

# Public Inspection Copy

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>A</b> For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017																									
<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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>VANDERBILT UNIVERSITY MEDICAL CENTER</b></td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><b>1161 21ST AVE S., SUITE D3300 MCN</b></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> </tr> <tr> <td colspan="2"><b>NASHVILLE, TN 37232</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>JEFFREY R. BALSER, MD, PHD</b></td> </tr> <tr> <td colspan="2"><b>SAME AS C ABOVE</b></td> </tr> <tr> <td colspan="2"><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>H(c)</b> Group exemption number ▶</td> </tr> </table>	<b>C</b> Name of organization <b>VANDERBILT UNIVERSITY MEDICAL CENTER</b>		Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>1161 21ST AVE S., SUITE D3300 MCN</b>		City or town, state or province, country, and ZIP or foreign postal code		<b>NASHVILLE, TN 37232</b>		<b>F</b> Name and address of principal officer: <b>JEFFREY R. BALSER, MD, PHD</b>		<b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "No," attach a list. (see instructions)		<b>H(c)</b> Group exemption number ▶	
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																									
<b>J</b> Website: ▶ <b>WWW.VUMC.ORG</b>																									
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶																									
<b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>TN</b>																									

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O, FORM 990, PART III, LINE 1</u>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> <span style="float: right;">11</span>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> <span style="float: right;">10</span>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . . <b>5</b> <span style="float: right;">24,567</span>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . . <b>6</b> <span style="float: right;">1,381</span>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> <span style="float: right;">21,723,227</span>
<b>b</b>	Net unrelated business taxable income from Form 990-I, line 34 . . . . . <b>7b</b> <span style="float: right;">(8,261)</span>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . . <b>47,625,339</b> <span style="float: right;">302,808,739</span>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . . <b>579,202,171</b> <span style="float: right;">3,608,520,465</span>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>2,086,682</b> <span style="float: right;">21,250,369</span>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . <b>934,801</b> <span style="float: right;">5,609,895</span>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>629,848,993</b> <span style="float: right;">3,938,189,468</span>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <b>10,479,753</b> <span style="float: right;">79,456,591</span>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>312,797,502</b> <span style="float: right;">2,035,260,271</span>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>0</b> <span style="float: right;">92,802</span>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>9,238,239</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>9,238,239</b>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . <b>268,615,443</b> <span style="float: right;">1,621,217,366</span>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <b>591,892,698</b> <span style="float: right;">3,736,027,030</span>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . . <b>37,956,295</b> <span style="float: right;">202,162,438</span>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . . <b>2,518,986,311</b> <span style="float: right;">2,801,330,205</span>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . . <b>1,975,809,474</b> <span style="float: right;">2,000,428,282</span>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . . <b>543,176,837</b> <span style="float: right;">800,901,923</span>

### Part II Signature Block

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

<b>Sign Here</b>		Date <b>4/20/18</b>
	<b>CECELIA B. MOORE, CFO &amp; TREASURER</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GWEN SPENCER</b>	Preparer's signature 	Date <b>04/06/2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00641463</b>
	Firm's name ▶ <b>PRICEWATERHOUSECOOPERS, LLP</b>			Firm's EIN ▶ <b>13-4008324</b>	
	Firm's address ▶ <b>101 SEAPORT BOULEVARD, BOSTON, MA 02210</b>			Phone no. <b>(617) 530-5000</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O FORM 990, PART III, LINE 1

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,460,193,483 including grants of \$ 15,384,399 ) (Revenue \$ 3,335,319,149 )  
PATIENT SERVICES - SEE SCHEDULE O FORM 990, PART III, LINE 4A

**4b** (Code: ) (Expenses \$ 616,788,119 including grants of \$ 64,072,192 ) (Revenue \$ 111,009,444 )  
ACADEMIC AND SCIENTIFIC RESEARCH - SEE SCHEDULE O FORM 990, PART III, LINE 4B

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 29,619,356 including grants of \$ 0 ) (Revenue \$ 166,102,631 )

**4e** Total program service expenses 3,106,600,958

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



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## Part IV Checklist of Required Schedules (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check 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> 1,442		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 24,567		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	✓	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓	
<b>b</b> If "Yes," enter the name of the foreign country: ► MZ . . . . . See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 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 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 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 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 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 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 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

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Form 990 (2016)

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

## Section A. Governing Body and Management

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

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

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

## Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

Form **990** (2016)

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY R. BALSER, MD, PHD PRESIDENT AND CEO	40.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				2,802,010	0	141,262
(2) EDITH SCOTT CARELL JOHNSON, JD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(3) RICHARD B. JOHNSTON, JR., MD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(4) SAMUEL E. LYNCH, DMD, DMSC DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(5) BRUCE R. EVANS, MBA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(6) MICHAEL M. E. JOHNS, MD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(7) THOMAS J. SHERRARD, III, JD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(8) JOHN F. STEIN, MBA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(9) NICHOLAS S. ZEPPOS, JD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(10) JACKSON W. MOORE, JD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(11) DAVID W. PATTERSON, MD DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(12) JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	40.0			<input checked="" type="checkbox"/>				892,717	0	55,344
(13) CECILIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	39.8 0.2			<input checked="" type="checkbox"/>				652,615	0	55,321
(14) C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF CLINICAL OFFICER	40.0			<input checked="" type="checkbox"/>				1,864,464	0	93,190

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	40.0			✓				417,789	0	49,576
(16) CHARLES L. GREGORY, MA, MBA, MH CEO, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	40.0				✓			472,004	0	43,237
(17) WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	40.0				✓			607,409	0	9,951
(18) TRACI K. NORDBERG, JD CHIEF HR OFFICER	40.0				✓			436,013	0	36,720
(19) DAVID R. POSCH EXECUTIVE VICE PRESIDENT FOR POPULATION HEALTH	38.8 1.2				✓			570,033	0	10,870
(20) DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	40.0				✓			674,220	0	54,212
(21) MITCHELL C. EDGEWORTH, MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	40.0				✓			459,421	0	42,583
(22) CLINTON J. DEVIN, MD COMPREHENSIVE SPINE CENTER - ASSOC PROFESSOR	40.0					✓		1,008,111	0	3,874
(23) LLOYD G. KING, MD GI ADMINISTRATION - ASST PROFESSOR	39.9 0.1					✓		764,186	0	10,514
(24) JOHN W. KLEKAMP, MD VBJ FACULTY - ASST PROFESSOR	40.0					✓		762,329	0	13,307
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								12,383,321	0	619,961
<b>c Total from continuation sheets to Part VII, Section A</b>								1,879,296	0	29,669
<b>d Total (add lines 1b and 1c)</b>								14,262,617	0	649,630

**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 **1,465**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or 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	102,728,216
DELOITTE CONSULTING LLP, 30 ROCKEFELLER PLAZA, NEW YORK, NY 10112	PROFESSIONAL SERVICES	7,761,993
TURNER UNIVERSAL CONSTRUCTION CO, 624 GRASSMERE PARK #4, NASHVILLE, TN 37211	CONSTRUCTION SERVICES	6,760,990
FROST-ARNETT COMPANY, 2105 ELM HILL PIKE, NASHVILLE, TN 37210	FINANCIAL SERVICES	3,878,643
NORTH HIGHLAND COMPANY, 5105 MARYLAND WAY # 200, BRENTWOOD, TN 37027	PROFESSIONAL SERVICES	3,854,665

**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 **242**



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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,124,319			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	235,441,610			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	66,242,810			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		2,074,529			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		302,808,739			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	NET PATIENT SERVICE REVENUE	622110	3,335,319,149	3,332,870,955	2,448,194	
	<b>b</b>	ACADEMIC AND RESEARCH REVENUE	611310	111,009,444	111,009,444		
	<b>c</b>	OTHER PROGRAM REVENUE	611310	162,191,872	142,916,367	19,275,505	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .		0	0	0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		3,608,520,465			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		21,250,369			21,250,369
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .		853,317			853,317
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
				784,515			
				74,994			
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)		709,521	0		
	<b>d</b>	Net rental income or (loss) . . . . .		709,521			709,521
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .		0	0		
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,124,319 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	370,365			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	233,595			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		136,770			136,770
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b>	REVENUE FROM UNCONSOLIDATED ORGS	900099	3,910,287	3,910,759	(472)		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		3,910,287				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		3,938,189,468	3,590,707,525	21,723,227	22,949,977	

**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 . . . . .	56,362,300	56,362,300		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	20,573,873	20,573,873		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	2,520,418	2,520,418		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	14,241,196	1,441,441	12,269,555	530,200
<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) . . . . .	31,297	31,297		
<b>7</b> Other salaries and wages . . . . .	1,644,398,842	1,443,663,825	195,940,582	4,794,435
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	56,563,820	40,103,437	16,094,025	366,358
<b>9</b> Other employee benefits . . . . .	212,395,693	179,912,643	31,760,077	722,973
<b>10</b> Payroll taxes . . . . .	107,629,423	98,978,796	8,458,091	192,536
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	2,917,104	1,372,377	1,544,727	
<b>b</b> Legal . . . . .	17,771,320	1,469,653	16,301,667	
<b>c</b> Accounting . . . . .	1,409,435	2,749	1,406,686	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	92,802			92,802
<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.) . . . . .	361,954,173	129,483,857	232,253,013	217,303
<b>12</b> Advertising and promotion . . . . .	10,198,823	2,679,947	7,494,185	24,691
<b>13</b> Office expenses . . . . .	92,060,824	71,278,492	19,695,350	1,086,982
<b>14</b> Information technology . . . . .	59,602,944	20,608,940	38,939,857	54,147
<b>15</b> Royalties . . . . .	8,794	8,794		
<b>16</b> Occupancy . . . . .	220,430,117	203,796,724	15,915,977	717,416
<b>17</b> Travel . . . . .	18,359,273	15,948,878	2,300,438	109,957
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	11,868,191	10,301,896	1,530,556	35,739
<b>20</b> Interest . . . . .	55,955,845	55,153,500	802,345	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	90,316,965	78,996,088	11,320,877	
<b>23</b> Insurance . . . . .	10,840,978	10,840,143		835
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>PROVISION FOR BAD DEBTS</u> . . . . .	1,073,752	1,073,752		
<b>b</b> <u>OTHER ACADEMIC AND RESEARCH</u> . . . . .	9,196,723	5,447,645	3,573,261	175,817
<b>c</b> <u>TAXES</u> . . . . .	2,016,907	2,008,743	8,164	
<b>d</b> <u>DRUGS AND MEDICAL SUPPLIES</u> . . . . .	640,873,063	640,283,950	589,113	
<b>e</b> All other expenses . . . . .	14,362,135	12,256,800	1,989,287	116,048
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	3,736,027,030	3,106,600,958	620,187,833	9,238,239
<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 . . . . .	44,428,034	<b>1</b>	43,465,820
	<b>2</b> Savings and temporary cash investments . . . . .	575,033,726	<b>2</b>	510,269,465
	<b>3</b> Pledges and grants receivable, net . . . . .	74,676,143	<b>3</b>	84,304,594
	<b>4</b> Accounts receivable, net . . . . .	424,761,364	<b>4</b>	447,731,680
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	3,785,198	<b>7</b>	275,133
	<b>8</b> Inventories for sale or use . . . . .	61,925,281	<b>8</b>	67,478,430
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,553,454	<b>9</b>	6,888,179
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,323,674,873		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 103,907,140	<b>10c</b>	1,219,767,733
	<b>11</b> Investments—publicly traded securities . . . . .	173,988,522	<b>11</b>	398,102,347
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	19,028,218	<b>12</b>	20,183,704
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,690,029	<b>15</b>	2,863,120
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,518,986,311	<b>16</b>	2,801,330,205	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	549,097,680	<b>17</b>	588,379,289
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	44,613,465	<b>19</b>	50,047,272
	<b>20</b> Tax-exempt bond liabilities . . . . .	529,860,935	<b>20</b>	528,375,952
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	647,059,236	<b>23</b>	647,418,477
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	14,975,798	<b>24</b>	22,273,292
	<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 . . . . .	190,202,360	<b>25</b>	163,934,000
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,975,809,474	<b>26</b>	2,000,428,282
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	509,422,667	<b>27</b>	713,978,991
	<b>28</b> Temporarily restricted net assets . . . . .	26,985,163	<b>28</b>	69,058,166
	<b>29</b> Permanently restricted net assets . . . . .	6,769,007	<b>29</b>	17,864,766
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	543,176,837	<b>33</b>	800,901,923
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,518,986,311	<b>34</b>	2,801,330,205

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**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>	3,938,189,468
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,736,027,030
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	202,162,438
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	543,176,837
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	24,332,758
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	31,229,890
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	800,901,923

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

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

Form **990** (2016)



# Public Inspection 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) PAUL J. STERNBERG, JR., MD ----- CMO & VP CLINICAL AFFAIRS	40.0 -----					✓		805,815	0	15,775
(26) PAUL A. THOMAS, MD ----- VBJ FACULTY - ASSOC PROFESSOR	40.0 -----					✓		1,073,481	0	13,894

SCHEDULE A  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

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 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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) 2016

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .				47,625,339	302,808,739	350,434,078
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	47,625,339	302,808,739	350,434,078
<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						350,434,078

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	47,625,339	302,808,739	350,434,078
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .				2,162,150	22,888,201	25,050,351
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	800,563	5,034,606	5,835,169
<b>11 Total support.</b> Add lines 7 through 10						381,319,598
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	4,187,722,636
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input checked="" type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2016.</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—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33<sup>1</sup>/<sub>3</sub>% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33<sup>1</sup>/<sub>3</sub>% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 <sup>1</sup> / <sub>3</sub> %, and line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		
7	<b>Total annual distributions.</b> Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013 . . . . .			
d	From 2014 . . . . .			
e	From 2015 . . . . .			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013 . . . . .			
c	Excess from 2014 . . . . .			
d	Excess from 2015 . . . . .			
e	Excess from 2016 . . . . .			

Schedule A (Form 990 or 990-EZ) 2016



# Public Inspection Copy

## Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 -	THE AMOUNT REPORTED ON LINE 10 IS COMPRISED OF GROSS FUNDRAISING REVENUE OF \$1,124,319 AND REVENUE FROM UNCONSOLIDATED ORGANIZATIONS OF \$3,910,287.

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Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	UNCONSOLIDATED ORGS AND FUNDRAISING				800,563	5,034,606	5,835,169
	Total	0	0	0	800,563	5,034,606	5,835,169

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

**2016**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

VANDERBILT UNIVERSITY MEDICAL CENTER

**Employer identification number**

35-2528741

**Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

# Public Inspection Copy

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page **2**

<b>Name of organization</b> VANDERBILT UNIVERSITY MEDICAL CENTER	<b>Employer identification number</b> 35-2528741
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,580,243	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
			<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)



# Public Inspection Copy

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page **3**

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

# Public Inspection Copy

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page **4**

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part III**

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

**SCHEDULE C**  
**(Form 990 or 990-EZ)****Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

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

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

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

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

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

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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) 2016

# Public Inspection Copy

**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 (grass roots lobbying) . . . . .	0													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	312,352													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	312,352													
<b>d</b>	Other exempt purpose expenditures . . . . .	3,713,998,115													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	3,714,310,467													
<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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount			1,000,000	1,000,000	2,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000
<b>c</b> Total lobbying expenditures			57,062	312,352	369,414
<b>d</b> Grassroots nontaxable amount			250,000	250,000	500,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000
<b>f</b> Grassroots lobbying expenditures			0	0	0

**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.

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# Public Inspection Copy

## SCHEDULE D (Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public  
Inspection

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

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

### Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$ 6,347
(ii) Assets included in Form 990, Part X . . . . .	▶ \$ 687,121
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
b Assets included in Form 990, Part X . . . . .	▶ \$

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

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

- a** ☒ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	79,924,377	0	0	0	0
<b>b</b> Contributions	9,448,193	78,782,338			
<b>c</b> Net investment earnings, gains, and losses	10,708,634	1,142,039			
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,414,846				
<b>f</b> Administrative expenses	43,331				
<b>g</b> End of year balance	97,623,027	79,924,377	0	0	0

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

- a** Board designated or quasi-endowment ▶ 88.73 %  
**b** Permanent endowment ▶ 7.72 %  
**c** Temporarily restricted endowment ▶ 3.55 %

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

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

	Yes	No
<b>(i)</b> unrelated organizations	<b>3a(i)</b>	✓
<b>(ii)</b> related organizations	<b>3a(ii)</b>	✓
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

**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		27,762,014		27,762,014
<b>b</b> Buildings		841,264,382	79,532,915	761,731,467
<b>c</b> Leasehold improvements		52,464,239	4,959,903	47,504,336
<b>d</b> Equipment		205,356,623	19,414,322	185,942,301
<b>e</b> Other		196,827,615	0	196,827,615
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,219,767,733

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) NOTE PAYABLE TO RELATED ORGANIZATION	94,583,333	
(3) FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	65,202,935	
(4) TENANT IMPROVEMENT ALLOWANCES	2,700,210	
(5) CAPITAL LEASES	1,447,522	
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	163,934,000	

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

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**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 Inspection 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)****Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**

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

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> CENTRAL AMERICA AND THE CARIBBEAN	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	3,758
<b>(2)</b> EAST ASIA AND THE PACIFIC	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	48,684
<b>(3)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	299,629
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	720
<b>(5)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	160,689
<b>(6)</b> SOUTH AMERICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	13,620
<b>(7)</b> SOUTH ASIA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	17,110
<b>(8)</b> SUB-SAHARAN AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	51,781
<b>(9)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING	N/A	52,218
<b>(10)</b> EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING	N/A	261,122
<b>(11)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING	N/A	245,380
<b>(12)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING	N/A	126,750
<b>(13)</b> SOUTH AMERICA	0	5	GRANTMAKING	N/A	1,016,901
<b>(14)</b> SOUTH ASIA	0	0	GRANTMAKING	N/A	27,641
<b>(15)</b> SUB-SAHARAN AFRICA	0	6	GRANTMAKING	N/A	790,407
<b>(16)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	72,280
<b>(17)</b> (SEE STATEMENT)					
<b>3a</b> Sub-total . . . . .	0	13			3,188,690
<b>b</b> Total from continuation sheets to Part I . . . . .	2	1,171			22,119,543
<b>c Totals</b> (add lines 3a and 3b)	2	1,184			25,308,233

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

Cat. No. 50082W

Schedule F (Form 990) 2016

# Public Inspection Copy

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA AND THE PACIFIC	RESEARCH	91,371	CHECK		N/A	N/A
(2)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	54,000	CHECK		N/A	N/A
(3)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	44,385	CHECK		N/A	N/A
(4)			SUB-SAHARAN AFRICA	RESEARCH	28,017	CHECK		N/A	N/A
(5)			SUB-SAHARAN AFRICA	RESEARCH	24,317	CHECK		N/A	N/A
(6)			EAST ASIA AND THE PACIFIC	RESEARCH	27,994	CHECK		N/A	N/A
(7)			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	12,482	CHECK		N/A	N/A
(8)			EAST ASIA AND THE PACIFIC	RESEARCH	39,574	CHECK		N/A	N/A
(9)			SUB-SAHARAN AFRICA	RESEARCH	374,381	WIRE		N/A	N/A
(10)			EAST ASIA AND THE PACIFIC	RESEARCH	43,728	WIRE		N/A	N/A
(11)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	242,080	WIRE		N/A	N/A
(12)			SUB-SAHARAN AFRICA	RESEARCH	104,348	WIRE		N/A	N/A
(13)			SOUTH AMERICA	RESEARCH	507,011	WIRE		N/A	N/A
(14)			SUB-SAHARAN AFRICA	RESEARCH	24,159	WIRE		N/A	N/A
(15)			SOUTH AMERICA	RESEARCH	75,900	WIRE		N/A	N/A
(16)			(SEE STATEMENT)						

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **27**
- 3 Enter total number of other organizations or entities . . . . . **4**

# Public Inspection 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)							

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2016

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.

(SEE STATEMENT)



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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	102,417
(18) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	164,748
(19) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	2,144
(20) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	45,265
(21) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	4,350
(22) SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	67,795
(23) SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	5,162
(24) SUB-SAHARAN AFRICA	2	1,171	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	21,727,662

**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)		CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	52,218	WIRE		N/A	N/A
(17)		SUB-SAHARAN AFRICA	GENERAL	45,979	WIRE		N/A	N/A
(18)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	11,053	WIRE		N/A	N/A
(19)		SOUTH ASIA	RESEARCH	5,531	WIRE		N/A	N/A
(20)		SUB-SAHARAN AFRICA	RESEARCH	8,842	WIRE		N/A	N/A
(21)		EAST ASIA AND THE PACIFIC	RESEARCH	23,455	WIRE		N/A	N/A
(22)		SUB-SAHARAN AFRICA	RESEARCH	35,954	WIRE		N/A	N/A
(23)		SOUTH ASIA	RESEARCH	22,110	WIRE		N/A	N/A
(24)		SUB-SAHARAN AFRICA	RESEARCH	10,415	WIRE		N/A	N/A
(25)		SOUTH AMERICA	RESEARCH	70,015	WIRE		N/A	N/A
(26)		SOUTH AMERICA	RESEARCH	327,605	WIRE		N/A	N/A
(27)		SOUTH AMERICA	RESEARCH	32,050	WIRE		N/A	N/A
(28)		SUB-SAHARAN AFRICA	RESEARCH	15,500	WIRE		N/A	N/A
(29)		SUB-SAHARAN AFRICA	RESEARCH	9,500	WIRE		N/A	N/A
(30)		SUB-SAHARAN AFRICA	RESEARCH	99,340	WIRE		N/A	N/A
(31)		EAST ASIA AND THE PACIFIC	RESEARCH	30,000	WIRE		N/A	N/A

## Part V

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

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

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016****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> GRENZBACH GLIER AND ASSOCIATES 401 N. MICHIGAN AVE., CHICAGO, IL 60611	CONSULTING		✓		27,000	
<b>2</b> CCL BRANDING, INC. 300 S LIBERTY ST., STE 100, WINSTON-SALEM, NC 27101	CONSULTING		✓		46,842	
<b>3</b> HELLER CONSULTING, INC. 1736 FRANKLIN STREET, SUITE 600, OAKLAND, CA 94612	CONSULTING		✓		18,960	
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> ▶				0	92,802	0

- 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, 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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**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 <b>BEHIND THE MUSIC</b> (event type)	(b) Event #2 <b>FRIENDS IN FASHION</b> (event type)	(c) Other events <b>13</b> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	327,899	236,615	930,170	1,494,684
	<b>2</b> Less: Contributions . . . . .	297,164	151,594	675,561	1,124,319
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	30,735	85,021	254,609	370,365
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .		24,000		24,000
	<b>7</b> Food and beverages . . . . .	49,995	8,583	25,867	84,445
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	1,149	9,613	114,388	125,150
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				233,595
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				136,770

**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: \_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity conducted in:

- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Schedule G (Form 990 or 990-EZ) 2016



**SCHEDULE H**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Hospitals**

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**

► **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016****Open to Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35

2528741

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? . . . . .	<input checked="" type="checkbox"/>	
<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 _____%	<input checked="" type="checkbox"/>	
<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 _____%	<input checked="" type="checkbox"/>	
<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"? . . . . .	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	<input checked="" type="checkbox"/>	

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) . . . . .			71,485,591	0	71,485,591	1.91
<b>b</b> Medicaid (from Worksheet 3, column a)			580,277,637	455,940,406	124,337,231	3.32
<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	651,763,228	455,940,406	195,822,822	5.23
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			11,586,518	3,602,725	7,983,793	0.21
<b>f</b> Health professions education (from Worksheet 5) . . . . .			186,214,764	53,493,496	132,721,268	3.54
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .					0	0.00
<b>h</b> Research (from Worksheet 7) . . . . .			577,158,220	435,642,550	141,515,670	3.78
<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	774,959,502	492,738,771	282,220,731	7.53
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	1,426,722,730	948,679,177	478,043,553	12.76

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

Cat. No. 50192T

Schedule H (Form 990) 2016

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

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

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

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	✓	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2	30,212,908	
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	455,176	
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	433,887,070
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	539,313,943
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(105,426,873)
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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

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## Part IV

### Management Companies and Joint Ventures

(a) Name of Entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(3) Physicians' profit % or stock ownership %
Ambulatory Surgery Center of Cool Springs, LLC	Ambulatory Surgery Center	51.02	0.00	13.26
Vanderbilt Imaging Services, LLC	Radiology Services	66.67	0.00	33.33
New Light Imaging, LLC	Outpatient Diagnostic Imaging	66.67	0.00	33.33
One Hundred Oaks Imaging, LLC	Outpatient Diagnostic Imaging	80.00	0.00	20.00
Williamson Imaging, LLC	Outpatient Diagnostic Imaging	53.34	0.00	26.66
VIP Midsouth, LLC	Pediatric Clinics	45.18	0.00	54.82
Springfield VIP Realty, LLC	Own Real Estate Used as Medical Facility	49.00	0.00	51.00



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

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

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

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

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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 LEP populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

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

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

**Policy Relating to Emergency Medical Care**

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



**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, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	<p>ON APRIL 29, 2016, THE ASSETS AND OPERATIONS OF VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS (STATE LICENSE 0000000027), PREVIOUSLY OPERATED AS A UNIT OF VANDERBILT UNIVERSITY, WERE ACQUIRED BY VANDERBILT UNIVERSITY MEDICAL CENTER (EIN: 35-2528741), A NEWLY FORMED SEPARATE NOT-FOR-PROFIT CORPORATION.</p> <p>SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.</p>
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	<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, WAS OBTAINED THROUGH FACE-TO-FACE INTERVIEWS AND VIA COMMUNITY FOCUS GROUPS DURING VUMC'S FISCAL YEAR 2016.</p> <p>VUMC IDENTIFIED LEADERS FROM PUBLIC HEALTH, GOVERNMENT, EDUCATION, THE FAITH COMMUNITY, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS, AND ACADEMIA, AMONG OTHERS AS INTERVIEWEES. INTERVIEWEES WERE IDENTIFIED IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN EACH COUNTY AND WERE SELECTED BASED ON THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE COMMUNITY AND UNDERSERVED POPULATIONS. INTERVIEWEES ALSO INCLUDED HEALTH DEPARTMENT DIRECTORS FROM THE COMMUNITY SERVED, COMMUNITY PHYSICIANS, PUBLIC HEALTH RESEARCHERS, AND COMMUNITY BASED ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH. IN ALL, 81 COMMUNITY LEADERS WERE INTERVIEWED, WITH PARTICULAR ATTENTION TO UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.</p> <p>TO UNDERSTAND COMMUNITY MEMBERS' OPINIONS OF HEALTH NEEDS, ELEVEN FOCUS GROUPS WERE CONDUCTED ACROSS THE THREE COUNTIES THAT PRIMARILY REPRESENT THE COMMUNITY SERVED. THE FOCUS GROUPS WERE HELD IN COLLABORATION WITH THE UNITED WAY OF METROPOLITAN NASHVILLE, AS WELL AS COUNTY HEALTH DEPARTMENTS. IN DAVIDSON COUNTY, SESSIONS WERE HELD AT UNITED WAY FAMILY RESOURCE CENTERS (FRCS), WHICH ARE SUPPORTED BY UNITED WAY OF METROPOLITAN NASHVILLE AND SERVE 32,000 LOW-INCOME RESIDENTS ANNUALLY. UNITED WAY OF METROPOLITAN NASHVILLE RECRUITED PARTICIPANTS IN PARTNERSHIP WITH THE FRCS AND VUMC. ENGLISH AND SPANISH SPEAKERS WERE INCLUDED IN LISTENING SESSIONS IN EACH COUNTY.</p>
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: 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
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENTLY CONDUCTED CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE - ALPHABETICALLY - 1) ACCESS TO CARE AND COORDINATION OF CARE, 2) MENTAL AND EMOTIONAL HEALTH / SUBSTANCE ABUSE, 3) SOCIAL DETERMINANTS AND 4) WELLNESS AND DISEASE PREVENTION. VANDERBILT UNIVERSITY MEDICAL CENTER IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2016 IMPLEMENTATION STRATEGY (IS).</p> <p>IN ADDITION, VUMC CONTINUES TO PARTICIPATE IN THE HEALTH COUNCILS FOR EACH COUNTY AND TO FOCUS ON COMMUNITY HEALTH IMPROVEMENT EFFORTS WITH THE HEALTH/WELLNESS COUNCILS OF EACH COUNTY. IN WILLIAMSON COUNTY, VUMC COLLABORATED WITH UNITED WAY OF WILLIAMSON COUNTY, THE TENNESSEE AGRICULTURAL EXTENSION OFFICE, THE WILLIAMSON COUNTY HEALTH DEPARTMENT, AND THE TOWN OF FAIRVIEW TO HOLD A NUMBER OF LISTENING SESSIONS. THESE LISTENING SESSIONS WERE AN ATTEMPT TO HAVE A DEEPER UNDERSTANDING OF SOME OF THE BARRIERS TO HEALTH AND WELLNESS THAT HAD ARISEN IN THE PRIMARY AND SECONDARY DATA COLLECTION DURING THE CHNA PROCESS. THEMES THAT AROSE INCLUDED HIGH CHILDHOOD OBESITY IN FAIRVIEW RELATIVE TO THE REST OF THE COUNTY, AND LACK OF AFFORDABLE OUTDOOR ACTIVITIES FOR FAMILIES WITH CHILDREN. HEARING THESE THEMES INFORMED THE WORK THAT FOLLOWED IN INTRODUCING FREE BIKE RENTALS AT BOWIE PARK, THE INTRODUCTION OF A "BORN LEARNING" TRAIL, AND UPCOMING WORK TO CONNECT BOWIE PARK WITH THE FAIRVIEW BRANCH OF THE PUBLIC LIBRARY. THIS TRAIL WILL CONTAIN A STORY WRITTEN AND ILLUSTRATED BY LOCAL SCHOOL CHILDREN IN EFFORTS TO ENHANCE BOTH CHILD LITERACY AND PHYSICAL ACTIVITY.</p> <p>IN DAVIDSON COUNTY, VUMC IS INVOLVED IN COLLABORATIVES FOCUSED ON THE FOUR PRIORITY NEEDS. THE SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, FOCUSED ON ACCESS TO AND QUALITY OF CARE FOR THE UNINSURED, CONTINUES TO MEET MONTHLY AT THE MEHARRY-VANDERBILT ALLIANCE AND LAUNCHED MY HEALTH CARE HOME, A WEB BASED TOOL THAT FACILITATES FINDING AND ACCESSING FEDERALLY QUALIFIED HEALTH CENTERS AND FAITH-BASED AND CHARITABLE CLINICS THAT SERVE THE UNDER/UNINSURED. VUMC COLLABORATED WITH THE METRO PUBLIC HEALTH DEPARTMENT AND NASHVILLE HEALTH IN THE INFANT VITALITY COLLABORATIVE, FOCUSED ON IMPROVING OUTCOMES FOR NEWBORNS, TODDLERS, AND FAMILIES WITH YOUNG CHILDREN. THE INFANT VITALITY INITIATIVE SEEKS TO ELIMINATE DISPARITIES IN BIRTH OUTCOMES, WHILE BRINGING TOGETHER CROSS-SECTOR COLLABORATIONS THAT CAN HAVE A MEANINGFUL IMPACT ON OUTCOMES FOR ALL FAMILIES. VUMC ALSO SERVES ON THE ALIGNMENT NASHVILLE BEHAVIORAL HEALTH COUNCIL AND HELPED ORGANIZE THE STATE-WIDE SOCIAL EMOTIONAL LEARNING CONFERENCE, WHICH WAS ATTENDED BY OVER 700 EDUCATORS AND CARE PROVIDERS FOR CHILDREN FROM ACROSS THE SOUTHEAST.</p> <p>IN RUTHERFORD COUNTY, VUMC COLLABORATED WITH THE COUNTY HEALTH DEPARTMENT AND RUTHERFORD COUNTY WELLNESS COUNCIL TO DISTRIBUTE MINI-GRANTS TO SEVENTEEN COMMUNITY ORGANIZATIONS WHICH WERE ENGAGED IN PROGRAMS ADDRESSING THE NEEDS ADOPTED IN THE CHNA. GRANTEES INCLUDED THE BIG BROTHERS &amp; BIG SISTERS OF MIDDLE TENNESSEE, SALVATION ARMY, THE COUNTY BOARD OF EDUCATION OFFICE OF COORDINATED SCHOOL HEALTH, INTERFAITH DENTAL CLINIC, NURSES FOR NEWBORNS, AND MURFREESBORO CITY SCHOOLS AMONG MANY OTHERS. PROGRAMS SUCH AS HOWARDS HOPE ADDRESSED "WELLNESS" NEEDS BY HELPING YOUNG UNDER-SERVED CHILDREN LEARN SWIMMING SKILLS. MURFREESBORO CITY SCHOOLS RAN A "CHEF ACADEMY" WHICH TEACHES HEALTHY NUTRITION AND FOOD PREPARATION TECHNIQUES TO SCHOOL-AGED CHILDREN. THE BOYS AND GIRLS CLUB OF RUTHERFORD COUNTY RAN PROGRAMS TO ADDRESS MENTAL HEALTH / SUBSTANCE ABUSE BY TEACHING TEENS ABOUT SUBSTANCE AND TOBACCO USE AND ABUSE.</p> <p>VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM ADDRESSED A MEETING OF THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES' COMMUNITY YOUTH INITIATIVE. THE DATA AND RESOURCES WERE SHARED AGAIN BY THE DIRECTOR OF RUTHERFORD COUNTY SCHOOLS IN A SEPARATE PRESENTATION TO SCHOOL LEADERS. MEMBERS OF THE COMMUNITY HEALTH IMPROVEMENT TEAM PRESENTED LOCAL DATA ON SUBSTANCE ABUSE AND MENTAL HEALTH TO THE PREVENTION COALITION FOR SUCCESS, ONE OF THE LARGEST AND LONGEST RUNNING ANTI-DRUG COALITIONS IN THE STATE OF TENNESSEE. VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM PRESENTED INFORMATION ON THE FOUR PRIORITY NEEDS AND DATA FROM THE CHNA TO UNITED WAYS OF RUTHERFORD AND CANNON COUNTIES' COMMUNITY IMPACT COMMITTEE.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.vanderbilthealth.com/financialassistance/46618">HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46618</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="http://www.vanderbilthealth.com/financialassistance/46619">HTTP://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/46619</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="http://www.vanderbilthealth.com/financialassistance/">HTTP://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY</p>	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE ORGANIZATION'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VUMC HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>

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

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

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

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

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

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

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

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

**Policy Relating to Emergency Medical Care**

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

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## Part V Facility Information *(continued)*

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

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

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

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## Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 2 - ACQUIRED OR PLACED IN SERVICE AS A TAX EXEMPT HOSPITAL	ON APRIL 29, 2016, 50% OWNERSHIP OF VANDERBILT STALLWORTH REHABILITATION HOSPITAL (STATE LICENSE 0000000141) WAS ACQUIRED BY VANDERBILT UNIVERSITY MEDICAL CENTER, A NEWLY FORMED SEPARATE NOT-FOR-PROFIT CORPORATION.  SEE SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.
SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED	FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL  DESCRIPTION: INPUT FROM PERSONS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH EXPERTISE IN PUBLIC HEALTH, WAS OBTAINED THROUGH FACE-TO-FACE INTERVIEWS AND VIA COMMUNITY FOCUS GROUPS DURING VUMC'S FISCAL YEAR 2016.  VUMC IDENTIFIED LEADERS FROM PUBLIC HEALTH, GOVERNMENT, EDUCATION, THE FAITH COMMUNITY, PRIVATE FOUNDATIONS, COMMUNITY ORGANIZATIONS, AND ACADEMIA, AMONG OTHERS AS INTERVIEWEES. INTERVIEWEES WERE IDENTIFIED IN COLLABORATION WITH LOCAL HEALTH DEPARTMENTS IN EACH COUNTY AND WERE SELECTED BASED ON THEIR UNDERSTANDING OF THE BROAD INTERESTS OF THE COMMUNITY AND UNDERSERVED POPULATIONS. INTERVIEWEES ALSO INCLUDED HEALTH DEPARTMENT DIRECTORS FROM THE COMMUNITY SERVED, COMMUNITY PHYSICIANS, PUBLIC HEALTH RESEARCHERS, AND COMMUNITY BASED ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH. IN ALL, 81 COMMUNITY LEADERS WERE INTERVIEWED, WITH PARTICULAR ATTENTION TO UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.  TO UNDERSTAND COMMUNITY MEMBERS' OPINIONS OF HEALTH NEEDS, ELEVEN FOCUS GROUPS WERE CONDUCTED ACROSS THE THREE COUNTIES THAT PRIMARILY REPRESENT THE COMMUNITY SERVED. THE FOCUS GROUPS WERE HELD IN COLLABORATION WITH THE UNITED WAY OF METROPOLITAN NASHVILLE, AS WELL AS COUNTY HEALTH DEPARTMENTS. IN DAVIDSON COUNTY, SESSIONS WERE HELD AT UNITED WAY FAMILY RESOURCE CENTERS (FRCS), WHICH ARE SUPPORTED BY UNITED WAY OF METROPOLITAN NASHVILLE AND SERVE 32,000 LOW-INCOME RESIDENTS ANNUALLY. UNITED WAY OF METROPOLITAN NASHVILLE RECRUITED PARTICIPANTS IN PARTNERSHIP WITH THE FRCS AND VUMC. ENGLISH AND SPANISH SPEAKERS WERE INCLUDED IN LISTENING SESSIONS IN EACH COUNTY.
SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES	FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL  DESCRIPTION: VANDERBILT STALLWORTH REHABILITATION HOSPITAL CONDUCTED A HEALTH NEEDS ASSESSMENT IN PARTNERSHIP WITH ITS AFFILIATED HEALTH SYSTEM, VANDERBILT UNIVERSITY MEDICAL CENTER.
SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)	<a href="http://www.vanderbiltstallworthrehab.com/en/our-approach/committed-to-quality">HTTP://WWW.VANDERBILTSTALLWORTHREHAB.COM/EN/OUR-APPROACH/COMMITTED-TO-QUALITY</a>
SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)	<a href="http://www.vanderbiltstallworthrehab.com/en/our-approach/committed-to-quality">HTTP://WWW.VANDERBILTSTALLWORTHREHAB.COM/EN/OUR-APPROACH/COMMITTED-TO-QUALITY</a>

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SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: VANDERBILT STALLWORTH REHABILITATION HOSPITAL ("STALLWORTH") IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENTLY CONDUCTED CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE - ALPHABETICALLY - 1) ACCESS TO CARE AND COORDINATION OF CARE, 2) MENTAL AND EMOTIONAL HEALTH / SUBSTANCE ABUSE, 3) SOCIAL DETERMINANTS AND 4) WELLNESS AND DISEASE PREVENTION. VANDERBILT STALLWORTH REHABILITATION HOSPITAL IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2016 IMPLEMENTATION STRATEGY (IS).</p> <p>STALLWORTH HOLDS MONTHLY GRAND ROUNDS FOR MEMBERS OF THE MEDICAL COMMUNITY TO DISCUSS TOPICS THAT HAVE AN IMPACT ON REHABILITATION AND POST-ACUTE CARE. IN ADDITION, STALLWORTH OFFERS A NUMBER OF SUPPORT GROUPS AND EDUCATIONAL CLASSES FOR PATIENTS AND CAREGIVERS. THE MONTHLY STROKE SUPPORT GROUP AND STROKE EDUCATION CLASSES, WHICH MEET WEEKLY, ARE OPEN TO BOTH PATIENTS AND CAREGIVERS.</p> <p>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. 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.</p> <p>THROUGH ON-GOING PARTNERSHIPS AND ENGAGEMENT OF KEY STAKEHOLDERS, STALLWORTH WILL CONTINUE TO COLLABORATE TO MEET THE NEEDS IDENTIFIED IN THE MOST RECENT NEEDS ASSESSMENT.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	<a href="http://www.vanderbiltstallworthrehab.com/en/patients-and-family/financial-assistance">HTTP://WWW.VANDERBILTSTALLWORTHREHAB.COM/EN/PATIENTS-AND-FAMILY/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	<a href="http://www.vanderbiltstallworthrehab.com/en/patients-and-family/financial-assistance">HTTP://WWW.VANDERBILTSTALLWORTHREHAB.COM/EN/PATIENTS-AND-FAMILY/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	<a href="http://www.vanderbiltstallworthrehab.com/en/patients-and-family/financial-assistance">HTTP://WWW.VANDERBILTSTALLWORTHREHAB.COM/EN/PATIENTS-AND-FAMILY/FINANCIAL-ASSISTANCE</a>
SCHEDULE H, PART V, SECTION B, LINE 16J - OTHER WAYS HOSPITAL PUBLICIZED FINANCIAL ASSISTANCE POLICY	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE AT THE FRONT DESK, IN THE MAIN ELEVATOR TO THE PATIENT CARE UNITS &amp; ALONG THE BACK HALLWAY OF THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

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

Schedule H (Form 990) 2016

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 12

Name and address	
<b>1</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC	AMBULATORY CLINIC
1834 WEST MCEWEN DR, SUITE B	
FRANKLIN, TN 37067	
<b>2</b> VANDERBILT HEALTH & WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES, LLC	AMBULATORY CLINIC
3098 CAMPBELL STATION PKWY	
SPRING HILL, TN 37174	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

Schedule H (Form 990) 2016

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.

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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 38.09%.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	COSTING METHODOLOGY - BAD DEBT EXPENSE: LINES 2 & 3: THE COSTING METHODOLOGY USED TO CALCULATE BAD DEBT EXPENSE REPORTED IN PART III, LINES 2 AND 3 WAS BASED ON AN OVERALL COST-TO-CHARGE RATIO FOR ALL PATIENT POPULATIONS. DISCOUNTS AND PAYMENTS ON ACCOUNTS CONSIDERED AS BAD DEBT OFFSET THE TOTAL BAD DEBT EXPENSE RECORDED.  PROCESS TO DETERMINE AMOUNT OF BAD DEBT ATTRIBUTABLE TO INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE - THE ACCOUNTS THAT HAVE NOT BEEN PAID ARE FIRST REVIEWED UNDER A PRESUMPTIVE CHARITY POLICY. FOR THOSE ACCOUNTS THAT DO NOT MEET PRESUMPTIVE ELIGIBILITY CRITERIA, IT IS ESTIMATED THAT 3% OF THE BALANCES ARE ATTRIBUTABLE TO INDIVIDUALS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE. THIS ESTIMATE IS BASED ON EXPERIENCE OF PATIENT ACCOUNTING MANAGEMENT AS WELL AS A METHODOLOGICAL REVIEW OF OUTSTANDING PATIENT ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE AUDITED FINANCIAL STATEMENTS OF VUMC DISCLOSE THE CONSOLIDATED AMOUNT OF BAD DEBT EXPENSE. THIS INFORMATION IS CONTAINED IN FOOTNOTE 5, PATIENT SERVICE REVENUE, PATIENT ACCOUNTS RECEIVABLE, AND ESTIMATED THIRD-PARTY SETTLEMENTS, ON PAGE 17 OF THE AUDITED FINANCIAL STATEMENTS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	COSTING METHODOLOGY - MEDICARE ALLOWABLE COSTS: THE METHODOLOGY FOR DETERMINING MEDICARE ALLOWABLE COSTS CONSISTED OF APPLYING AN OVERALL HOSPITAL COST-TO-CHARGE RATIO TO GROSS MEDICARE CHARGES FROM THE HOSPITAL BILLING SYSTEM. THE RESULTING SHORTFALL IS ENTIRELY DEEMED AS COMMUNITY BENEFIT BECAUSE THE COST OF PROVIDING RELATED CARE CONSISTENTLY EXCEEDS REIMBURSEMENT FROM MEDICARE.  THE HOSPITAL ACCEPTS ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS AND OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE ORGANIZATION BELIEVES THE MEDICARE SHORTFALL SHOULD BE TREATED AS A COMMUNITY BENEFIT BECAUSE MEDICARE DOES NOT FULLY COMPENSATE HOSPITALS FOR THE COST OF PROVIDING HOSPITAL CARE TO MEDICARE BENEFICIARIES. IN FY17, SUCH SHORTFALLS AMOUNTED TO \$105,426,873.
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 FY17, THE EXTRAORDINARY COLLECTION ACTIONS THAT MAY BE TAKEN, AFTER REASONABLE EFFORTS ARE MADE TO ENSURE A PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE ON THE REMAINING BALANCE, INCLUDE:  - ATTACHMENT OR SEIZURE OF A BANK ACCOUNT OR OTHER PERSONAL PROPERTY  - COMMENCEMENT OF A CIVIL ACTION AGAINST AN INDIVIDUAL  - WAGE GARNISHMENT
SCHEDULE H, PART V, SECTION B, LINE 20 - EXTRAORDINARY COLLECTION ACTIONS	THE VUMC FINANCIAL ASSISTANCE POLICY PERMITS THE USE OF ECAS. HOWEVER, VUMC DID NOT ENGAGE IN ANY ECAS DURING FY2017.  THE STALLWORTH FINANCIAL ASSISTANCE POLICY EXPLICITLY FORBIDS THE USE OF ECAS.

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SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>VUMC CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THE VANDERBILT PATIENT AND FAMILY ADVISORY COUNCIL IS MADE UP OF COMMUNITY VOLUNTEERS WHICH PARTNERS WITH VUMC'S HEALTH CARE TEAM AND LEADERSHIP TO ASSESS NEEDS AND EVALUATE SERVICES AND PROGRAMS. VUMC AND STALLWORTH HAVE ALSO FORMED THE COMMUNITY HEALTH IMPROVEMENT WORKING GROUP, AN INTERNAL COMMITTEE OF PROGRAM MANAGERS WHICH MEETS REGULARLY AND MAKES RECOMMENDATIONS TO THE CHNA ADVISORY COMMITTEE. THE CHNA ADVISORY COMMITTEE IS MADE UP OF VUMC AND STALLWORTH SENIOR LEADERS WHICH MEET TO CONTINUALLY ASSESS THE NEEDS OF THE COMMUNITY AND DRIVE IMPROVEMENTS IN CARE AND PROCESSES FOR THE COMMUNITIES THEY SERVE.</p> <p>VUMC FURTHER ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY PLAYING AN ACTIVE ROLE IN GROUPS SUCH AS THE HEALTHY NASHVILLE LEADERSHIP COUNCIL, WILLIAMSON COUNTY HEALTH COUNCIL, AND THE RUTHERFORD COUNTY WELLNESS COUNCIL. VUMC CAREFULLY REVIEWS THE MANY HEALTH CARE NEEDS ASSESSMENTS PUBLISHED BY THESE LOCAL GROUPS (ALIGNMENT NASHVILLE, SAINT THOMAS HEALTH, NASHVILLE AREA CHAMBER OF COMMERCE, METRO SOCIAL SERVICES, HEALTHY NASHVILLE, AND THE TN DEPARTMENT OF HEALTH, AMONG OTHERS) TO HELP GAUGE THE NEEDS AND RESOURCES WITHIN THE COMMUNITY. IN ADDITION, VUMC HAS DEVELOPED PARTNERSHIPS WITH THE STATE DEPARTMENT OF HEALTH TO STAY ABREAST OF IMPORTANT COMMUNITY HEALTH CARE NEEDS.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>VUMC PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER VUMC'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VUMC HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p> <p>STALLWORTH PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE POSTED AT VARIOUS LOCATIONS WITHIN THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>VANDERBILT UNIVERSITY MEDICAL CENTER, LOCATED IN NASHVILLE, TENNESSEE, SERVES PRIMARILY TENNESSEE, NORTHERN ALABAMA AND SOUTHERN KENTUCKY. VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC (EXCLUDES VANDERBILT HEALTH SERVICES, LLC AND SUBSIDIARIES) HAVE APPROXIMATELY 61,000 ANNUAL DISCHARGES. VUMC ALSO PROVIDES APPROXIMATELY 2.2 MILLION ANNUAL OUTPATIENT VISITS, INCLUDING 123,000 TO THE EMERGENCY DEPARTMENTS. VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS PROVIDE CRITICAL AND OFTEN UNIQUE HEALTH CARE RESOURCES TO THE COMMUNITY AND PROVIDE BROAD ACCESS TO CARE. THE MAJORITY OF VUMC'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES: DAVIDSON, WILLIAMSON, RUTHERFORD AND MONTGOMERY.</p> <p>VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LOCATED IN NASHVILLE, TENNESSEE, SERVES MIDDLE TENNESSEE, SOUTHERN KENTUCKY AND THE NORTHERN PARTS OF MISSISSIPPI, ALABAMA AND GEORGIA. THIS 80-BED HOSPITAL IS A JOINT VENTURE BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND HEALTHSOUTH AND OFFERS COMPREHENSIVE ACUTE REHABILITATION SERVICES. ANNUALLY, VANDERBILT STALLWORTH REHABILITATION HOSPITAL HAS APPROXIMATELY 1,400 DISCHARGES. THE MAJORITY OF STALLWORTH'S PATIENTS LIVE IN FOUR TENNESSEE COUNTIES - DAVIDSON, WILLIAMSON, RUTHERFORD AND MONTGOMERY.</p>
SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>FOR INFORMATION ON HOW VUMC PROMOTES THE HEALTH OF THE COMMUNITY PLEASE SEE:</p> <p>"VANDERBILT UNIVERSITY MEDICAL CENTER FACTS 2016-2017" AS FOUND AT: <a href="https://www.vanderbilthealth.com/patientandvisitorinfo/48538">HTTPS://WWW.VANDERBILT.EDU/CNDR/48538</a></p> <p>"VANDERBILT IN TENNESSEE: COUNTY BY COUNTY" AS FOUND AT: <a href="https://www.vanderbilt.edu/cnegr/map/">HTTPS://WWW.VANDERBILT.EDU/CNDR/48538</a></p> <p>"VANDERBILT INJECTS \$9.5 BILLION INTO TENNESSEE ECONOMY" AS FOUND AT: <a href="https://news.vanderbilt.edu/2017/03/27/vanderbilt-injects-9-5-billion-into-tennessee-economy/">HTTPS://NEWS.VANDERBILT.EDU/2017/03/27/VANDERBILT-INJECTS-9-5-BILLION-INTO-TENNESSEE-ECONOMY/</a></p>

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SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC ALSO HAS OWNERSHIP INTEREST IN SEVERAL AFFILIATED ENTITIES, WHICH PROVIDE CLINICAL SERVICES. VUMC'S HOSPITALS, CLINICS, AND AFFILIATED ENTITIES PROVIDE THE FOLLOWING HEALTHCARE SERVICES TO THE COMMUNITIES IT SERVES: EMERGENCY CARE, INPATIENT HOSPITAL CARE, OUTPATIENT TREATMENT, DIAGNOSTIC TESTING, ANCILLARY CARE, PRIMARY CARE SERVICES, AND HOME HEALTH CARE. VUMC PROVIDES A NUMBER OF CLINICAL SERVICES UNIQUE TO ITS REGION INCLUDING: A LEVEL 1 TRAUMA CENTER, A LEVEL 1 PEDIATRIC TRAUMA CENTER, A COMPREHENSIVE REGIONAL BURN CENTER, A LEVEL 4 NEONATAL INTENSIVE CARE UNIT, TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER, THE VANDERBILT-ESKIND DIABETES CENTER, AND THE VANDERBILT-INGRAM CANCER CENTER, THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN TENNESSEE TO TREAT BOTH ADULT AND PEDIATRIC CANCER PATIENTS.</p> <p>IN ADDITION, VUMC'S HEALTH CARE SYSTEM INCLUDES THE VANDERBILT HEALTH AFFILIATED NETWORK, AN AFFILIATED NETWORK OF DOCTORS, REGIONAL HEALTH SYSTEMS AND OTHER HEALTH CARE PROVIDERS THAT COLLABORATE TO PROVIDE COORDINATED AND COST-EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED. THESE ARE CONTRACTUAL AFFILIATE RELATIONSHIPS ONLY WITH NO OWNERSHIP INTEREST IN THE FACILITIES OR PHYSICIAN PRACTICES. VUMC ALSO COLLABORATES WITH OTHER HOSPITAL SYSTEMS IN THE REGION, PROVIDING HEALTH CARE AND/OR RESEARCH AND ACADEMIC SUPPORT.</p> <p>FOR A LIST OF ALL ORGANIZATIONS RELATED TO VANDERBILT UNIVERSITY MEDICAL CENTER AND THE PRIMARY ACTIVITY OF EACH, PLEASE REFER TO SCHEDULE R.</p>



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

Name of the organization

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1) NORTHEASTERN UNIVERSITY</b> RESEARCH FINANCE, 360 HUNTINGTON AVE, BOSTON, MA 02115	04-1679980	501(C)(3)	18,877		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(2) BOSTON UNIVERSITY</b> PO BOX 28763, GRANTS RECEIVABLES, NEW YORK, NY 10087-8763	04-2103547	501(C)(3)	234,481		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(3) HARVARD UNIVERSITY</b> P O BOX 415649, 0, BOSTON, MA 02241-5649	04-2103580	501(C)(3)	114,899		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(4) MASSACHUSETTS INSTITUTE OF TECHNOLOGY</b> CASHIER'S OFFICE NE49-3077, 77 MASSACHUSETTS AVENUE, CAMBRIDGE	04-2103594	501(C)(3)	110,751		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(5) BETH ISRAEL DEACONESS MEDICAL CENTER</b> 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	407,137		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(6) TUFTS UNIVERSITY</b> M AND V 701, 136 HARRISON AVENUE, 0, BOSTON, MA 02111	04-2103634	501(C)(3)	15,089		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(7) BRIGHAM &amp; WOMENS HOSPITAL INC</b> BANK OF AMERICA, P O BOX 3887, BOSTON, MA 02241-3887	04-2312909	501(C)(3)	123,671		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(8) MASSACHUSETTS GENERAL HOSPITAL</b> RESEARCH FINANCE, BANK OF AMERICA, BOSTON, MA 02241-3829	04-2697983	501(C)(3)	44,727		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(9) BOSTON'S CHILDREN'S HOSPITAL</b> RESEARCH FINANCE, PO BOX 414413, BOSTON, MA 02241-4413	04-2774441	501(C)(3)	166,260		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(10) BAYSTATE MEDICAL CENTER INC</b> ATTN: ANDREA CUTULI, PO BOX 414168, BOSTON, MA 02241-4168	04-2790311	501(C)(3)	51,589		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(11) UNIVERSITY OF MASSACHUSETTS</b> ATTN: MEDICAL SCHOOL BURSAR, 55 LAKE AVENUE NORTH, WORCESTER	04-3167352	GOVT	40,953		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
<b>(12) (SEE STATEMENT)</b>							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 162
- 3** Enter total number of other organizations listed in the line 1 table ▶ 21

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

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**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
<b>1</b> (SEE STATEMENT)					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

(SEE STATEMENT)

# Public Inspection Copy

## 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 MEDICAL CENTER GRANTS ADMINISTRATION/RES FINANCE, GAMBRO BUILDING, 2ND FLOOR, BOSTON, MA 02118	04-3314093	501(C)(3)	42,347		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(13) DANA-FARBER PARTNERS CANCER CARE INC 450 BROOKLINE AVENUE, ATTN: JIM HUSE, BOSTON, MA 02215	04-3320640	501(C)(3)	142,838		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(14) TUFTS MEDICAL CENTER 800 WASHINGTON STREET, BOX 453, BOSTON, MA 02111	04-3400617	GOVT	24,508		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(15) BROWN UNIVERSITY CASHIERS OFFICE BROWN BUSINESS, SERVICE CENTER, PROVIDENCE, RI 02912	05-0258809	501(C)(3)	38,100		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(16) YALE UNIVERSITY PO BOX 1873, 0, NEW HAVEN, CT 06508- 1873	06-0646973	501(C)(3)	200,077		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(17) WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVENUE, 9TH FLOOR, NEW YORK, NY 10022	13-1623978	501(C)(3)	420,924		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(18) ROCKEFELLER UNIVERSITY 1230 YORK AVENUE, 0, NEW YORK, NY 10065	13-1624158	501(C)(3)	12,862		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(19) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE, 0, BRONX, NY 10461	13-1624225	501(C)(3)	165,690		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(20) RESEARCH FOUNDATION FOR STATE UNIVERSITY THE RESEARCH FOUNDATION FOR THE, STATE UNIVERSITY OF NEW YORK, ALBANY, NY 12207-0009	13-1988190	501(C)(3)	73,379		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(21) THE FOUNDATION FOR AIDS RESEARCH AMFAR, 120 WALL STREET 13TH FLOOR, NEW YORK, NY 10005-3908	13-3163817	501(C)(3)	9,811		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(22) DATA SOLUTIONS LLC 2601 HENRY HUDSON PARKWAY SUITE 1 E, 0, BRONX, NY 10463	13-3979408	N/A	16,490		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(23) NEW YORK UNIVERSITY SCHOOL OF MEDICINE P O BOX 415026, BANK OF AMERICA, BOSTON, MA 02241-5026	13-5562308	501(C)(3)	448,183		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(24) THE TRUSTEES OF COLUMBIA UNIVERSITY SPONSORED PROJECTS FINANCE, P O BOX 29789, NEW YORK, NY 10087	13-5598093	501(C)(3)	344,430		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(25) AMERICAN HEART ASSOCIATION P O BOX 841750, 0, DALLAS, TX 75284-1750	13-5613797	501(C)(3)	5,938		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(26) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ATTN RAJ APPAVU, ONE GUSTAVE L LEVY PLACE, NEW YORK, NY 10029	13-6171197	501(C)(3)	532,807		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(27) HEALTH RESEARCH INC P O BOX 2966, O, BUFFALO, NY 14240	14-1402155	501(C)(3)	9,644		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(28) SYRACUSE UNIVERSITY BURSAR OPERATIONS, 119 BOWNE HALL, SYRACUSE, NY 13244-1140	15-0532081	501(C)(3)	290,237		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(29) HOSPITAL AUTHORITY OF METRO NASHVILLE & NASHVILLE GENERAL HOSPITAL, 1818 ALBION ST, NASHVILLE, TN 37208	20-2844893	GOVT	361,643		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(30) RUTGERS UNIVERSITY 65 DAVIDSON ROAD, O, PISCATAWAY, NJ 08854-5603	22-6001086	501(C)(3)	50,463		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(31) CHILDRENS HOSPITAL OF PHILADELPHIA LOCKBOX 1457, P O BOX 8500, PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	268,648		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(32) THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA P O BOX 785541, O, PHILADELPHIA, PA 19178-5541	23-1352685	501(C)(3)	59,650		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(33) GEISINGER CLINIC 100 N ACADEMY AVENUE, O, DANVILLE, PA 17822	23-6291113	501(C)(3)	37,784		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(34) INSTITUTE FOR CANCER RESEARCH INSTITUTE FOR CANCER RESEARCH, ATTN: ACCOUNTS RECEIVABLE, PHILADELPHIA, PA 19111	23-6296135	501(C)(3)	48,830		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(35) CANCER PREVENTION INST OF CALIFORNIA 2201 WALNUT AVENUE SUITE 300, O, FREMONT, CA 94538	23-7427232	501(C)(3)	11,388		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(36) PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING, 401 RIDER II BUILDING, STATE COLLEGE, PA 16801-4819	24-6000376	GOVT	145,537		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(37) UNIVERSITY OF PITTSBURGH ATTN: 371220, 500 ROSS STREET, PITTSBURGH, PA 15262-0001	25-0965591	501(C)(3)	931,485		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(38) ALLEGHENY SINGER RESEARCH INSTITUTE RESEARCH ACCOUNTING AND REPORTING, PO BOX 951765, CLEVELAND, OH 44193	25-1320493	N/A	22,825		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(39) PENN MASON MCCLATCHEY SPONSORED PROGRAMS OFFICE, 5700 MARTIN LUTHER KING JR WAY, OAKLAND, CA 94609	25-5772636	N/A	23,507		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(40) THE BROAD INSTITUTE INC 415 MAIN ST, O, CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	3,315,061		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(41) SELECT PHYSICIANS ALLIANCE PL 5 TAMPA GENERAL CIR, SUITE 610, TAMPA, FL 33606	27-3337174	N/A	19,875		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(42) EXPATCORE SERVICES LLC 485 ROUTE 1 SOUTH, BUILDING C, ISELIN, NJ 08830	30-0126318	N/A	1,072,159		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(43) CHILDRENS HOSPITAL MEDICAL CENTER ACCOUNTING OFFICE MLC 4900, 3333 BURNET AVENUE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	136,467		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(44) UNIVERSITY OF CINCINNATI PO BOX 932641, SRS ACCOUNTING, CLEVELAND, OH 44193	31-6000989	GOVT	241,980		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(45) OHIO STATE UNIVERSITY ACCOUNTING DEPARTMENT, 4TH FLOOR, COLUMBUS, OH 43210	31-6025986	501(C)(3)	61,986		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(46) THE RESEARCH INSTITUTE AT NATIONWIDE PO BOX 781653, 0, DETROIT, MI 48278-1653	31-6056230	N/A	67,168		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(47) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, 0, LA JOLLA, CA 92037	33-0435954	501(C)(3)	1,235,524		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(48) ILLUMINA INC 12864 COLLECTIONS CENTER DRIVE, 0, CHICAGO, IL 60693	33-0804655	N/A	32,486		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(49) U C REGENTS PAYMENTS SOLUTIONS AND COMPLIANCE, (PSC) BOX 957089, 1125 MURPHY HALL, LOS ANGELES, CA 90095-9000	33-0833316	GOVT	11,238		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(50) CLEVELAND CLINIC PO BOX 931562, CASE WESTERN RESERVE UNIVERSITY, CLEVELAND, OH 44193-5012	34-0714585	501(C)(3)	93,373		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(51) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE, NORD HALL SUITE 615, CLEVELAND, OH 44106-7037	34-1018992	501(C)(3)	374,766		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(52) CENTRAL AMERICAN MEDICAL OUTREACH INC 322 WESTWOOD AVENUE, 0, ORRVILLE, OH 44667	34-1740695	501(C)(3)	294,544		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(53) INDIANA UNIVERSITY DEPT 78867, PO BOX 78000, DETROIT, MI 48278-0867	35-6001673	501(C)(3)	102,096		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(54) PURDUE UNIVERSITY 23510 NETWORK PL, SPONSORED PROGRAM SERVICES, CHICAGO, IL 60673-1235	35-6002041	501(C)(3)	225,260		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(55) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET, ACCOUNTS RECEIVABLE, CHICAGO, IL 60637	36-2167012	501(C)(3)	73,677		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE

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(56) NORTHWESTERN UNIVERSITY ACCOUNTING SERVICES FOR RESEARCH, AND SPONSORED PROGRAMS, EVANSTON, IL 60208-1112	36-2167817	501(C)(3)	415,223		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(57) RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY, SUITE 810 JONES, CHICAGO, IL 60612	36-2174823	501(C)(3)	284,085		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(58) UNIVERSITY OF CHICAGO FINANCIAL SERVICES, 6054 SOUTH DREXEL AVENUE, CHICAGO, IL 60637	36-2177139	501(C)(3)	333,738		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(59) UNIVERSITY OF ILLINOIS GRANTS AND CONTRACTS, 28395 NETWORK PLACE, SPRINGFIELD, IL 62708-4610	37-6000511	501(C)(3)	124,618		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(60) UNIVERSITY OF VERMONT PO BOX 1389, 0, WILLISTON, VT 05495-1389	37-6047339	GOVT	610,548		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(61) OAKLAND UNIVERSITY GRANTS CONTRACT AND SPONSORED, RESEARCH, ROCHESTER, MI 48309	38-1714400	GOVT	41,339		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(62) MICHIGAN STATE UNIVERSITY CONTRACT & GRANT ADMINISTRATION, HANNAH ADMINISTRATION, EAST LANSING, MI 48824	38-6005984	501(C)(3)	79,325		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(63) REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131, 0, PITTSBURGH, PA 15251	38-6006309	501(C)(3)	264,301		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(64) WAYNE STATE UNIVERSITY CASHIER'S OFFICE, PO BOX 02788, DETROIT, MI 48202	38-6028429	501(C)(3)	62,101		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(65) MEDICAL COLLEGE OF WISCONSIN P O BOX 26509, 8701 WATERTOWN PLANK ROAD, MILWAUKEE, WI 53226	39-0806261	501(C)(3)	29,834		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(66) BLOODCENTER OF WISCONSIN INC BOX 78961, 0, MILWAUKEE, WI 53278-0961	39-0807235	501(C)(3)	33,102		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(67) AURORA HEALTH CARE INC PO BOX 341880, ATTN SENG CHEUNG, MILWAUKEE, WI 53234-1881	39-1442285	501(C)(3)	99,227		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(68) UNIVERSITY OF WISCONSIN - MADISON OFFICE FOR RESEARCH AND SPONSORED, PROGRAMS, MILWAUKEE, WI 53278-0538	39-1805963	GOVT	33,257		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(69) BOARD OF REGENTS OF UNIV OF WISCONSIN UW-MADISON GAR ACCOUNT, DRAWER 538, MILWAUKEE, WI 53278-0538	39-6006492	GOVT	54,739		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(70) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957, P O BOX 1450, MINNEAPOLIS, MN 55485-5957	41-6007513	GOVT	47,855		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & PUBLIC SERVICE
(71) MAYO CLINIC ROCHESTER PO BOX 860334, RESEARCH FINANCE - ROCHESTER, MINNEAPOLIS, MN 55486-0334	41-6011702	501(C)(3)	374,001		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(72) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S EUCLID CAMPUS BOX 8072, 0, SAINT LOUIS, MO 63110	43-0653611	501(C)(3)	930,159		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(73) HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY, ATTN: ACCOUNTS RECEIVABLE, HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	131,831		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(74) CHILDRENS MERCY HOSPITALS & CLINICS PO BOX 803852, 0, KANSAS CITY, MO 64180-3852	44-0605373	501(C)(3)	61,723		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(75) BAPTIST CLINICAL RESEARCH INSTITUTE BAPTIST MEMORIAL HEALTHCARE, CORPORATION, ATTN: JENNIFER, MEMPHIS, TN 38120	45-3032246	501(C)(3)	270,958		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(76) SOUTH DAKOTA STATE UNIVERSITY 323 ADMINISTRATION BUILDING, PO BOX 2201, BROOKINGS, SD 57007	46-6000364	GOVT	9,537		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(77) UNIVERSITY OF NEBRASKA MEDICAL CENTER 985045 NEBRASKA MEDICAL CENTER, 0, OMAHA, NE 68198-5045	47-0049123	501(C)(3)	251,994		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(78) J H U PATHOLOGY CENTRAL LOCKBOX C/O BANK OF AMERICA, 12529 COLLECTIONS CTR. DRIVE, CHICAGO, IL 60693	52-0595110	501(C)(3)	404,792		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(79) INTERNATIONAL EPIDEMIOLOGY INSTITUTE 1455 RESEARCH BOULEVARD, SUITE 550, ROCKVILLE, MD 20850	52-1882011	N/A	782,058		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(80) PIEDMONT RESPIRATORY RESEARCH FOUNDATION 520 NORTH ELAM AVENUE, PO BOX 10302, GREENSBORO, NC 27404	52-2379416	N/A	6,746		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(81) UNIVERSITY OF MARYLAND BALTIMORE P O BOX 41428, 0, BALTIMORE, MD 21203-6428	52-6002033	GOVT	610,426		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(82) UNITED STATES TREASURY COMPTROLLER, NAVAL MEDICAL RESEARCH CENTER, SILVER SPRING, MD 20910-7500	53-0197030	GOVT	16,519		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(83) VIRGINIA COMMONWEALTH UNIVERSITY DEPT OF NEUROSURGERY, 1200 E BRAOD STREET 12TH FLOOR, RICHMOND, VA 23298	54-6001758	GOVT	5,490		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(84) UNIVERSITY OF VIRGINIA PO BOX 400195, OFFICE OF SPONSORED PROGRAMS, CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	8,400		NOT APPLICABLE	NOT APPLICABLE	RESEARCH



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(85) VIRGINIA POLYTECHNIC INSTITUTE & STATE OFFICE OF SPONSORED PROGRAMS, NORTH END CENTER (MC 0170), BLACKSBURG, VA 24061	54-6001805	GOVT	87,384		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(86) WEST VIRGINIA UNIVERSITY RESEARCH CORP 886 CHESTNUT RIDGE RD, SECOND FLOOR ROOM 202, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	15,060		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(87) DUKE UNIVERSITY DUKE UNIVERSITY ACCOUNTS RECEIVABLE, LOCKBOX, CHARLOTTE, NC 28260	56-0532129	501(C)(3)	682,405		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(88) WAKE FOREST UNIVERSITY HEALTH SCIENCES TRANSLATIONAL SCIENCE INSTITUTE, CLINICAL TRIALS OFFICE, WINSTON SALEM, NC 27157	56-0532138	501(C)(3)	12,090		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(89) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL P O BOX 402420, C/O BANK OF AMERICA LOCKBOX SVCS, ATLANTA, GA 30384-2420	56-6001393	501(C)(3)	1,031,697		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(90) UNIVERSITY OF SOUTH CAROLINA USCRF, PO BOX 751475, CHARLOTTE, NC 28275-1475	57-6001153	GOVT	972,727		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(91) MOREHOUSE COLLEGE ATTN: ACCOUNTS RECEIVABLE, 720 WESTVIEW DRIVE SW, ATLANTA, GA 30310	58-0566205	501(C)(3)	175,951		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(92) EMORY UNIVERSITY P O BOX 935084, O, ATLANTA, GA 31193	58-0566256	501(C)(3)	873,056		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(93) MOREHOUSE SCHOOL OF MEDICINE ATTN: ACCOUNTS RECEIVABLE (CASHIER), 720 WESTVIEW DRIVE SW, ATLANTA, GA 30310	58-1438873	501(C)(3)	113,958		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(94) SAINT THOMAS HOSPITAL FOUNDATION ATTN:DAN THOMPSON / SNCMT, 4220 HARDING ROAD, NASHVILLE, TN 37205	58-1663055	501(C)(3)	49,225		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(95) SAINT THOMAS HEALTH 4220 HARDING ROAD, O, NASHVILLE, TN 37205	58-1716804	501(C)(3)	6,896		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(96) CHILDREN'S HEALTHCARE OF ATLANTA INC ATTN:SHAKEETA NICHOLSON, CHILDREN'S, HEALTHCARE OF ATLANTA CORPORATE, ATLANTA, GA 30329	58-2367819	501(C)(3)	43,696		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(97) GREENWAY HEALTH INC PO BOX 203658, O, DALLAS, TX 75320-3658	58-2412516	N/A	156,362		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(98) UNIVERSITY OF MIAMI P O BOX 248106, CONTROLLERS OFFICE, CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	1,423,919		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(99) H LEE MOFFITT CANCER CENTER AND OFFICE OF INNOVATION, AND INDUSTRY ALLIANCES, TAMPA, FL 33612-9497	59-2451713	N/A	20,936		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(100) UNIVERSITY OF FLORIDA CFO CONTRACTS & GRANTS OFFICE, BOX 113001, GAINESVILLE, FL 32611	59-6002052	GOVT	582,813		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(101) UNIVERSITY OF KENTUCKY RESEARCH P O BOX 931113, C/O PNC BANK, CLEVELAND, OH 44193	61-6033693	501(C)(3)	184,822		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(102) FISK UNIVERSITY 1000 17TH AVE N, ATTN OFFICE OF BUDGET & GRANTS, NASHVILLE, TN 37208	62-0202000	501(C)(3)	24,839		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(103) BELMONT UNIVERSITY 1900 BELMONT BLVD, OFFICE OF FINANCE AND ACCOUNTING, NASHVILLE, TN 37212	62-0465076	501(C)(3)	9,824		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(104) VANDERBILT UNIVERSITY CONTRACT & GRANT PMB 401591, 0, NASHVILLE, TN 37240-1591	62-0476822	501(C)(3)	7,688,055		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION & PUBLIC SERVICE & CONTRIBUTION
(105) METHODIST HEALTHCARE MEMPHIS HOSPITAL METHODIST HEALTHCARE FOUNDATION, 1211 UNION AVENUE, SUITE 450, MEMPHIS, TN 38104	62-0479367	501(C)(3)	5,040		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(106) DAVID LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DRIVE, ATTN: CAROL LUSK, NASHVILLE, TN 37204	62-0485733	501(C)(3)	15,431		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(107) MEHARRY MEDICAL CENTER ATTN: LAURINE WALKER, OFFICE OF GRANTS MANAGEMENT, NASHVILLE, TN 37208-3599	62-0488046	501(C)(3)	1,681,657		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(108) ST JUDES CHILDRENS RESEARCH HOSPITAL P O BOX 1000, DEPT 949, MEMPHIS, TN 38148-0949	62-0646012	501(C)(3)	27,063		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(109) UNIVERSITY OF MEMPHIS P O BOX 1000, DEPARTMENT 313, MEMPHIS, TN 38148-0313	62-0648618	GOVT	48,162		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(110) METRO BOARD OF PARKS & RECREATION CENTENNIAL PARK OFFICE, 0, NASHVILLE, TN 37201	62-0694743	GOVT	87,278		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(111) TENNESSEE STATE UNIVERSITY OFFICE OF VP FOR BUS AND FIN, 3500 JOHN A MERRITT BLVD, NASHVILLE, TN 37209-1561	62-0786119	GOVT	5,875		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(112) METRO GOVERNMENT OF NASHVILLE 222 THIRD AVENUE NORTH SUITE 750, 0, NASHVILLE, TN 37201	62-1032792	501(C)(3)	55,187		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(113) NASHVILLE CARES 633 THOMPSON LANE, 0, NASHVILLE, TN 37204	62-1274532	501(C)(3)	14,991		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
(114) MIDDLE TENNESSEE RESEARCH INSTITUTE 1310 24TH AVENUE SOUTH, ROOM F-201, NASHVILLE, TN 37212	62-1387860	501(C)(3)	112,495		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(115) TENNESSEE DISABILITY COALITION 955 WOODLAND STREET, 0, NASHVILLE, TN 37206	62-1447320	501(C)(3)	10,994		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(116) CUMBERLAND PEDIATRIC FOUNDATION 3102 WEST END AVE STE 175, 0, NASHVILLE, TN 37203	62-1615913	501(C)(3)	30,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(117) INFOWORKS INC 102 WOODMONT BLVD, SUITE 500, NASHVILLE, TN 37205	62-1669899	N/A	348,242		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(118) UNIVERSITY OF TENNESSEE MEMPHIS 62 SOUTH DUNLAP STREET, SUITE 300, MEMPHIS, TN 38163	62-6001636	GOVT	48,009		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(119) EAST TENNESSEE STATE UNIVERSITY COLLEGE OF EDUCATION, P O BOX 70685, JOHNSON CITY, TN 37614	62-6021046	GOVT	39,166		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(120) FRANKLIN PRIMARY HEALTH CENTER INC PO BOX 2048, 0, MOBILE, AL 36652-2048	63-0695975	501(C)(3)	78,200		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(121) MONTGOMERY AIDS OUTREACH, INC PO BOX 11087, 0, MONTGOMERY, AL 36111	63-0959628	501(C)(3)	306,240		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(122) AUBURN UNIVERSITY 208 M. WHITE SMITH HALL, 381 MELL STREET, AUBURN UNIVERSITY, AL 36849-5110	63-6000724	GOVT	25,814		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(123) UNIVERSITY OF ALABAMA AT BIRMINGHAM GRANTS AND CONTRACTS ACCOUNTING, AB 990, BIRMINGHAM, AL 35294-0109	63-6005396	GOVT	309,562		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(124) JOHN ALBERT RECTOR IV SPONSORED PROGRAMS ACCOUNT CB 1034, 700 ROSEDALE AVE, SAINT LOUIS, MO 63112-1408	64-4425904	N/A	21,671		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(125) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET, 0, JACKSON, MS 39216	64-6008520	GOVT	184,408		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(126) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER ATNN :OFFICE OF SPONSORED PROGRAM, POST AWARD DIVISION, JACKSON, MS 39216-4505	64-6008620	501(C)(3)	97,765		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(127) TIBERIUS T DAVIS 660 S EUCLID CAMPUS BOX, 8072, SAINT LOUIS, MO 63110	64-9075009	N/A	12,180		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(128) ADMINISTRATORS OF THE TULANE EDUCATIONAL TULANE UNIVERSITY, 800 EAST COMMERCE ROAD, HARAHAN, LA 70123	72-0423889	501(C)(3)	9,769		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(129) LOUISIANA STATE UNIVERSITY SPONSORED PROJECTS, 433 BOLIVAR STREET, NEW ORLEANS, LA 70112	72-6000848	501(C)(3)	115,530		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(130) LSU HEALTH SCIENCES CENTER NEW ORLEANS 433 BOLIVAR STREET, NEW ORLEANS SPONSORED PROJECTS, NEW ORLEANS, LA 70112	72-6087770	GOVT	254,520		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(131) UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 301418, ATTN FASTEAM, DR. BELA PATEL, PI, DALLAS, TX 75303	74-1586031	GOVT	292,573		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(132) BAYLOR COLLEGE OF MEDICINE P.O. BOX 301207, O, DALLAS, TX 75303-1207	74-1613878	501(C)(3)	46,155		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(133) UNIVERSITY OF TEXAS HEALTH SCIENCE PO BOX 301418, ATTN FASTEAM, DR. BELA PATEL, PI, DALLAS, TX 75303-1418	74-1761309	501(C)(3)	222,873		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(134) NATIONAL JEWISH HEALTH 1400 JACKSON STREET, ATTN TREASURY DEPT M216, DENVER, CO 80206	74-2044647	501(C)(3)	43,163		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(135) UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING, ATTN CONTRACT & GRANTS, AUSTIN, TX 78713-7159	74-6000203	GOVT	91,144		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(136) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY S, SUITE 300, COLLEGE STATION, TX 77845	74-6000541	GOVT	16,009		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(137) UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120, DEPT #750, DALLAS, TX 75266	74-6000949	GOVT	289,915		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(138) UNIVERSITY OF TEXAS DALLAS 800 W. CAMPBELL ROAD, AD37, RICHARDSON, TX 75080-3021	75-1305566	GOVT	83,499		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(139) TEXAS HEALTH RESEARCH AND EDUCATION INST 612 EAST LAMAR BLVD, SUITE 600, ARLINGTON, TX 76011	75-2562191	501(C)(3)	8,055		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(140) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL PO BOX 841765, OFFICE OF POST AWARD ADMINISTRATION, DALLAS, TX 75284-1765	75-6002868	GOVT	144,730		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(141) QUALTEK MOLECULAR LABORATORIES 6483 CALLE REAL, UNIT A, O, GOLETA, CA 93117	77-0446167	N/A	10,500		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(142) GREENWAY HEALTH LLC P O BOX 203658, O, DALLAS, TX 75320-3658	80-0847459	N/A	117,966		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(143) DIMAGI INC 585 MASSACHUSETTS AVE, O, CAMBRIDGE, MA 02139	83-0343298	N/A	49,916		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE

# Public Inspection Copy

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(144) DENVER HEALTH AND HOSPITAL AUTHORITY POST OFFICE BOX 17093, UMB BANK OF COLORADO, DENVER, CO, DENVER, CO 80217-0093	84-1343242	GOVT	8,037		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(145) UNIVERSITY OF COLORADO DENVER OFFICE OF GRANTS AND CONTRACTS-F428, P O BOX 910238, DENVER, CO 80291-0238	84-6000555	501(C)(3)	294,760		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(146) DIGNITY HEALTH ATTN: MISC A/R CASH, FILE 57431, LOS ANGELES, CA 90074-8781	86-0096787	N/A	45,887		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(147) ARIZONA STATE UNIVERSITY OFFICE OF RESEARCH & SPONSORED, PROJECTS ADMINISTRATION, TEMPE, AZ 85287-6011	86-0196696	GOVT	28,699		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(148) WESTERN INSTITUTE FOR BIOMEDICAL RESEARCH P O BOX 58719, O, SALT LAKE CITY, UT 84158	87-0470748	501(C)(3)	61,994		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(149) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR, RM 406, SALT LAKE CITY, UT 84112-9020	87-6000525	501(C)(3)	100,257		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(150) SEATTLE CHILDREN'S HOSPITAL P O BOX 24728, O, SEATTLE, WA 98124-0728	91-0564748	501(C)(3)	71,121		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(151) CENTER FOR INFECTIOUS DISEASE RESEARCH 307 WESTLAKE AVE NORTH, SUITE 500, SEATTLE, WA 98109	91-0961784	501(C)(3)	58,226		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(152) UNIVERSITY OF WASHINGTON - IR GRANT AND CONTRACT ACCOUNTING, 12455 COLLECTIONS DRIVE, CHICAGO, IL 60693	91-6001537	GOVT	1,089,504		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(153) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR, ATTN: SHARON MILLIGAN, OAKLAND, CA 94612-3433	94-1105628	501(C)(3)	34,465		NOT APPLICABLE	NOT APPLICABLE	RESEARCH & INSTRUCTION
(154) LELAND STANFORD JUNIOR UNIVERSITY PO BOX 44253, STANFORD UNIVERSITY, SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	398,195		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(155) REGENTS OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SUITE 425, CONTRACTS & GRANTS ACCOUNTING, SAN FRANCISCO, CA 94143-0897	94-6036493	501(C)(3)	203,629		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(156) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 SOUTH FIGUEROA STREET, SUITE 102, LOS ANGELES, CA 90089	95-1642394	501(C)(3)	652,507		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
(157) CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 EAST CALIFORNIA BLVD, MAIL CODE 117-15, PASADENA, CA 91125	95-1643307	501(C)(3)	350,119		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(158) CEDARS SINAI MEDICAL CENTER SPONSORED RESEARCH & FUNDS ADMIN, 6500 WILSHIRE BOULEVARD, LOS ANGELES, CA 90048	95-1644600	501(C)(3)	194,635		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(159) UNIVERSITY OF CALIFORNIA IRVINE BIOLOGICAL SCIENCES 3, SUITE 1400, 0, IRVINE, CA 92697-1050	95-2226406	501(C)(3)	55,655		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(160) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR, MC0009, LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	78,027		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(161) UNIVERSITY OF HAWAII 2440 CAMPUS RD, BOX 368, HONOLULU, HI 96822	99-6000354	GOVT	106,919		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(162) INSTITUTO DE INVESTIGACION NUTRUCIONAL 121 ALHAMADA PLAZA, STE 1200, 0, CORAL GABLES, FL 33134	N/A	N/A	218,748		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(163) AMERICAN HEART ASSOCIATION 1818 PATTERSON ST, NASHVILLE, TN 37203	13-5613797	501(C)(3)	137,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(164) JUVENILE DIABETES RESEARCH FOUNDATION 105 WESTPARK DR # 415, BRENTWOOD, TN 37027	23-1907729	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(165) ACOUSTIC NEUROMA ASSOCIATION 600 PEACHTREE PARKWAY, SUITE 108, CUMMING, GA 30041	23-2170836	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(166) HERITAGE FOUNDATION 112 BRIDGE ST, FRANKLIN, TN 37064	23-7042596	501(C)(3)	13,375		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(167) SMITHSONIAN NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE 1400 CONSTITUTION AVE NW, WASHINGTON, DC 20560	23-7304178	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(168) TEDX NASHVILLE 330 HUDSON ST., 11TH FLOOR, NEW YORK, NY 10013	27-2013937	501(C)(3)	30,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(169) GREEN HILLS MALL 2126 ABBOTT MARTIN RD, NASHVILLE, TN 37215	38-2033632	N/A	30,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(170) THE GOVERNOR'S FOUNDATION FOR HEALTH 511 UNION ST #720, NASHVILLE, TN 37219	45-3635908	501(C)(3)	16,666		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(171) SCOTT HAMILTON CARES P.O. BOX 30619, NASHVILLE, TN 37230	47-2328142	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(172) WILMINGTON FRA INC. 1209 ORANGE STREET, WILMINGTON, DE 19801	47-4378210	N/A	12,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION



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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
(173) T. J. MARTELL FOUNDATION 1114 17TH AVE S SUITE 101, NASHVILLE, TN 37212	51-0180178	501(C)(3)	65,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(174) AMERICAN RED CROSS 2201 CHARLOTTE AVE, NASHVILLE, TN 37203	53-0196605	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(175) WILLIAMSON, INC. 5005 MERIDIAN BLVD #150, FRANKLIN, TN 37067	54-1213955	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(176) UNITED WAY OF THE MID SOUTH 1005 TILLMAN ST, MEMPHIS, TN 38112	56-1010742	501(C)(3)	7,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(177) TENNESSEE GOLF FOUNDATION 400 FRANKLIN RD, FRANKLIN, TN 37069	58-1893478	501(C)(3)	7,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(178) NASHVILLE CHAMBER OF COMMERCE 211 COMMERCE STREET, SUITE 100, NASHVILLE, TN 37201	62-0304530	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(179) JUNIOR LEAGUE OF NASHVILLE 2202 CRESTMOOR RD, NASHVILLE, TN 37215	62-0476815	501(C)(3)	20,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(180) TENNESSEE MEDICAL FOUNDATION 5141 VIRGINIA WAY STE 110, BRENTWOOD, TN 37027	62-0541813	501(C)(3)	7,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(181) HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVE, NASHVILLE, TN 37203	62-0909363	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(182) ALIVE HOSPICE 1718 PATTERSON ST, NASHVILLE, TN 37203	62-0983550	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(183) WILLIAMSON COUNTY FAIR ASSOCIATION, INC. 4215 LONG LN, FRANKLIN, TN 37064	81-0644815	501(C)(3)	16,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION



# Public Inspection 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
(1) PATIENT ASSISTANCE	300	208,074			
(2) PATIENT ASSISTANCE	1,412		74,756	FMV	HEALTHCARE, MEDICAL SUPPLIES, MEDICINE
(3) PATIENT ASSISTANCE	474		14,860	FMV	CAR SEATS, HOME SAFETY KITS, PACK AND PLAYS
(4) PATIENT ASSISTANCE	14,630		12,900,961	FMV	PRESCRIPTION DRUGS
(5) PATIENT ASSISTANCE	403		1,880,578	FMV	POST ACUTE CARE
(6) PATIENT ASSISTANCE	180		279,728	FMV	PATIENT TEMPORARY HOUSING
(7) AWARDS AND RESEARCH GRANTS	468	5,189,474			
(8) PATIENT ASSISTANCE	501		19,425	FMV	AMBULANCE RIDES
(9) PATIENT ASSISTANCE	153		6,017	FMV	CAB RIDES

## Part IV

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

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

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

Name of the organization

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016****Open to Public  
Inspection**

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use               |
| <input checked="" type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence               |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees                 |
| <input type="checkbox"/> Discretionary spending account                       | <input checked="" 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.**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?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? . . . . .
- 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.

**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.

**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.

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JEFFREY R. BALSER, MD, PHD PRESIDENT AND CEO	(i)	1,116,121	1,661,040	24,849	125,618	15,644	2,943,272	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	(i)	435,362	456,000	1,355	42,585	12,759	948,061	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> CECILIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	(i)	404,614	232,695	15,306	46,477	8,844	707,936	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF CLINICAL OFFICER	(i)	916,135	946,250	2,079	84,761	8,429	1,957,654	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	(i)	392,632	14,167	10,990	37,018	12,558	467,365	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> CHARLES L. GREGORY, MA, MBA, MH CEO, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	(i)	334,103	123,790	14,111	28,003	15,234	515,241	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	(i)	407,948	196,927	2,534	1,489	8,462	617,360	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> TRACI K. NORDBERG, JD CHIEF HR OFFICER	(i)	302,107	130,542	3,364	33,447	3,273	472,733	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> DAVID R. POSCH EXECUTIVE VICE PRESIDENT FOR POPULATION HEALTH	(i)	392,674	174,825	2,534	1,976	8,894	580,903	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	(i)	375,380	286,140	12,700	38,144	16,068	728,432	0
	(ii)	0	0	0	0	0	0	0
<b>11</b> MITCHELL C. EDGEWORTH, MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	(i)	345,173	112,350	1,898	28,303	14,280	502,004	0
	(ii)	0	0	0	0	0	0	0
<b>12</b> CLINTON J. DEVIN, MD COMPREHENSIVE SPINE CENTER - ASSOC PROFESSOR	(i)	488,356	519,440	315	0	3,874	1,011,985	0
	(ii)	0	0	0	0	0	0	0
<b>13</b> LLOYD G. KING, MD GI ADMINISTRATION - ASST PROFESSOR	(i)	438,662	324,169	1,355	0	10,514	774,700	0
	(ii)	0	0	0	0	0	0	0
<b>14</b> JOHN W. KLEKAMP, MD VBJ FACULTY - ASST PROFESSOR	(i)	545,057	205,347	11,925	0	13,307	775,636	0
	(ii)	0	0	0	0	0	0	0
<b>15</b> PAUL J. STERNBERG, JR., MD CMO & VP CLINICAL AFFAIRS	(i)	555,912	237,324	12,579	0	15,775	821,590	0
	(ii)	0	0	0	0	0	0	0
<b>16</b> PAUL A. THOMAS, MD VBJ FACULTY - ASSOC PROFESSOR	(i)	890,624	170,778	12,079	0	13,894	1,087,375	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2016

## 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>2 OFFICERS AND 1 DIRECTOR RECEIVED FIRST-CLASS TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.</p>
SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES	1 OFFICER RECEIVED PERSONAL SERVICES BENEFITS THAT WERE INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	1 OFFICER RECEIVED TAX GROSS-UP PAYMENT BENEFITS THAT WERE INCLUDED IN TAXABLE COMPENSATION.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	3 DIRECTORS RECEIVED COMPANION TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION.
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 WHEN INDIVIDUALS COMPLETE THEIR CONTRACT TERM OR CONTINUE EMPLOYMENT TO A DESIGNATED DATE. CURRENT YEAR ACCRUALS OF COMPENSATION ASSOCIATED WITH THESE PLANS ARE INCLUDED IN THE AMOUNTS REPORTED FOR EACH INDIVIDUAL IN SCHEDULE J, PART II, COLUMN (C). THE PAYOUT OF THESE AMOUNTS IN FUTURE YEARS WILL BE INCLUDED IN THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III) FOR SUCH INDIVIDUALS. AMOUNTS ACCRUED IN PRIOR YEARS AND PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN (C) WILL BE REPORTED IN SCHEDULE J, PART II, COLUMN (F). NO PAYOUTS WERE MADE UNDER THESE PLANS TO PARTICIPATING INDIVIDUALS IN 2016.</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 J, PART II -	<p>AS A RESULT OF THE TRANSFER OF ASSETS AND LIABILITIES FROM VANDERBILT UNIVERSITY TO VUMC ON APRIL 29, 2016, FOR THE PERIOD OF JANUARY 1, 2016 - APRIL 29, 2016, THE MEDICAL CENTER'S EMPLOYEES AND INDEPENDENT CONTRACTORS WERE COMPENSATED BY THE UNIVERSITY. BEGINNING APRIL 30, 2016, VUMC'S OFFICERS, EMPLOYEES, AND INDEPENDENT CONTRACTORS WERE COMPENSATED BY VUMC. FEDERAL FORM W-2S FOR THE PERIOD JANUARY 1, 2016 - DECEMBER 31, 2016 WERE ISSUED BY VUMC. BECAUSE THE UNIVERSITY COMPENSATED THE MEDICAL CENTER OFFICERS, EMPLOYEES, AND INDEPENDENT CONTRACTORS FOR THE PERIOD OF JANUARY 1, 2016 - APRIL 29, 2016, VUMC'S FORM 990, PART VII AND SCHEDULE J, INCLUDES COMPENSATION FOR THE PERIOD APRIL 30, 2016 - DECEMBER 31, 2016.</p> <p>SEE THE 1ST DISCLOSURE ON SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.</p>

**SCHEDULE K  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information on Tax-Exempt Bonds**

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

► Attach to Form 990.

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

OMB No. 1545-0047

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

**Part II Proceeds**

	A		B		C		D	
1 Amount of bonds retired . . . . .								
2 Amount of bonds legally defeased . . . . .								
3 Total proceeds of issue . . . . .		536,573,506						
4 Gross proceeds in reserve funds . . . . .								
5 Capitalized interest from proceeds . . . . .								
6 Proceeds in refunding escrows . . . . .		330,026,996						
7 Issuance costs from proceeds . . . . .		10,700,399						
8 Credit enhancement from proceeds . . . . .								
9 Working capital expenditures from proceeds . . . . .								
10 Capital expenditures from proceeds . . . . .								
11 Other spent proceeds . . . . .		195,846,111						
12 Other unspent proceeds . . . . .								
13 Year of substantial completion . . . . .								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .	✓							
15 Were the bonds issued as part of an advance refunding issue? . . . . .	✓							
16 Has the final allocation of proceeds been made? . . . . .	✓							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓							

**Part III Private Business Use**

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

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## Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	✓							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	✓							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		%		%		%		%
<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 . . . ▶		0.13 %		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.13 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓							

## Part IV Arbitrage

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



## Part IV Arbitrage (Continued)

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

## Part V Procedures To Undertake Corrective Action

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

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

(SEE STATEMENT)

[illegible]

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## 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 (A) - ISSUER NAME	THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	THE ISSUE REFUNDED ISSUES DATED 6/23/2004, 4/26/2008, 4/1/2009, AND 11/29/2012
SCHEDULE K, PART II, LINE 11 - COLUMN A - OTHER SPENT PROCEEDS	THE OTHER SPENT PROCEEDS OF THE ISSUE ARE THE CURRENT REFUNDING PROCEEDS THAT ARE NO LONGER IN ESCROW.

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## SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## 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.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

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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 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)												
Total						▶ \$						

### 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) 2016

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).

**2016 Return    Vanderbilt University Medical Center  
35-2528741**

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## 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) JILLIAN C. BALSER	FAMILY MEMBER OF CURRENT OFFICER, JEFFREY BALSER, MD, PHD	\$29,013	EMPLOYMENT AT VANDERBILT UNIVERSITY MEDICAL CENTER		✓

**SCHEDULE M**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

**2016****Open to Public  
Inspection**▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**▶ **Attach to Form 990.**▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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 . . . . .	✓	50	6,347	MARKET VALUE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	✓		680	SELLING COST
5 Clothing and household goods . . . . .	✓		72,321	SELLING COST
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	86	1,899,460	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	✓	51	66,777	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>EVENT TICKETS</u> ) . . . . .	✓	28	12,021	MARKET VALUE
26 Other ▶ ( <u>GIFT CERTIFICATES</u> ) . . . . .	✓	110	16,923	MARKET VALUE
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

29

0

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? . . . . .

	Yes	No
30a		✓
31	✓	
32a		✓
33		

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

31 Does the organization have a gift acceptance policy that requires the review of any 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.

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## Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN (B) - NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED	COLUMN (B) 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.



## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the Organization  
**VANDERBILT UNIVERSITY MEDICAL CENTER**

Employer Identification Number  
**35-2528741**

Return Reference - Identifier	Explanation
** -	<p>PRIOR TO APRIL 29, 2016, VANDERBILT UNIVERSITY (THE "UNIVERSITY") (FEIN: 62-0476822) OPERATED VANDERBILT UNIVERSITY MEDICAL CENTER (THE "MEDICAL CENTER"), AN ACADEMIC MEDICAL CENTER, AS AN OPERATING UNIT WITHIN THE UNIVERSITY. THE MEDICAL CENTER HOUSED THE UNIVERSITY'S CLINICALLY-RELATED CHARITABLE, ACADEMIC AND HEALTH CARE ACTIVITIES AND ASSETS, INCLUDING THREE TEACHING HOSPITALS, OUTPATIENT CLINICS, THE FACULTY PRACTICE PLAN, OTHER HEALTH CARE SUBSIDIARIES AND JOINT VENTURES, AND CLINICAL RESEARCH AND POST-GRADUATE (RESIDENCY) TRAINING PROGRAMS.</p> <p>ON APRIL 29, 2016, THE UNIVERSITY TRANSFERRED CLINICAL SERVICES OPERATIONS, POST-GRADUATE TRAINING PROGRAMS, AND CLINICAL DEPARTMENT RESEARCH ACTIVITIES, ALONG WITH THE RELATED ASSETS AND LIABILITIES, TO VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") (FEIN: 35-2528741), A NEWLY INCORPORATED TENNESSEE NON-PROFIT CORPORATION, IN EXCHANGE FOR CONSIDERATION. AS A SEPARATE LEGAL ENTITY, VUMC IS NOT AND WILL NOT BE UNDER COMMON GOVERNANCE WITH OR CONTROLLED BY VANDERBILT UNIVERSITY NOR WILL THE UNIVERSITY BE FINANCIALLY RESPONSIBLE FOR VUMC INDEBTEDNESS.</p> <p>FOLLOWING THE TRANSACTION, VUMC HAS AN ON-GOING RELATIONSHIP WITH THE UNIVERSITY EMBODIED IN A NUMBER OF WRITTEN AGREEMENTS, INCLUDING AN ACADEMIC AFFILIATION AGREEMENT, A TRADEMARK LICENSING AGREEMENT AND A GROUND LEASE. IN ADDITION, VUMC AND THE UNIVERSITY PROVIDE SPECIFIED SERVICES TO ONE ANOTHER FOR AGREED-UPON CONSIDERATION PURSUANT TO A RECIPROCAL MASTER SERVICES AGREEMENT.</p>
FORM 990, PART III, LINE 1 -	<p>VUMC IS ONE OF THE NATION'S LONGEST SERVING AND MOST PRESTIGIOUS ACADEMIC MEDICAL CENTERS. THROUGH ITS HISTORIC BOND WITH VANDERBILT UNIVERSITY, VUMC CULTIVATES DISTINGUISHED RESEARCH AND EDUCATIONAL PROGRAMS TO ADVANCE A CLINICAL ENTERPRISE THAT PROVIDES COMPASSIONATE AND PERSONALIZED CARE AND SUPPORT FOR MILLIONS OF PATIENTS AND FAMILY MEMBERS EACH YEAR. WORLD-LEADING ACADEMIC DEPARTMENTS AND COMPREHENSIVE CENTERS OF EXCELLENCE PURSUE SCIENTIFIC DISCOVERIES, TRANSFORMATIONAL EDUCATIONAL AND CLINICAL ADVANCEMENTS ACROSS THE ENTIRE SPECTRUM OF HEALTH AND DISEASE.</p> <p>THROUGH THE EXCEPTIONAL CAPABILITIES AND CARING SPIRIT OF ITS PEOPLE, VUMC WILL LEAD IN IMPROVING THE HEALTHCARE OF INDIVIDUALS AND COMMUNITIES REGIONALLY, NATIONALLY, AND INTERNATIONALLY, COMBINING ITS TRANSFORMATIVE LEARNING PROGRAMS AND COMPELLING DISCOVERIES TO PROVIDE DISTINCTIVE PERSONALIZED CARE.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p>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 61,263 INPATIENTS AND 2,163,423 EMERGENCY AND OUTPATIENT CLINIC VISITS.</p> <p>VUMC'S LEADERSHIP IN THE DELIVERY OF ACADEMICALLY BASED HEALTH CARE IS RECOGNIZED BY THE NATION'S MOST TRUSTED ADVISORY BODIES AND REPORTING ORGANIZATIONS, INCLUDING THE NATIONAL ACADEMIES, THE MAGNET RECOGNITION PROGRAM, U.S. NEWS &amp; WORLD REPORT, THE LEAPFROG GROUP, BECKER'S HOSPITAL REVIEW AND OTHERS:</p> <p>*U.S. NEWS &amp; WORLD REPORT: #1 HOSPITAL IN TENNESSEE; #1 METRO NASHVILLE; 11 ADULT AND 10 PEDIATRIC CLINICAL SPECIALTIES RANKED AMONG THE NATION'S BEST; MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT IS NAMED AS ONE OF THE ELITE CHILDREN'S HOSPITAL IN THE NATION BY U.S. NEWS, WITH 10 OUT OF 10 SPECIALTIES NATIONALLY RANKED IN 2017</p> <p>*BECKER'S HOSPITAL REVIEW: ONE OF THE "100 GREAT HOSPITALS IN AMERICA" AND THE ONLY HEALTH CARE FACILITY IN TENNESSEE TO MAKE THE LIST IN 2017</p> <p>*THE LEAPFROG GROUP: MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT NAMED A LEAPFROG TOP HOSPITAL FOR 2016, MAKING IT ONE OF ONLY NINE PEDIATRIC HOSPITALS IN THE NATION TO RECEIVE THIS DESIGNATION</p> <p>*NATIONAL INSTITUTES OF HEALTH: VANDERBILT UNIVERSITY SCHOOL OF MEDICINE CURRENTLY RANKED 8TH AMONG THE TOP GRANT AWARDEES FOR MEDICAL RESEARCH IN THE U.S. AS OF DECEMBER 2016</p> <p>*MAGNET DESIGNATION FROM AMERICAN NURSES CREDENTIALING CENTER: VANDERBILT UNIVERSITY MEDICAL CENTER IS THE ONLY ORGANIZATION THAT IS MAGNET-DESIGNATED IN MIDDLE TENNESSEE, HAVING ACHIEVED ITS THIRD CONSECUTIVE DESIGNATION IN 2017</p> <p>*AMERICAN HOSPITAL ASSOCIATION'S HEALTH FORUM: AMONG THE NATION'S 100 "MOST WIRED" HOSPITALS AND HEALTH SYSTEMS FOR ITS EFFORTS IN INNOVATIVE MEDICAL TECHNOLOGY IN 2017</p> <p>*THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION AND THE ARNOLD P. GOLD FOUNDATION AWARDED VUMC THE DEWITT C. "BUD" BALDWIN AWARD FOR EXCELLENCE IN MEDICAL EDUCATION IN 2017</p> <p>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 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 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>*LIFEFLIGHT, 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> <p>FOR MORE INFORMATION REGARDING HEALTH CARE AT VANDERBILT UNIVERSITY MEDICAL CENTER, VISIT:</p> <p><a href="https://www.vanderbilthealth.com/patientandvisitorinfo/48538">HTTPS://WWW.VANDERBILTHEALTH.COM/PATIENTANDVISITORINFO/48538</a></p>

# Public Inspection Copy

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B -	<p>4B. ACADEMIC AND SCIENTIFIC RESEARCH -</p> <p>VUMC IS AN INTERNATIONALLY RECOGNIZED RESEARCH INSTITUTION. A MAJORITY OF VUMC'S RESEARCH FUNDING, INCLUDING SUBSTANTIAL SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH, IS RECEIVED FROM THE FEDERAL GOVERNMENT. FUNDING IS ALSO RECEIVED FROM FOUNDATIONS, ASSOCIATIONS, CORPORATIONS, AND OTHER SOURCES. VUMC'S RESEARCHERS ARE AT THE FOREFRONT OF DISCOVERY AND ARE POSING INNOVATIVE SOLUTIONS TO SOME OF THE MOST CHALLENGING QUESTIONS ABOUT DISEASES AFFECTING HUMANKIND.</p> <p>OUR PROGRAMS IN GRADUATE MEDICAL EDUCATION ARE CONSISTENTLY AMONG THE MOST SELECTIVE, AND ARE NATIONALLY RECOGNIZED FOR THEIR DIVERSITY &amp; INCLUSION, INNOVATION AND CAPACITY TO TRANSFORM THE EDUCATIONAL EXPERIENCE, WHILE THE BREADTH OF OUR SCIENTIFIC DISCOVERY IS PROPELLED BY A RESEARCH ENTERPRISE THAT IS CONSISTENTLY RANKED AMONG THE NATION'S TOP 10 IN TOTAL FEDERAL FUNDING.</p> <p>FOR MORE INFORMATION REGARDING RESEARCH AT VANDERBILT UNIVERSITY MEDICAL CENTER VISIT:</p> <p><a href="https://www.vumc.org/oor/">HTTPS://WWW.VUMC.ORG/OOR/</a></p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$29,619,356 INCLUDING GRANTS OF \$0)(REVENUE \$166,102,631)</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:</p> <p><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, BRUCE R. EVANS, JACKSON W. MOORE, DAVID PATTERSON, AND NICHOLAS ZEPPOS SERVE ON THE VANDERBILT UNIVERSITY BOARD OF TRUST AND WERE APPOINTED BY VANDERBILT UNIVERSITY TO SERVE ON THE VUMC BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY VUMC AND PROVIDED TO PRICEWATERHOUSECOOPERS, VUMC'S INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER REVIEW BY PRICEWATERHOUSECOOPERS, 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 REQUIRES THAT FOR ANY STAFF MEMBER DISCLOSING A POTENTIAL CONFLICT OF INTEREST, THE CONFLICT BE REVIEWED BY THE INDIVIDUAL'S MANAGER, AS WELL AS BY THE DIRECTOR OF CONFLICT OF INTEREST. FOR VUMC-EMPLOYED VANDERBILT FACULTY, THE COI PROCESS IS MANAGED BY THE OFFICE OF FACULTY AFFAIRS. ANY REPORTED CONFLICT WILL BE MANAGED, MITIGATED, OR ELIMINATED. THE MANAGER IS REQUIRED TO RESPOND THAT ANY RECOMMENDED MANAGEMENT PLAN HAS BEEN IMPLEMENTED OR THAT THE REPORTED CONFLICT NO LONGER EXISTS. FOR THOSE CONFLICTS IN WHICH VUMC MAY HAVE AN INSTITUTIONAL INTEREST, THOSE IN WHICH HUMAN SUBJECT RESEARCH IS PERFORMED, OR THOSE DEEMED UNMANAGEABLE, ARE REVIEWED BY THE MEDICAL CENTER COI COMMITTEE (VUMC-EMPLOYED VANDERBILT FACULTY) AND THE STAFF COI COMMITTEE DETERMINES APPROPRIATE ACTIONS.</p> <p>THE MEDICAL CENTER COI COMMITTEE MEMBERS ARE APPOINTED BY THE CEO OF VUMC. THE STAFF COI COMMITTEE MEMBERS ARE SELECTED BY THE GENERAL COUNSEL/CORPORATE SECRETARY FOR VUMC. THE STAFF COI COMMITTEE IS CHAIRED BY THE GENERAL COUNSEL/CORPORATE SECRETARY. BOTH COMMITTEES REPORT BI-ANNUALLY TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, THE MATTERS BROUGHT BEFORE THE COMMITTEES AND THE RESULTING ACTIONS.</p> <p>MEMBERS OF THE VUMC BOARD OF DIRECTORS (BOD) AND VUMC GENERAL OFFICERS ALSO MUST COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURES AND MANAGEMENT PLANS ARE DEVELOPED TO MANAGE, MITIGATE, OR ELIMINATE ANY POTENTIAL CONFLICTS OF INTEREST. BOD MEMBERS ARE NOTIFIED OF THEIR PLANS AND THE PLANS ARE THOROUGHLY DISCUSSED WITH THEM TO ENSURE COMPLIANCE. THOSE WITH DISCLOSED POTENTIAL CONFLICT OF INTEREST ARE PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, ALONG WITH THEIR RESPECTIVE MANAGEMENT ACTION PLANS, WHERE APPLICABLE. MANAGEMENT PLANS MAY INCLUDE RESTRICTIONS ON MEMBERS SUCH AS RECUSING THEMSELVES DURING DELIBERATIONS AND DECISIONS IN WHICH A POTENTIAL CONFLICT MAY EXIST, WITH THE MINUTES OF THE MEETING REFLECTING THEIR RECUSAL.</p> <p>ADDITIONALLY, ALL MEMBERS OF THE VUMC COMMUNITY ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE THROUGHOUT THE YEAR. THE SAME PROCESSES NOTED ABOVE OCCUR FOR THESE DISCLOSURES.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>FORM 990, PART VI, LINES 15A &amp; 15B -</p> <p>TO ENSURE THAT VUMC IS PAYING REASONABLE TOTAL COMPENSATION, IS NOT VIOLATING THE PRIVATE INUREMENT PROHIBITION, WHICH REQUIRES THAT NONE OF THE ORGANIZATION'S INCOME OR ASSETS UNREASONABLY BENEFIT ANY OF ITS DIRECTORS, OFFICERS, OR KEY EMPLOYEES, AND IS IN COMPLIANCE WITH THE INTERMEDIATE SANCTIONS PROVISIONS WITH RESPECT TO THE GENERAL OFFICERS, VUMC'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE MADE UP OF OUTSIDE, INDEPENDENT, BOARD MEMBERS TO REVIEW AND RECOMMEND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE TOTAL COMPENSATION ANNUALLY FOR THE GENERAL OFFICERS. THE COMMITTEE UTILIZES AN OUTSIDE CONSULTING FIRM TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS AND COMPLIANCE WITH ALL INTERNAL REVENUE SERVICE RULES CONCERNING EXECUTIVE COMPENSATION, INCLUDING THE INTERNAL REVENUE CODE PROVISION RELATED TO INTERMEDIATE SANCTIONS, DEFERRED COMPENSATION, AND PRIVATE INUREMENT. THE COMPENSATION COMMITTEE REVIEWS THE EXECUTIVE COMPENSATION PHILOSOPHY AND AFFIRMS THAT IT IS IN LINE WITH THE BOARD'S EXPECTATION. EACH YEAR THE TOTAL COMPENSATION REVIEW AND RECOMMENDATIONS ARE RECORDED IN THE MINUTES OF THE COMPENSATION COMMITTEE MEETINGS. THE FULL BOARD IS INFORMED ANNUALLY OF THE TOTAL COMPENSATION OF THE GENERAL OFFICERS DURING PRIVATE SESSION.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>VUMC'S GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. VUMC'S FINANCIAL STATEMENTS ARE POSTED TO THE EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE FOLLOWING WEBSITE:</p> <p><a href="https://ww2.mc.vanderbilt.edu/dcci/23390">HTTPS://WW2.MC.VANDERBILT.EDU/DCCI/23390</a>.</p>
FORM 990, PART VII, SECTION A -	<p>AS A RESULT OF THE TRANSFER OF ASSETS AND LIABILITIES FROM VANDERBILT UNIVERSITY TO VUMC ON APRIL 29, 2016, FOR THE PERIOD OF JANUARY 1, 2016 - APRIL 29, 2016, THE MEDICAL CENTER'S EMPLOYEES AND INDEPENDENT CONTRACTORS WERE COMPENSATED BY THE UNIVERSITY. BEGINNING APRIL 30, 2016, VUMC'S OFFICERS, EMPLOYEES, AND INDEPENDENT CONTRACTORS WERE COMPENSATED BY VUMC. FEDERAL FORM W-2S FOR THE PERIOD JANUARY 1, 2016 - DECEMBER 31, 2016 WERE ISSUED BY VUMC. BECAUSE THE UNIVERSITY COMPENSATED THE MEDICAL CENTER OFFICERS, EMPLOYEES, AND INDEPENDENT CONTRACTORS FOR THE PERIOD OF JANUARY 1, 2016 - APRIL 29, 2016, VUMC'S FORM 990, PART VII AND SCHEDULE J, INCLUDES COMPENSATION FOR THE PERIOD APRIL 30, 2016 - DECEMBER 31, 2016.</p> <p>SEE THE 1ST DISCLOSURE ON SCHEDULE O FOR ADDITIONAL DETAILS ON THE TRANSACTION.</p>
FORM 990, PART VII, SECTION B, LINE 1 -	<p>FOLLOWING THE TRANSACTION DESCRIBED IN THE 1ST DISCLOSURE ON SCHEDULE O, VUMC HAS AN ONGOING ECONOMIC RELATIONSHIP WITH THE UNIVERSITY IN THE FORM OF A SERIES OF AGREEMENTS UNDER WHICH THE UNIVERSITY PROVIDES SERVICES TO VUMC FOR CONSIDERATION. SERVICES PROVIDED INCLUDE ADMINISTRATIVE SERVICES; IT SERVICES; PROFESSIONAL SERVICES; AND UTILITIES.</p> <p>FROM APRIL 30, 2016 - DECEMBER 31, 2016, THE UNIVERSITY PERFORMED SERVICES FOR VUMC TOTALING \$102,728,216.</p>

# Public Inspection Copy

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS	36,300,309
	NET ASSETS RELEASED FROM RESTRICTIONS	- 6,114,316
	ENDOWMENT APPRECIATION	749,000
	CHANGE IN NON-CONTROLLING INTEREST NET ASSETS	363,577
	OTHER CHANGES IN NET ASSETS	- 68,680
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 38.09%.	

# Public Inspection Copy

## SCHEDULE R (Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

## Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public  
Inspection

Employer identification number

35-2528741

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) VANDERBILT HEALTH SERVICES, LLC (62-1176354) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	HOLDING COMPANY	TN	850,183	2,513,897	VUMC
(2) FRIENDS IN GLOBAL HEALTH, LLC (26-0170070) 2525 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	PUBLIC HEALTH	TN	21,364,521	24,449	VHS
(3) VANDERBILT-WILSON RADIATION ONCOLOGY, LLC (26-1241612) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	INACTIVE	TN	0	0	VHS
(4) VANDERBILT HEALTH AFFILIATED NETWORK, LLC (46-1571024) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203	CLINICAL NETWORK	TN	23,937,303	11,361,692	VHS
(5) PROJECT HOLDING COMPANY, LLC (81-3915926) 2525 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	HOLDING COMPANY	TN	0	9,600,000	VUMC
(6) (SEE STATEMENT)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) VANDERBILT HOME CARE SERVICES, INC. (62-1404948) 2120 BELCOURT AVENUE, NASHVILLE, TN 37212	HOME HEALTH	TN	501(C)(3)	9	VHS	✓	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2016

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

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

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

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



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	✓	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	✓	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	✓	

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	O	68,000	FMV
(1) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	S	3,243,934	FMV
(2) VANDERBILT GATEWAY CANCER CENTER, G.P.	L	713,631	FMV
(3) VANDERBILT GATEWAY CANCER CENTER, G.P.	O	94,993	FMV
(4) VANDERBILT GATEWAY CANCER CENTER, G.P.	Q	226,690	FMV
(5) (SEE STATEMENT)			
(6)			

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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) .....													
(5) .....													
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(14) .....													
(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) VANDERBILT HEALTH PROFESSIONAL SOLUTIONS, LLC (30-0964540) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	HOLDING COMPANY	TN	0	0	VUMC
(7) VANDERBILT HEALTH RX SOLUTIONS, LLC (82-1456647) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY ADMINISTRATION	TN	0	0	VHPS
(8) VANDERBILT HEALTH PHARMACY GROUP, LLC (82-1462688) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY SERVICES	TN	0	0	VHRXS
(9) RETAIL HEALTH CLINICS, LLC (82-1942209) 2525 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	WALK-IN CLINICS	TN	0	0	VHS

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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	1,976,072	3,467,493		✓			✓	51.02
(2) NEW LIGHT IMAGING, LLC (14-1895171) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	MANAGEMENT SERVICES	TN	VHS	RELATED	724,276	213,143		✓			✓	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	2,158,112	2,434,543		✓			✓	80.00
(4) SPRINGFIELD VIP REALTY, LLC (26-1237360) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	REAL ESTATE	TN	VUMC	EXCLUDED	11,876	424,277		✓		✓		49.00
(5) VANDERBILT GATEWAY CANCER (20-3844791) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	ONCOLOGY SERVICES	DE	VHS	RELATED	323,817	1,732,185		✓		✓		50.00
(6) VANDERBILT IMAGING SERVICES, LLC (62-1787098) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	RADIOLOGY SERVICES	TN	VHS	RELATED	4,383,195	1,894,407		✓			✓	66.67
(7) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LP (63-1077470) 3660 GRANDVIEW PARKWAY, STE. 200, BIRMINGHAM, AL 35243	REHAB SERVICES	TN	VUMC/VHS	RELATED	301,508	4,291,790		✓		✓		50.00
(8) VANDERBILT-MAURY RADIATION ONCOLOGY, LLC (46-0757412) 1003 RESERVE BLVD., STE. 120, SPRING HILL, TN 37174	ONCOLOGY SERVICES	TN	VHS	RELATED	(141,671)	1,610,137		✓		✓		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	555,369	3,295,916		✓		✓		51.00
(10) VIP MIDSOUTH, LLC (62-1654580) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VIP	RELATED	83,015	3,522,415		✓		✓		45.18
(11) WILLIAMSON IMAGING, LLC (62-1855535) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	DIAG. IMAGING	TN	VIS	RELATED	1,442,276	1,263,824		✓			✓	53.34

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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) VANDERBILT INTEGRATED PROVIDERS (62-1650124) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VHS	C CORPORATION	1,946,841	1,860,491	100.00	✓	
(2) CHARITABLE REMAINDER TRUST (5)	CHARITABLE TRUST	TN	VUMC	TRUST	N/A	N/A	N/A	✓	
(3) PERPETUAL TRUSTS (1)	CHARITABLE TRUST	TN	VUMC	TRUST	N/A	N/A	N/A	✓	

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## Part V

### Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount Involved	(f) Method of determining amount involved
(6) VANDERBILT GATEWAY CANCER CENTER, G.P.	S	604,994	FMV
(7) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	B	208,000	FMV
(8) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	L	366,485	FMV
(9) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	O	94,993	FMV
(10) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	Q	202,843	FMV
(11) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	K	410,620	FMV
(12) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	Q	2,335,981	FMV
(13) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	S	607,115	FMV
(14) VANDERBILT HOME CARE SERVICES, INC.	J	244,523	FMV
(15) VANDERBILT HOME CARE SERVICES, INC.	L	434,730	FMV
(16) VANDERBILT HOME CARE SERVICES, INC.	M	3,196,086	FMV
(17) VANDERBILT HOME CARE SERVICES, INC.	O	314,852	FMV
(18) VANDERBILT HOME CARE SERVICES, INC.	Q	221,837	FMV
(19) VANDERBILT HOME CARE SERVICES, INC.	S	4,331,549	FMV
(20) VIP MIDSOUTH, LLC	L	55,896	FMV
(21) VIP MIDSOUTH, LLC	O	80,727	FMV
(22) VIP MIDSOUTH, LLC	Q	265,649	FMV
(23) VANDERBILT INTEGRATED PROVIDERS	L	123,458	FMV
(24) VANDERBILT INTEGRATED PROVIDERS	O	147,768	FMV
(25) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	O	8,582,793	FMV
(26) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	Q	3,390,534	FMV
(27) VANDERBILT IMAGING SERVICES, LLC	O	312,444	FMV
(28) VANDERBILT IMAGING SERVICES, LLC	Q	198,005	FMV
(29) VANDERBILT IMAGING SERVICES, LLC	S	6,089,607	FMV
(30) NEW LIGHT IMAGING, LLC	O	151,589	FMV
(31) NEW LIGHT IMAGING, LLC	S	992,924	FMV
(32) WILLIAMSON IMAGING, LLC (COOL SPRINGS IMAGING)	Q	120,048	FMV
(33) ONE HUNDRED OAKS IMAGING, LLC	Q	464,577	FMV
(34) ONE HUNDRED OAKS IMAGING, LLC	S	1,600,770	FMV
(35) PERPETUAL TRUSTS (1)	S	245,759	FMV



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Form **8453-EO**

## Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2016, or tax year beginning 07/01, 2016, and ending 06/30, 20 17**2016**Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

**VANDERBILT UNIVERSITY MEDICAL CENTER**

Employer 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**, or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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.

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>3,938,189,468</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____

**Part II** Declaration of Officer

6 ☐ 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 organization's 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 and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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

Signature of officer


Date

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

I declare that I have reviewed the above organization's 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 will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, 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 organization's 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 <u>4/20/18</u>	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 <u>04/16/2018</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P00641463</u>
	Firm's name <b>GWEN SPENCER</b>	Firm's EIN <b>13-4008324</b>	Phone no. <b>(617) 530-5000</b>		
	Firm's address <b>101 SEAPORT BOULEVARD, BOSTON, MA 02210</b>				

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 36606Q

Form **8453-EO** (2016)