		<u>\$ 857,213</u>	<u>\$ 863,407</u>
<b>Liabilities:</b>			
<b>Current:</b>			
Operating leases	Current portion of operating lease liabilities	\$ 67,343	\$ 70,062
Finance leases	Current portion of long-term debt	5,412	5,206
<b>Noncurrent:</b>			
Operating leases	Noncurrent portion of operating lease liabilities	795,330	797,811
Finance leases	Long-term debt, net of current portion	11,584	10,774
Total lease liabilities		<u>\$ 879,669</u>	<u>\$ 883,853</u>
<b>Weighted-average remaining term:</b>			
Operating leases		57.4 years	57.3 years
Finance leases		3.6 years	3.8 years
<b>Weighted-average discount rate:</b>			
Operating leases		3.7%	3.7%
Finance leases		2.4%	2.4%

Included in the tables above is the Ground Lease with VU expiring in 2114 discussed below. Excluding this lease, the weighted average remaining lease term for VUMC's operating leases is 8.2 years as of June 30, 2021. As of June 30, 2021 and 2020, the land lease comprises \$489.2 million and \$489.7 million, respectively, of the operating lease asset and \$491.9 million and \$492.5 million, respectively, of the operating lease liability detailed above.

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Lease expense for finance and operating leases for the years ended June 30, 2021 and 2020, are as follows:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Finance lease expense:		
Amortization of leased assets	\$ 6,125	\$ 4,433
Interest on lease liabilities	410	273
Operating lease expense <sup>(1)</sup>	109,665	107,358
Short-term lease expense <sup>(1)</sup>	4,578	3,787
Variable lease expense <sup>(1)</sup>	16,181	13,321
	<u>\$ 136,959</u>	<u>\$ 129,172</u>

<sup>(1)</sup> Expense is included in "Facilities and equipment" in the consolidated statements of operations.

The following table presents supplemental cash flow information for the years ended June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<b>2021</b>	<b>2020</b>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 105,136	\$ 103,166
Operating cash flows for finance leases	410	273
Financing cash flows for finance leases	5,766	4,334

The following table reconciles the undiscounted minimum lease payments to the operating and financing lease liabilities recorded on the consolidated balance sheet at June 30, 2021:

<i>(\$ in thousands)</i>	<b>Operating Leases</b>	<b>Finance Leases</b>
2022	\$ 95,338	\$ 5,666
2023	82,660	4,743
2024	74,699	4,176
2025	69,689	2,567
2026	58,694	360
Thereafter	1,848,298	202
Total minimum lease payments	2,229,378	17,714
Less: amount of lease payments representing interest	(1,366,705)	(718)
Present value of future minimum lease payments	862,673	16,996
Less: current lease obligations	(67,343)	(5,412)
Long-term lease obligations	<u>\$ 795,330</u>	<u>\$ 11,584</u>



Essential provisions of leases considered by management to be material are as follows:

- On April 29, 2016, VUMC entered into a Ground Lease with VU for approximately 1.7 million square feet of land for an initial term ending June 30, 2114, and an option to extend for up to two additional terms of 50 to 99 years each upon agreement by VU and VUMC. The annual base rent is payable monthly, and is CPI adjusted annually. VUMC made rental payments totaling \$19.6 million and \$19.4 million in Fiscal 2021 and Fiscal 2020, respectively. The Ground Lease allows VUMC to use the land on which its campus and related buildings are located. Included in the table above are \$1.8 billion in ground lease payments representing future minimum rentals based on the initial annual base rent of \$19.4 million, excluding annual CPI adjustments.
- In July 2007, VU entered into an agreement to lease approximately 50% of the space in the 850,000 square foot One Hundred Oaks shopping center located approximately five miles from the main campus ("100 Oaks Lease"). VU redeveloped this leased space primarily for medical and office uses. In October 2014, VU agreed to an amendment which extends the original lease term to November 30, 2035, with an option to renew the lease further for four additional 10-year periods. As part of the lease agreement, the lessee also has first rights on leasing additional space in the shopping center and first rights on purchasing if the landlord desires to sell. On April 29, 2016, the 100 Oaks Lease was assigned to VUMC. As a condition of the assignment, amendments to the 100 Oaks Lease were added which required VUMC to provide the landlord a \$25.0 million irrevocable standby letter of credit. The amounts related to this standby letter of credit are recorded as facilities and equipment expense and totaled \$0.2 million in both Fiscal 2021 and 2020. The standby letter of credit is no longer required under the lease and has been released as of June 10, 2021. VUMC included minimum property rental payments totaling \$111.6 million related to this space in the above minimum lease payments table.
- On April 29, 2016, VU assigned to VUMC a lease for approximately 231,000 square feet of office space at 2525 West End Avenue with expiration dates ranging from 2026 through 2030, with options to renew for two additional five-year periods. VUMC included minimum lease payments totaling \$59.0 million related to this space in the above minimum lease payments table.
- On April 29, 2016, VUMC and VU entered into certain lease agreements for the use of space in buildings owned by both entities. As of June 30, 2021, VUMC's estimated future minimum lease payments to VU totaled \$33.6 million. Estimated future lease receipts from VU for the fiscal year ended June 30, 2022, are \$7.5 million, subject to annual renewal.

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**14. Net Assets**

Net asset restrictions relate to the following purposes as of June 30, 2021 and 2020:

<i>(\$ in thousands)</i>	<u>2021</u>	<u>2020</u>
Donor-restricted – time or purpose		
Property, plant, and equipment	\$ 13,044	\$ 10,920
Research and education	115,897	106,167
Operations	15,087	4,661
Total donor-restricted – time or purpose	<u>\$ 144,028</u>	<u>\$ 121,748</u>
Donor restricted – perpetuity		
Research and education	<u>\$ 80,530</u>	<u>\$ 64,807</u>

**Net assets without donor restrictions** are free of donor-imposed restrictions. This classification includes all revenues, gains, and losses not restricted by donors. VUMC reports all expenditures in net assets without donor restrictions since the use of restricted contributions in accordance with donors' stipulations results in the release of the restriction.

**Donor restricted – time or purpose** contain donor-imposed stipulations that expire with the passage of time or that can be satisfied by the action of VUMC. These net assets may include restricted gifts including unconditional pledges, split-interest agreements, interests in trusts held by others, and accumulated appreciation on donor-restricted endowments not yet appropriated by the Board of Directors for distribution. Donor gifts that are restricted for funding capital projects are considered released from restriction once related capital expenditures have been made and the asset is placed in service.

**Donor restricted – perpetuity** contains amounts held in perpetuity as requested by donors. These net assets may include unconditional pledges, donor-restricted endowments, split-interest agreements, and interests in trusts held by others. Generally, the donors of these assets permit VUMC to use a portion of the income earned on related investments for specific purposes.

UPMIFA specifies that unless stated otherwise in a gift instrument, donor-restricted assets in an endowment fund are restricted assets until appropriated for expenditure. Barring the existence of specific instructions in gift agreements for donor-restricted endowments, VUMC reports the historical value of such endowments as donor restricted – perpetuity and the net accumulated appreciation as donor restricted – time or purpose. In this context, the historical value represents the original value of initial contributions restricted as permanent endowments plus the original value of subsequent contributions and, if applicable, the value of accumulations made in accordance with the direction of specific donor gift agreements.

**15. Fair Value Measurements**

Fair value measurements represent the amount at which the instrument could be exchanged in an orderly transaction between market participants at the measurement date. VUMC utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three levels:

- |         |   |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that VUMC has the ability to access.   |
| Level 2 | Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the assets or liabilities, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Unobservable inputs reflect VUMC's assumptions about the inputs market participants would use in pricing the asset or liability, including assumptions about risk. Unobservable inputs are developed based on the best information available in the circumstances and may include VUMC's own data.    |

VUMC's principal assets and liabilities are cash and cash equivalents, investments, patient accounts receivable, estimated receivables and payables under third-party programs, grants and contracts receivable, pledges receivable, operating lease assets, accounts payable and other accrued expenses, self-insurance reserves, operating lease liabilities, long-term debt, and interest rate exchange agreements. Except for long-term debt, the carrying amount of these assets and liabilities approximates fair value.

As of June 30, 2021, the carrying value and estimated fair value of total long-term debt totaled \$1.7 billion and \$1.9 billion, respectively. As of June 30, 2020, the carrying value and estimated fair value of total long-term debt totaled \$2.0 billion and \$2.0 billion, respectively. VUMC bases estimated fair value of long-term debt on market conditions prevailing at fiscal year-end reporting dates. Besides potentially volatile market conditions, fair value estimates typically reflect limited secondary market trading. The fair values of the fixed-rate Series Debt, as defined in Note 11 Long-Term Debt, were based on a Level 2 computation using quoted prices for similar liabilities in active markets as of June 30, 2021 and 2020, as applicable. The carrying amounts related to VUMC's variable-rate Series Debt and other long-term debt obligations approximate their fair values as of June 30, 2021 and 2020. As of June 30, 2021 and 2020, the fair values of the subordinated note payable and the product financing arrangement were based on a Level 2 discounted cash flow approach applying a risk-adjusted spread for issuers of similar credit quality to U.S. Treasury yields for securities with comparable maturities.

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For financial instruments measured at fair value on a recurring basis, the following tables summarize valuation hierarchy levels as of June 30, 2021 and 2020, determined by the nature of the financial instrument and the least observable input significant to the fair value measurement:

<b>Fair Value Measurements as of June 30, 2021</b>				
<i>(\$ in thousands)</i>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total Carrying Amount</b>
<b>Assets</b>				
Corporate bonds	\$ 38,310	\$ 298,595	\$ -	\$ 336,905
Equity mutual funds	29,174	122,026	-	151,200
Cash and cash equivalents	27,681	-	-	27,681
Beneficial interests in				
split-interest trusts	-	9,503	-	9,503
Hedged equity mutual funds	-	107,548	-	107,548
Fixed-income mutual funds	114,871	102,891	-	217,762
Certificates of deposit	-	21,162	-	21,162
Asset-backed securities	6,982	21,989	-	28,971
Mortgage-backed securities	-	6,503	-	6,503
Commercial paper	-	37,040	-	37,040
Government bonds	21,884	31,249	-	53,133
Hedged debt mutual funds	-	114,474	-	114,474
Commodities and managed				
futures mutual funds	10,759	9,043	-	19,802
Target date mutual funds	-	5,168	-	5,168
Total assets reported at fair value	<u>\$ 249,661</u>	<u>\$ 887,191</u>	<u>\$ -</u>	<u>\$ 1,136,852</u>
<b>Liabilities</b>				
Interest rate exchange				
agreements	\$ -	\$ 76,864	\$ -	\$ 76,864
Total liabilities reported at fair value	<u>\$ -</u>	<u>\$ 76,864</u>	<u>\$ -</u>	<u>\$ 76,864</u>

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	Fair Value Measurements as of June 30, 2020			
(\$ in thousands)	Level 1	Level 2	Level 3	Total Carrying Amount
<b>Assets</b>				
Corporate bonds	\$ 15,805	\$ 219,444	\$ -	\$ 235,249
Equity mutual funds	34,589	93,980	-	128,569
Cash and cash equivalents	13,147	-	-	13,147
Beneficial interests in split-interest trusts	-	7,124	-	7,124
Hedged equity mutual funds	-	64,986	-	64,986
Fixed-income mutual funds	120,658	69,396	-	190,054
Certificates of deposit	-	16,338	-	16,338
Asset-backed securities	-	26,448	-	26,448
Real estate mutual funds	-	20,680	-	20,680
Commercial paper	-	22,218	-	22,218
Government bonds	10,665	69,480	-	80,145
Hedged debt mutual funds	-	70,958	-	70,958
Commodities and managed futures mutual funds	9,121	6,781	-	15,902
Target date mutual funds	-	4,865	-	4,865
Total assets reported at fair value	\$ 203,985	\$ 692,698	\$ -	\$ 896,683
<b>Liabilities</b>				
Interest rate exchange agreements	\$ -	\$ 100,342	\$ -	\$ 100,342
Total liabilities reported at fair value	\$ -	\$ 100,342	\$ -	\$ 100,342

VUMC employs derivatives, primarily interest rate exchange agreements, to help manage interest rate risks associated with variable-rate debt. In addition to the credit risk of the counterparty owing a balance, VUMC calculates the fair value of interest rate exchange agreements based on the present value of future net cash settlements that reflect market yields as of the measurement date.

Parties to interest rate exchange agreements are subject to risk for changes in interest rates, as well as the risk of credit loss in the event of nonperformance by the counterparty. VUMC deals only with high-quality counterparties that meet rating criteria for financial stability and credit-worthiness.

## 16. Retirement Plan

VUMC's full-time employees participate in a 403(b) defined contribution retirement plan administered by a third party. For eligible employees with one year of continuous service, this plan requires employer matching of employee contributions up to 5% of eligible compensation. The employee immediately vests in these contributions.

VUMC funds the obligations under this plan through monthly transfers to the respective retirement plan administrator with the corresponding expense recognized in the year incurred. During Fiscal 2021 and 2020, VUMC recognized \$76.8 million and \$69.8 million, respectively, of expense in connection with this plan.

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**17. Functional Expense**

VUMC provides general health care services primarily to residents within its geographic location and supports research and education programs. Total operating expense by nature and function for Fiscal 2021 and 2020 were as follows:

*(\$ in thousands)*

	<b>For the year ended June 30, 2021</b>			
	<b>Healthcare Services</b>	<b>Academic Research and Education</b>	<b>Administrative and Other</b>	<b>Total</b>
Salaries, wages, and benefits	\$ 2,021,532	\$ 581,945	\$ 233,067	\$ 2,836,544
Supplies and drugs	1,134,657	56,507	25,039	1,216,203
Facilities and equipment	177,973	44,722	74,053	296,748
Services and other	599,477	107,610	88,200	795,287
Depreciation and amortization	128,181	1,582	21,691	151,454
Interest	49,351	11,163	16	60,530
Total operating expense	<u>\$ 4,111,171</u>	<u>\$ 803,529</u>	<u>\$ 442,066</u>	<u>\$ 5,356,766</u>

*(\$ in thousands)*

	<b>For the year ended June 30, 2020</b>			
	<b>Healthcare Services</b>	<b>Academic Research and Education</b>	<b>Administrative and Other</b>	<b>Total</b>
Salaries, wages, and benefits	\$ 1,773,506	\$ 542,728	\$ 179,561	\$ 2,495,795
Supplies and drugs	980,544	46,640	19,214	1,046,398
Facilities and equipment	160,705	40,556	72,144	273,405
Services and other	549,059	98,291	92,905	740,255
Depreciation and amortization	103,734	1,521	21,399	126,654
Interest	47,172	13,585	14	60,771
Total operating expense	<u>\$ 3,614,720</u>	<u>\$ 743,321</u>	<u>\$ 385,237</u>	<u>\$ 4,743,278</u>

Certain expense categories are attributable to more than one function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, wages, and benefits, and services and other.

**18. Commitments and Contingencies**

Management has policies, procedures, and an organizational structure to enforce and monitor compliance with government statutes and regulations. VUMC's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time.

- **Litigation.** VUMC is a defendant in certain lawsuits alleging medical malpractice and civil action.

In December 2019, VUMC was notified by the Internal Revenue Service (the "IRS") of its intention to conduct an examination of the 403b Plan for the year ending December 31, 2017. During that examination, the Company identified certain concerns relating to the calculation of the employer match provided by the Company under the 403b Plan, which was implemented by the Company in April 2016. Following review and discussion, in November 2020 the Company and IRS entered into a Closing Agreement, under which the IRS agreed to accept the Company's implementation of a retroactive amendment to the 403b Plan to correct the calculation of the employer match in exchange for payment by the Company of a penalty of a nominal amount. The execution and delivery of the Closing Agreement fully resolves such matters relating to the examination of the 403b Plan by the IRS.

Through the operation of its compliance program, VUMC from time to time initiates the review of billing for clinical services provided by VUMC and its affiliated providers. VUMC has established a liability reserve relating to certain matters under review as of June 30, 2021 and 2020, which is not material to VUMC's overall financial position.

- **Regulations.** VUMC's compliance with regulations and laws is subject to future government reviews and interpretations, as well as regulatory actions unknown at this time. VUMC believes that the liability, if any, from such reviews will not have a significant effect on VUMC's consolidated financial position.
- **Medical Malpractice Self-Insurance.** The consolidated balance sheets include reserves for medical malpractice, professional, and general liability coverage totaling \$72.6 million as of June 30, 2021, and \$60.3 million as of June 30, 2020. These liabilities are measured at the net present value of those cash flows using a discount rate of 2.5% at both dates and are classified as current or noncurrent based on the expected timing of cash flows. Other current assets include expected recoveries from commercial insurance carriers under excess coverage arrangements totaling \$3.8 million as of June 30, 2021, and \$2.7 million as of June 30, 2020. During Fiscal 2021 and 2020, VUMC recorded expenses for medical malpractice self-insurance of \$22.4 million and \$27.7 million, respectively.
- **Employee Health and Workers' Compensation Insurance.** Accrued compensation and benefits included actuarially determined liabilities for employee health and workers' compensation claims totaling \$21.8 million and \$6.7 million, respectively, as of June 30, 2021, and \$16.9 million and \$6.1 million, respectively, as of June 30, 2020. During Fiscal 2021 and 2020, VUMC recorded expenses for self-insured employee health benefit plans, net of employee premiums, totaling \$241.9 million and \$181.5 million, respectively. During Fiscal 2021 and 2020, VUMC recorded expenses for self-insured workers' compensation plans of \$4.9 million and \$2.9 million, respectively.

- Federal and State Contracts and Other Requirements. Expenditures related to federal and state grants and contracts are subject to adjustment based upon review by the granting agencies. Amounts of expenditures that granting agencies might disallow cannot be determined at this time. These amounts affect government grants and contracts revenue, as well as facilities and administrative costs recovery. VUMC does not expect these costs to impact the consolidated financial position by material amounts.
- Health Care Services. In Fiscal 2021 and 2020, 85% and 83%, respectively, of VUMC's operating revenue was generated by providing health care services, where revenue is affected by reimbursement arrangements with federal and state healthcare programs, commercial insurance, and other managed care payors. If reimbursement rates from third-party payors decrease or if contract terms become less favorable in future periods, VUMC's operating revenues may decline. See Note 4 Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements, for further information regarding healthcare revenues and related receivables.
- HIPAA Compliance. Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the federal government has authority to complete fraud and abuse investigations. HIPAA has established substantial fines and penalties for offenders. VUMC maintains policies, procedures, and organizational structures to enforce and monitor compliance with HIPAA, as well as other applicable local, state, and federal statutes and regulations.
- Construction. VUMC had contractual commitments under major construction and equipment contracts totaling \$56.8 million and \$90.2 million as of June 30, 2021 and 2020, respectively.
- Letter of Credit. As a requirement of the assignment of the 100 Oaks Lease described in Note 13 Leases, VUMC provided an irrevocable standby letter of credit of \$25.0 million to the landlord of the property dated June 10, 2016. In FY21, this letter of credit was canceled and is no longer required as a result of VUMC achieving certain financial requirements.

## **19. Other Events**

### **COVID-19**

In March of Fiscal 2020, COVID-19, a disease caused by the novel strain of the coronavirus, was designated by the World Health Organization as a global pandemic. A state of emergency was subsequently announced by the State of Tennessee, quickly followed by "stay at home" orders and orders for hospitals and outpatient surgical facilities to stop non-essential procedures. This global health crisis negatively impacted many facets of the business, including lower patient volumes and related revenues, significant increases in certain supply cost (in particular personal protective equipment) as well as difficulties sourcing these supplies, and volatility in the U.S. and global financial markets impacting VUMC's investment portfolios. By the end of Fiscal 2020 and throughout Fiscal 2021, volumes rebounded, although subsequent surges of the virus in the winter of Fiscal 2021 and fall of Fiscal 2022 caused somewhat similar impacts, although to a lesser degree. Due to the evolving nature of the COVID-19 pandemic, despite positive indicators, the ultimate impact to VUMC and its financial condition is presently unknown.

Sources of pandemic relief include the federal stimulus package known as The Coronavirus Aid, Relief, and Economic Security ("CARES") Act, signed into law on March 27, 2020, the Coronavirus Response and Consolidated Appropriations Act ("CRCA") signed into law on December 27, 2020, and the American Rescue Plan ("ARP"), signed into law on March 11, 2021. These laws include a number of provisions: most importantly providing funding through the Public Health and Social



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**June 30, 2021 and 2020**

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Services Emergency Fund ("Provider Relief Fund") to reimburse eligible health care providers for health care-related expenses or lost revenues not otherwise reimbursed that are directly attributable to COVID-19. These provider relief funds included amounts distributed to providers based on their share of the Medicare fee-for-service reimbursement ("General Distributions"). The funds also included for certain targeted distributions ("Targeted Distributions") to qualifying providers (primarily rural and high impact areas). For the period ended June 30, 2021, VUMC recognized as revenue approximately \$46.3 million in General Distributions and \$8.8 million in Targeted Distributions, for a total of \$55.1 million, under the Provider Relief Fund. For the period ended June 30, 2020, VUMC recognized as revenue approximately \$83.3 million in General Distributions and \$35.7 million in Targeted Distributions, for a total of \$119.0 million, under the Provider Relief Fund. These amounts are presented in Other operating revenue in the consolidated statement of operations.

In addition, the CARES Act provides for an expansion of the Medicare Accelerated and Advance Payment Program ("MAAPP") whereby inpatient acute care hospitals and other eligible providers may request an advanced payment of up to 100% of their Medicare payment amount for a six-month period to be repaid through withholding of future Medicare fee-for-service payments beginning 120 days after receipt. During Fiscal 2020, VUMC received advance payments from Medicare of \$222.4 million, which is recorded as a current liability on the consolidated balance sheet as of June 30, 2020.

On October 1, 2020, the Continuing Appropriations and Other Extensions Acts amended the repayment terms for the funds received under the MAAPP. Under the revised repayment terms, the Centers for Medicare and Medicaid Services ("CMS") began to automatically recoup the advance payments one year from the original date of issuance by offsetting the payments against newly submitted Medicare claims. Once the recoupment period began, for the first eleven (11) months, Medicare automatically recoups payments at a rate of 25% of the Medicare claims amount otherwise owed to VUMC. After the first recoupment period of eleven (11) months, and continuing for the following six (6) months, Medicare automatically recoups payments at a rate of 50% of the Medicare claims amount otherwise owed to VUMC. After this repayment term concludes, any balance that remains outstanding will be subject to interest at a rate of four percent (4%) per annum. In accordance with the repayment terms, CMS began recoupment of VUMC's MAAPP funds in April 2021 and has recouped \$33.0M as of June 30, 2021. VUMC expects the remaining liability will be subject to recoupment within the next twelve months, and as such, VUMC has classified the remaining MAAPP liability of \$189.4M as a current liability on the consolidated balance sheet as of June 30, 2021.

The CARES Act also allows for deferred payment of the employer portion of certain payroll taxes between March 27, 2020 and December 31, 2020, with 50% due December 31, 2021 and the remaining 50% due December 31, 2022. VUMC began deferring these payroll tax payments during the fourth quarter of Fiscal 2020. As of June 30, 2021, VUMC had deferred payroll tax payments of \$75.8 million, with \$37.9 million and \$37.9 million included in Accrued compensation and benefits and Other noncurrent liabilities, respectively, in the consolidated balance sheet. As of June 30, 2020, VUMC had deferred payroll tax payments of \$27.6 million, which are included in Other noncurrent liabilities in the consolidated balance sheet.

In addition, the CARES Act suspended the sequestration payment adjustment percentage of 2% applied to all Medicare Fee-for-Service claims from May 1, 2020 through December 31, 2020, with subsequent acts extending through December 31, 2021. This positively impacted Patient Service Revenue in the consolidated statements of operations by approximately \$14 million for Fiscal 2021 and \$3 million for Fiscal 2020. Beginning, September 1, 2020, the CARES Act also provided for a 20% Medicare supplement for Medicare patients diagnosed with COVID-19 that are admitted to the

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**Vanderbilt University Medical Center**  
**Notes to Consolidated Financial Statements**  
**June 30, 2021 and 2020**

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hospital, reflecting the additional costs of treating a patient with this diagnosis. VUMC recognized an additional \$6 million in Patient service revenue in the consolidated statement of operations for Fiscal 2021 related to this supplement.

Through the Paycheck Protection Program and Health Care Enhancement Act (the “PPHCE Act”), which was enacted on April 24, 2020, VUMC recognized an additional \$11.4 million as a payroll retention credit in Other operating revenue in Fiscal 2020.

During Fiscal 2021, VUMC recognized as Other operating revenue \$3.1 million for Tennessee staffing grants, \$2.0 million of business interruption insurance payments, \$2.0 million of State of Tennessee CARES funding, and \$0.8 million of other COVID-19 grants.

*Acquisition of VBCH and VTHH*

Effective January 1, 2021, VUMC acquired from CHS: Tennova Healthcare – Shelbyville and Tennova Healthcare – Harton, now known as Vanderbilt Bedford Hospital (“VBCH”) and Vanderbilt Tullahoma-Harton Hospital (“VTHH”) for total consideration of \$15.6 million.

The following table summarizes the fair value of net assets acquired:

*(\$ in thousands)*

Inventories	\$ 2,808
Other current assets	882
Property, plant, and equipment, net	11,943
Operating lease assets	4,230
Other noncurrent assets	122
Accounts payable and other accrued expenses	(155)
Operating lease liabilities	(4,230)
Total invested capital	<u>\$ 15,600</u>

*Acquisition of VWCH*

Effective August 1, 2019, VUMC acquired from CHS: Tennova Healthcare – Lebanon, now known as Vanderbilt Wilson County Hospital (“VWCH”) for total consideration of \$19.3 million.

The following table summarizes the fair value of net assets acquired:

*(\$ in thousands)*

Inventories	\$ 2,966
Other current assets	865
Property, plant, and equipment, net	15,780
Accounts payable and other accrued expenses	(359)
Total invested capital	<u>\$ 19,252</u>

The results of operations for these acquisitions are included in the consolidated statements of operations and changes in net assets beginning on the acquisition dates. Pro forma results of operations and changes in net assets as though these acquisitions occurred on July 1, 2019 are not materially different and accordingly are not provided.

*Acquisition of Noncontrolling Interest in VMH*

As discussed in Note 1 – Description of Organization, effective January 1, 2021, VUMC acquired a noncontrolling ownership interest of 20% in CHS's affiliated Tennova Healthcare – Clarksville for total consideration of \$36.9 million. The noncontrolling interest is accounted for as an equity method investment and is included in Other noncurrent assets on the consolidated balance sheet.

**20. Subsequent Events**

Management evaluated events after June 30, 2021 through October 1, 2021, the date on which the consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition or disclosure in the consolidated financial statements that have not been recorded or disclosed.



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Ernst & Young LLP  
Suite 2100  
222 2nd Avenue South  
Nashville, TN 37201

Tel: +1 615 252 2000  
ey.com

### Report of Independent Auditors on Supplementary Information

The Board of Directors  
Vanderbilt University Medical Center

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Vanderbilt University Medical Center consolidating balance sheets and consolidating statements of operations are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

*Ernst & Young LLP*

October 1, 2021

**PUBLIC DISCLOSURE COPY**  
**Vanderbilt University Medical Center**  
**Consolidating Balance Sheet**  
**June 30, 2021**

(\$ in thousands)	Obligated Group	Nonobligated Entity	Eliminations	Consolidated
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 737,347	\$ 99,965	\$ -	\$ 837,312
Intercompany receivable	174,781	-	(174,781)	-
Current investments	215,484	-	-	215,484
Patient accounts receivable	530,712	23,162	-	553,874
Grants and contracts receivable	77,365	-	-	77,365
Inventories	137,279	3,002	-	140,281
Other current assets	99,962	18,297	-	118,259
Total current assets	1,972,930	144,426	(174,781)	1,942,575
Restricted cash	26,404	1,000	-	27,404
Noncurrent investments	791,389	-	(12,000)	779,389
Noncurrent investments limited as to use	127,414	-	-	127,414
Property, plant, and equipment, net	1,608,313	22,012	-	1,630,325
Operating lease assets	823,092	16,758	-	839,850
Other noncurrent assets	42,348	54,003	-	96,351
Total assets	<u>\$ 5,391,890</u>	<u>\$ 238,199</u>	<u>\$ (186,781)</u>	<u>\$ 5,443,308</u>
<b>Liabilities and Net Assets</b>				
Current liabilities:				
Current portion of long-term debt	\$ 13,906	\$ 798	\$ -	\$ 14,704
Intercompany payable	-	174,781	(174,781)	-
Short-term borrowings	300,000	-	-	300,000
Accounts payable and other accrued expenses	335,424	20,747	-	356,171
Medicare accelerated payments	187,370	2,057	-	189,427
Estimated payables under third-party programs	37,669	-	-	37,669
Accrued compensation and benefits	309,306	7,225	-	316,531
Current portion of operating lease liabilities	63,115	4,228	-	67,343
Current portion of deferred revenue	3,182	1,058	-	4,240
Current portion of medical malpractice self-insurance reserves	15,820	-	-	15,820
Total current liabilities	1,265,792	210,894	(174,781)	1,301,905
Long-term debt, net of current portion	1,430,398	1,752	-	1,432,150
Noncurrent portion of operating lease liabilities	782,199	13,131	-	795,330
Fair value of interest rate exchange agreements	76,864	-	-	76,864
Noncurrent portion of medical malpractice self-insurance reserves	56,770	-	-	56,770
Noncurrent portion of deferred revenue	2,335	588	-	2,923
Other noncurrent liabilities	46,122	864	-	46,986
Total liabilities	3,660,480	227,229	(174,781)	3,712,928
Net assets:				
Net assets without donor restrictions controlled by Vanderbilt University Medical Center	1,506,852	2,631	(12,000)	1,497,483
Net assets without donor restrictions related to noncontrolling interests	-	8,339	-	8,339
Total net assets without donor restrictions	1,506,852	10,970	(12,000)	1,505,822
Net assets with donor restrictions	224,558	-	-	224,558
Total net assets	1,731,410	10,970	(12,000)	1,730,380
Total liabilities and net assets	<u>\$ 5,391,890</u>	<u>\$ 238,199</u>	<u>\$ (186,781)</u>	<u>\$ 5,443,308</u>

The accompanying notes are an integral part of these consolidating financial statements.

**PUBLIC DISCLOSURE COPY**  
**Vanderbilt University Medical Center**  
**Consolidating Balance Sheet**  
**June 30, 2020**

(\$ in thousands)	Obligated Group	Nonobligated Entity	Eliminations	Consolidated
<b>Assets</b>				
Current assets:				
Cash and cash equivalents	\$ 1,123,404	\$ 47,122	\$ -	\$ 1,170,526
Intercompany receivable	64,833	-	(64,833)	-
Current investments	232,178	-	-	232,178
Patient accounts receivable	462,550	8,000	-	470,550
Grants and contracts receivable	60,031	-	-	60,031
Inventories	103,784	819	-	104,603
Other current assets	98,702	19,737	-	118,439
Total current assets	2,145,482	75,678	(64,833)	2,156,327
Restricted cash	11,806	-	-	11,806
Noncurrent investments	547,673	-	(8,500)	539,173
Noncurrent investments limited as to use	113,526	-	-	113,526
Property, plant, and equipment, net	1,515,849	9,254	-	1,525,103
Operating lease assets	832,085	14,610	-	846,695
Other noncurrent assets	39,482	13,865	-	53,347
Total assets	<u>\$ 5,205,903</u>	<u>\$ 113,407</u>	<u>\$ (73,333)</u>	<u>\$ 5,245,977</u>
<b>Liabilities and Net Assets</b>				
Current liabilities:				
Current portion of long-term debt	\$ 13,486	\$ 835	\$ -	\$ 14,321
Intercompany payable	-	64,833	(64,833)	-
Short-term borrowings	100,000	-	-	100,000
Accounts payable and other accrued expenses	289,108	20,054	-	309,162
Medicare accelerated payments	219,881	2,564	-	222,445
Estimated payables under third-party programs	45,957	-	-	45,957
Accrued compensation and benefits	233,971	4,068	-	238,039
Current portion of operating lease liabilities	67,089	2,973	-	70,062
Current portion of deferred revenue	4,158	669	-	4,827
Current portion of medical malpractice self-insurance reserves	12,577	-	-	12,577
Total current liabilities	986,227	95,996	(64,833)	1,017,390
Long-term debt, net of current portion	1,840,922	368	-	1,841,290
Noncurrent portion of operating lease liabilities	785,665	12,146	-	797,811
Fair value of interest rate exchange agreements	100,342	-	-	100,342
Noncurrent portion of medical malpractice self-insurance reserves	47,682	-	-	47,682
Noncurrent portion of deferred revenue	3,957	70	-	4,027
Other noncurrent liabilities	35,205	244	-	35,449
Total liabilities	3,800,000	108,824	(64,833)	3,843,991
Net assets:				
Net assets without donor restrictions controlled by Vanderbilt University Medical Center	1,219,348	(2,052)	(8,500)	1,208,796
Net assets without donor restrictions related to noncontrolling interests	-	6,635	-	6,635
Total net assets without donor restrictions	1,219,348	4,583	(8,500)	1,215,431
Net assets with donor restrictions	186,555	-	-	186,555
Total net assets	1,405,903	4,583	(8,500)	1,401,986
Total liabilities and net assets	<u>\$ 5,205,903</u>	<u>\$ 113,407</u>	<u>\$ (73,333)</u>	<u>\$ 5,245,977</u>

The accompanying notes are an integral part of these consolidating financial statements.

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**Vanderbilt University Medical Center**  
**Consolidating Statement of Operations**  
**Year Ended June 30, 2021**

(\$ in thousands)	<b>Obligated Group</b>	<b>Nonobligated Entity</b>	<b>Eliminations</b>	<b>Consolidated</b>
<b>Operating revenues</b>				
Patient service revenue	\$ 4,545,568	\$ 146,246	\$ -	\$ 4,691,814
Academic and research revenue	613,820	791	-	614,611
Other operating revenue	198,001	49,401	(19,198)	228,204
Total operating revenues	<u>5,357,389</u>	<u>196,438</u>	<u>(19,198)</u>	<u>5,534,629</u>
<b>Operating expenses</b>				
Salaries, wages, and benefits	2,736,936	99,608	-	2,836,544
Supplies and drugs	1,195,859	21,117	(773)	1,216,203
Facilities and equipment	283,721	13,149	(122)	296,748
Services and other	749,557	64,033	(18,303)	795,287
Depreciation and amortization	147,977	3,477	-	151,454
Interest	60,400	130	-	60,530
Total operating expenses	<u>5,174,450</u>	<u>201,514</u>	<u>(19,198)</u>	<u>5,356,766</u>
Income from operations	<u>182,939</u>	<u>(5,076)</u>	<u>-</u>	<u>177,863</u>
<b>Nonoperating revenues and expenses</b>				
Income from investments	68,201	-	-	68,201
Gift income	19,104	-	-	19,104
(Losses) earnings of unconsolidated organizations	(683)	8,783	-	8,100
Unrealized gain on interest rate exchange agreements, net of cash settlements	17,372	-	-	17,372
Total nonoperating revenues and expenses	<u>103,994</u>	<u>8,783</u>	<u>-</u>	<u>112,777</u>
Excess of revenues over expense	286,933	3,707	-	290,640
Excess of revenues over expense attributable to noncontrolling interests	-	(6,295)	-	(6,295)
Excess of revenues over expenses attributable to VUMC	<u>\$ 286,933</u>	<u>\$ (2,588)</u>	<u>\$ -</u>	<u>\$ 284,345</u>

The accompanying notes are an integral part of these consolidating financial statements.

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**Vanderbilt University Medical Center**  
**Consolidating Statement of Operations**  
**Year Ended June 30, 2020**

(\$ in thousands)	<b>Obligated Group</b>	<b>Nonobligated Entity</b>	<b>Eliminations</b>	<b>Consolidated</b>
<b>Operating revenues</b>				
Patient service revenue	\$ 3,939,273	\$ 92,447	\$ -	\$ 4,031,720
Academic and research revenue	552,996	(174)	-	552,822
Other operating revenue	272,110	55,375	(26,342)	301,143
Total operating revenues	<u>4,764,379</u>	<u>147,648</u>	<u>(26,342)</u>	<u>4,885,685</u>
<b>Operating expenses</b>				
Salaries, wages, and benefits	2,428,566	67,229	-	2,495,795
Supplies and drugs	1,038,785	8,507	(894)	1,046,398
Facilities and equipment	265,294	8,204	(93)	273,405
Services and other	702,869	62,741	(25,355)	740,255
Depreciation and amortization	124,953	1,701	-	126,654
Interest	60,714	57	-	60,771
Total operating expenses	<u>4,621,181</u>	<u>148,439</u>	<u>(26,342)</u>	<u>4,743,278</u>
Income from operations	<u>143,198</u>	<u>(791)</u>	<u>-</u>	<u>142,407</u>
<b>Nonoperating revenues and expenses</b>				
Income from investments	27,224	-	-	27,224
Gift income	20,702	-	-	20,702
(Losses) earnings of unconsolidated organizations	(1,063)	5,928	-	4,865
Unrealized loss on interest rate exchange agreements, net of cash settlements	<u>(37,152)</u>	<u>-</u>	<u>-</u>	<u>(37,152)</u>
Total nonoperating revenues and expenses	<u>9,711</u>	<u>5,928</u>	<u>-</u>	<u>15,639</u>
Excess of revenues over expense	152,909	5,137	-	158,046
Excess of revenues over expense attributable to noncontrolling interests	<u>-</u>	<u>(4,074)</u>	<u>-</u>	<u>(4,074)</u>
Excess of revenues over expenses attributable to VUMC	<u>\$ 152,909</u>	<u>\$ 1,063</u>	<u>\$ -</u>	<u>\$ 153,972</u>

The accompanying notes are an integral part of these consolidating financial statements.



**1. Basis of Presentation**

As discussed in Note 11, Long-Term Debt, each of the bonds and notes comprising the Series Debt represent separate obligations under an MTI structure. All debt issued under the MTI are general obligations of the obligated group, which, for purposes of the preceding consolidating financial statements comprises VUMC and its affiliates, as described in Note 1, Description of Organization, except for VHS, HPS, NashBio, VTHH, VBCH, and VMH, which are nonobligated entities.

The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and the results of operations of the individual companies.

The accompanying notes are an integral part of these consolidating financial statements.

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