

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**

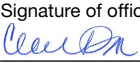
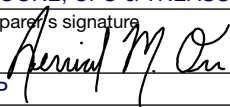
A For the 2018 calendar year, or tax year beginning <u>07/01</u> , 2018, and ending <u>06/30</u> , 20 <u>19</u>																																					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> 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">C Name of organization <u>VANDERBILT UNIVERSITY MEDICAL CENTER</u></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><u>1161 21ST AVE S., SUITE D3300 MCN</u></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"><u>NASHVILLE, TN 37232</u></td> </tr> <tr> <td colspan="2">F Name and address of principal officer: <u>JEFFREY R. BALSER, MD, PHD</u> <u>SAME AS C ABOVE</u></td> </tr> <tr> <td colspan="2">D Employer identification number <u>35-2528741</u></td> </tr> <tr> <td colspan="2">E Telephone number <u>(615) 322-2381</u></td> </tr> <tr> <td colspan="2">G Gross receipts \$ <u>4,938,466,343</u></td> </tr> <tr> <td colspan="2">H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="2">J Website: ▶ <u>WWW.VUMC.ORG</u></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> </tr> <tr> <td colspan="2">L Year of formation: <u>2015</u></td> </tr> <tr> <td colspan="2">M State of legal domicile: <u>TN</u></td> </tr> </table>	C Name of organization <u>VANDERBILT UNIVERSITY MEDICAL CENTER</u>		Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>1161 21ST AVE S., SUITE D3300 MCN</u>		City or town, state or province, country, and ZIP or foreign postal code		<u>NASHVILLE, TN 37232</u>		F Name and address of principal officer: <u>JEFFREY R. BALSER, MD, PHD</u> <u>SAME AS C ABOVE</u>		D Employer identification number <u>35-2528741</u>		E Telephone number <u>(615) 322-2381</u>		G Gross receipts \$ <u>4,938,466,343</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		H(c) Group exemption number ▶		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.VUMC.ORG</u>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>2015</u>		M State of legal domicile: <u>TN</u>	
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O, FORM 990, PART III, LINE 1</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 10
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 27,861
	6	Total number of volunteers (estimate if necessary) 6 1,700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 28,343,288
b	Net unrelated business taxable income from Form 990-T, line 38 7b 431,940	
Revenue	8	Contributions and grants (Part VIII, line 1h) 355,841,563 378,866,982
	9	Program service revenue (Part VIII, line 2g) 3,740,845,973 4,131,265,400
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,001,277 30,240,637
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,843,829 5,258,267
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,137,532,642 4,545,631,286
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 105,176,985 109,070,968
	14	Benefits paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,179,645,238 2,290,907,193
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 44,900
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,711,276
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,761,807,022 1,923,687,261
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,046,629,245 4,323,710,322
19	Revenue less expenses. Subtract line 18 from line 12 90,903,397 221,920,964	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 3,192,191,146 3,446,397,770
	21	Total liabilities (Part X, line 26) 2,264,561,545 2,232,215,968
	22	Net assets or fund balances. Subtract line 21 from line 20 927,629,601 1,214,181,802

Part II Signature Block

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

Sign Here	Signature of officer 	Date <u>05/04/2020</u>			
	Type or print name and title <u>CECELIA B. MOORE, CFO & TREASURER</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>AERRIAL M ORR</u>	Preparer's signature 	Date <u>5/4/2020</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01598400</u>
	Firm's name ▶ <u>ERNST & YOUNG U.S. LLP</u>	Firm's EIN ▶ <u>34-6565596</u>			
	Firm's address ▶ <u>55 IVAN ALLEN BLVD, SUITE 1000, ATLANTA, GA 30308</u>	Phone no. <u>(404) 874-8300</u>			

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** (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:SEE SCHEDULE O FORM 990, PART III, LINE 1**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,691,791,024 including grants of \$ 18,902,781) (Revenue \$ 3,820,871,119)
PATIENT SERVICES - SEE SCHEDULE O FORM 990, PART III, LINE 4A**4b** (Code:) (Expenses \$ 710,822,150 including grants of \$ 90,168,187) (Revenue \$ 148,453,199)
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 \$ 143,249,496 including grants of \$ 0) (Revenue \$ 165,972,475)**4e** Total program service expenses **▶** 3,545,862,670

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2,023	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	27,861
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: MZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY R. BALSER, MD, PHD PRESIDENT AND CEO	40.0	✓		✓				2,409,508	0	549,787
(2) GREGORY SCOTT ALLEN, JD DIRECTOR	1.0	✓						0	0	0
(3) MICHAEL M. E. JOHNS, MD DIRECTOR	1.0	✓						0	0	0
(4) EDITH SCOTT CARELL JOHNSON, JD DIRECTOR	1.0	✓						0	0	0
(5) RICHARD B. JOHNSTON, JR., MD DIRECTOR	1.0	✓						0	0	0
(6) SAMUEL E. LYNCH, DMD, DMSC DIRECTOR	1.0	✓						0	0	0
(7) DAVID W. PATTERSON, MD DIRECTOR	1.0	✓						0	0	0
(8) ROBERT C. SCHIFF, JR., MD DIRECTOR	1.0	✓						0	0	0
(9) THOMAS J. SHERRARD, III, JD DIRECTOR	1.0	✓						0	0	0
(10) JOHN F. STEIN, MBA DIRECTOR	1.0	✓						0	0	0
(11) NICHOLAS S. ZEPPUS, JD DIRECTOR	1.0	✓						0	0	0
(12) JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	40.0			✓				923,672	0	199,755
(13) CECELIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	39.8 0.2			✓				1,112,882	0	209,425
(14) C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF HEALTH SYSTEM OFFICER	40.0			✓				1,983,881	0	373,536

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			✓				800,582	0	177,562
(16) ZEENA M. ABDULAHAD, MPA EVP AND CHIEF DEVELOPMENT OFFICER	40.0				✓			286,486	0	35,672
(17) MITCHELL C. EDGEWORTH, MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	40.0				✓			796,635	0	141,443
(18) CHARLES L. GREGORY, MA, MBA, MH CEO, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	40.0				✓			729,501	0	132,089
(19) THOMAS S. NANTAIS, MBA EVP ADULT AMBULATORY	40.0				✓			310,736	0	31,988
(20) TRACI K. NORDBERG, JD CHIEF HR OFFICER	39.0 1.0				✓			633,178	0	147,693
(21) DAVID R. POSCH EVP FOR POPULATION HEALTH	38.8 1.2				✓			801,455	0	31,192
(22) DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	40.0				✓			816,753	0	179,391
(23) WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	40.0				✓			833,967	0	29,612
(24) SCOTT L. PARKER, MD ASST PROFESSOR NEUROLOGICAL SURGERY	40.0					✓		2,058,564	0	44,488
(25) (SEE STATEMENT)										
1b Sub-total								14,497,800	0	2,283,633
c Total from continuation sheets to Part VII, Section A								4,672,294	0	127,960
d Total (add lines 1b and 1c)								19,170,094	0	2,411,593

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3,696

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ☐ Yes ☒ No
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ☒ Yes ☐ No
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ☐ Yes ☒ No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VANDERBILT UNIVERSITY, PMB 406310, 2301 VANDERBILT PLACE, NASHVILLE, TN 37240	VARIOUS SERVICES	178,114,736
TURNER UNIVERSAL CONSTRUCTION CO, 624 GRASSMERE PARK #4, NASHVILLE, TN 37211	CONSTRUCTION SERVICES	47,936,459
MESSER CONSTRUCTION CO, 230 GREAT CIRCLE RD, 218, NASHVILLE, TN 37228	CONSTRUCTION SERVICES	11,511,254
NTT DATA SERVICES LLC, 2413 NASHVILLE RD, BOWLING GREEN, KY 42101	DATA SERVICES	10,863,031
EPIC SYSTEMS CORPORATION, 1979 MILKY WAY, VERONA, WI 53593	SOFTWARE DEVELOPMENT SERVICES	9,724,350

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 **▶** 360

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	761,564			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	294,973,458			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,131,960			
	g	Noncash contributions included in lines 1a-1f: \$		4,006,603			
	h	Total. Add lines 1a-1f		378,866,982			
Program Service Revenue				Business Code			
	2a	NET PATIENT SERVICE REVENUE	622110	3,820,871,119	3,813,909,795	6,961,324	
	b	ACADEMIC AND RESEARCH REVENUE	611310	148,453,199	148,453,199		
	c	OTHER PROGRAM REVENUE	611310	161,941,082	140,559,118	21,381,964	
	d						
	e						
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f		4,131,265,400			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		20,156,833			20,156,833
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		562,253			562,253
			(i) Real	(ii) Personal			
	6a	Gross rents	757,547				
	b	Less: rental expenses	100,881				
	c	Rental income or (loss)	656,666	0			
	d	Net rental income or (loss)		656,666			656,666
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			402,417,932	219,569			
	b	Less: cost or other basis and sales expenses	392,238,763	210,466			
	c	Gain or (loss)	10,179,169	9,103			
	d	Net gain or (loss)		10,083,804			10,083,804
	8a	Gross income from fundraising events (not including \$ 761,564 of contributions reported on line 1c). See Part IV, line 18	a	292,902			
	b	Less: direct expenses	b	284,947			
	c	Net income or (loss) from fundraising events		7,955			7,955
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	REVENUE FROM UNCONSOLIDATED ORGS	900099	4,031,393	4,031,393			
b							
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		4,031,393				
12	Total revenue. See instructions		4,545,631,286	4,106,953,505	28,343,288	31,467,511	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	77,853,280	77,853,280		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	26,744,181	26,744,181		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,473,507	4,473,507		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,014,051	1,548,077	11,072,044	393,930
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	47,462	47,462		
7 Other salaries and wages	1,856,161,359	1,615,997,249	234,171,047	5,993,063
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,800,560	44,418,131	18,870,491	511,938
9 Other employee benefits	239,558,621	200,315,283	38,206,825	1,036,513
10 Payroll taxes	118,325,140	107,874,299	10,174,809	276,032
11 Fees for services (non-employees):				
a Management	3,201,158	1,217,899	1,983,259	
b Legal	17,636,705	2,414,177	15,222,528	
c Accounting	1,047,888	20,805	1,027,083	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	44,900			44,900
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	418,174,238	149,349,783	268,391,166	433,289
12 Advertising and promotion	11,664,951	3,565,134	7,945,444	154,373
13 Office expenses	111,128,588	86,607,343	23,162,437	1,358,808
14 Information technology	70,776,723	17,545,445	53,206,994	24,284
15 Royalties	3,659	3,659		
16 Occupancy	249,665,198	211,257,524	35,307,595	3,100,079
17 Travel	21,376,276	19,256,758	2,029,106	90,412
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,238,385	11,355,554	1,818,405	64,426
20 Interest	60,320,340	55,301,807	5,018,533	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	106,524,398	78,178,195	28,346,203	
23 Insurance	8,953,379	8,953,379		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS AND MEDICAL SUPPLIES	812,532,166	808,884,199	3,647,967	
b OTHER ACADEMIC AND RESEARCH	4,007,299	2,478,989	1,357,695	170,615
c TAXES	2,994,578	1,538,897	1,455,681	
d PROVISION FOR BAD DEBT	128,308	128,308		
e All other expenses	10,313,024	8,533,346	1,721,064	58,614
25 Total functional expenses. Add lines 1 through 24e	4,323,710,322	3,545,862,670	764,136,376	13,711,276
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	109,809,546	1	99,539,887
	2 Savings and temporary cash investments	472,837,831	2	487,146,695
	3 Pledges and grants receivable, net	75,937,681	3	87,235,924
	4 Accounts receivable, net	541,129,165	4	541,122,404
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	1,473,349	7	2,017,476
	8 Inventories for sale or use	72,636,245	8	75,407,394
	9 Prepaid expenses and deferred charges	11,028,380	9	23,896,135
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,707,560,846		
	b Less: accumulated depreciation	10b 312,465,693	10c	1,395,095,153
	11 Investments—publicly traded securities	576,414,677	11	710,597,482
	12 Investments—other securities. See Part IV, line 11	21,822,303	12	21,479,653
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,462,775	15	2,859,567
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,192,191,146	16	3,446,397,770	
Liabilities	17 Accounts payable and accrued expenses	632,617,711	17	608,729,804
	18 Grants payable		18	
	19 Deferred revenue	56,021,883	19	22,738,692
	20 Tax-exempt bond liabilities	705,661,946	20	704,010,078
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	693,141,612	23	693,613,308
	24 Unsecured notes and loans payable to unrelated third parties	28,928,941	24	31,507,613
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	148,189,452	25	171,616,473
	26 Total liabilities. Add lines 17 through 25	2,264,561,545	26	2,232,215,968
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	813,204,943	27	1,058,285,779
	28 Temporarily restricted net assets	79,495,974	28	102,947,592
	29 Permanently restricted net assets	34,928,684	29	52,948,431
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	927,629,601	33	1,214,181,802
	34 Total liabilities and net assets/fund balances	3,192,191,146	34	3,446,397,770

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,545,631,286
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,323,710,322
3	Revenue less expenses. Subtract line 2 from line 1	3	221,920,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	927,629,601
5	Net unrealized gains (losses) on investments	5	(13,820,472)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	78,451,709
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,214,181,802

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

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

Form **990** (2018)

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) JACOB P. SCHWARZ, MD ----- ASST PROFESSOR NEUROLOGICAL SURGERY	40.0 -----					✓		1,125,742	0	14,574
(26) BYRON F. STEPHENS, II, MD ----- ASST PROFESSOR COMPREHENSIVE SPINE CENTER	40.0 -----					✓		1,204,695	0	31,848
(27) PAUL STERNBERG, JR., MD ----- CMO & VP CLINICAL AFFAIRS	40.0 -----					✓		1,213,845	0	38,446
(28) DOUGLAS R. WEIKERT, MD ----- ASST PROFESSOR ORTHO-HAND	40.0 -----					✓		1,128,012	0	43,092

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**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)(vii)**. (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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		47,625,339	302,808,739	355,841,563	378,866,982	1,085,142,623
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	47,625,339	302,808,739	355,841,563	378,866,982	1,085,142,623
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						1,085,142,623

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	0	47,625,339	302,808,739	355,841,563	378,866,982	1,085,142,623
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		2,162,150	22,888,201	29,004,907	21,476,633	75,531,891
9 Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	800,563	4,280,652	4,127,008	4,324,295	13,532,518
11 Total support. Add lines 7 through 10						1,174,207,032
12 Gross receipts from related activities, etc. (see instructions)					12	12,059,834,009
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33¹/₃% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 ¹ / ₃ %, and line 17 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33¹/₃% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 ¹ / ₃ %, and line 18 is not more than 33 ¹ / ₃ %, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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) 2018

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . .			
b Excess from 2015 . . .			
c Excess from 2016 . . .			
d Excess from 2017 . . .			
e Excess from 2018 . . .			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 -	THE AMOUNT REPORTED ON LINE 10 COMPRISES GROSS FUNDRAISING REVENUE OF \$292,902 AND REVENUE FROM UNCONSOLIDATED ORGANIZATIONS OF \$4,031,393

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	UNCONSOLIDATED ORGS AND FUNDRAISING		800,563	4,280,652	4,127,008	4,324,295	13,532,518
	Total	0	800,563	4,280,652	4,127,008	4,324,295	13,532,518

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), 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).For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

Name of organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 7,870,221	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 10,700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
-----	----- ----- ----- -----	\$ -----	-----

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

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

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

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) 2018

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	379,409													
c	Total lobbying expenditures (add lines 1a and 1b)	379,409													
d	Other exempt purpose expenditures	4,296,465,993													
e	Total exempt purpose expenditures (add lines 1c and 1d)	4,296,845,402													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	57,062	312,352	335,413	379,409	1,084,236
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0		0

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-A, LINE 2 -	VUMC DULY FILED FEDERAL FORM 5768 ELECTING TO HAVE THE PROVISIONS OF 501(H) APPLY TO ITS TAX YEAR ENDING JUNE 30, 2015. THIS ELECTION WAS NOT REVOKED PRIOR TO VUMC'S TAX YEAR BEGINNING JULY 1, 2018.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$ 5,396
(ii) Assets included in Form 990, Part X	► \$ 651,696
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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	122,002,502	97,918,225	79,588,874	0	0
b Contributions	17,463,426	18,514,911	11,330,429	78,782,338	
c Net investment earnings, gains, and losses	6,206,602	8,271,392	10,665,314	1,142,039	
d Grants or scholarships					
e Other expenditures for facilities and programs	3,839,294	2,702,026	3,666,392	335,503	
f Administrative expenses					
g End of year balance	141,833,236	122,002,502	97,918,225	79,588,874	0

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

- a** Board designated or quasi-endowment ☒ 72.77 %
b Permanent endowment ☒ 27.23 %
c Temporarily restricted endowment ☒ 0.00 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,404,486		33,404,486
b Buildings		1,005,363,626	202,329,176	803,034,450
c Leasehold improvements		82,322,403	16,567,362	65,755,041
d Equipment		464,940,482	93,569,155	371,371,327
e Other		121,529,849	0	121,529,849
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,395,095,153

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) NOTE PAYABLE TO RELATED ORGANIZATION	86,313,512	
(3) FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS	67,900,690	
(4) TENANT IMPROVEMENT ALLOWANCES	4,614,363	
(5) ASSET RETIREMENT OBLIGATIONS	6,278,262	
(6) SHARED SAVINGS PAYABLE	6,509,646	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	171,616,473	

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

Part XIII

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

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	7,931
(2) EAST ASIA AND THE PACIFIC	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	130,257
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	483,129
(4) MIDDLE EAST AND NORTH AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	7,681
(5) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	241,756
(6) SOUTH AMERICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	10,741
(7) SOUTH ASIA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	7,057
(8) SUB-SAHARAN AFRICA	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	52,788
(9) RUSSIA AND NEIGHBORING STATES	0	0	SENDING AGENTS OF THE ORGANIZATION TO ATTEND AND SPEAK AT SEMINARS AND CONFERENCES	N/A	1,950
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	1	GRANTMAKING-SUBCONTRACTS	N/A	50,296
(11) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING-SUBCONTRACTS	N/A	611,729
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	GRANTMAKING-SUBCONTRACTS	N/A	102,735
(13) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING-SUBCONTRACTS	N/A	94,918
(14) RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING-SUBCONTRACTS	N/A	64,088
(15) SOUTH AMERICA	0	5	GRANTMAKING-SUBCONTRACTS	N/A	2,009,903
(16) SOUTH ASIA	0	0	GRANTMAKING-SUBCONTRACTS	N/A	9,720
(17) (SEE STATEMENT)					
3a Subtotal	0	7			3,886,679
b Total from continuation sheets to Part I	24	1,891			32,887,604
c Totals (add lines 3a and 3b)	24	1,898			36,774,283

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

Cat. No. 50082W

Schedule F (Form 990) 2018

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)
			SUB-SAHARAN AFRICA	GENERAL	875,084	WIRE		N/A	N/A
			SUB-SAHARAN AFRICA	RESEARCH	50,586	WIRE		N/A	N/A
			SOUTH ASIA	GENERAL	9,720	WIRE		N/A	N/A
			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	35,100	WIRE		N/A	N/A
			SUB-SAHARAN AFRICA	GENERAL	54,548	WIRE		N/A	N/A
			SOUTH AMERICA	RESEARCH	1,465,704	WIRE		N/A	N/A
			EAST ASIA AND THE PACIFIC	RESEARCH	80,397	WIRE		N/A	N/A
			SOUTH AMERICA	RESEARCH	30,000	WIRE		N/A	N/A
			RUSSIA AND NEIGHBORING STATES	RESEARCH	64,088	WIRE		N/A	N/A
			CENTRAL AMERICA AND THE CARIBBEAN	RESEARCH	50,296	WIRE		N/A	N/A
			SUB-SAHARAN AFRICA	GENERAL	20,351	WIRE		N/A	N/A
			SOUTH AMERICA	RESEARCH	72,916	WIRE		N/A	N/A
			NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	47,647	WIRE		N/A	N/A
			SUB-SAHARAN AFRICA	GENERAL	20,520	WIRE		N/A	N/A
			SUB-SAHARAN AFRICA	RESEARCH	12,682	WIRE		N/A	N/A
			(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

30

3 Enter total number of other organizations or entities

3

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

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) SUB-SAHARAN AFRICA	0	6	GRANTMAKING-SUBCONTRACTS	N/A	1,530,118
(18) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	78,242
(19) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION AND RESEARCH	150,060
(20) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	279,475
(21) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION	14,724
(22) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	EDUCATION AND RESEARCH	101,884
(23) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION AND RESEARCH	10,869
(24) SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	84,574
(25) SUB-SAHARAN AFRICA	24	1,885	PROGRAM SERVICES	EDUCATION, HEALTH-CARE, RESEARCH	30,637,658

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

(a) Name of Organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(16)		SUB-SAHARAN AFRICA	GENERAL	31,320	WIRE		N/A	N/A
(17)		EAST ASIA AND THE PACIFIC	RESEARCH	428,138	WIRE		N/A	N/A
(18)		SUB-SAHARAN AFRICA	RESEARCH	17,373	WIRE		N/A	N/A
(19)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	8,440	CHECK		N/A	N/A
(20)		NORTH AMERICA (CANADA & MEXICO ONLY)	RESEARCH	37,931	CHECK		N/A	N/A
(21)		SUB-SAHARAN AFRICA	GENERAL	15,311	WIRE		N/A	N/A
(22)		SOUTH AMERICA	RESEARCH	95,526	WIRE		N/A	N/A
(23)		SOUTH AMERICA	RESEARCH	298,138	WIRE		N/A	N/A
(24)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	12,960	WIRE		N/A	N/A
(25)		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH	54,675	WIRE		N/A	N/A
(26)		EAST ASIA AND THE PACIFIC	RESEARCH	26,927	WIRE AND CHECK		N/A	N/A
(27)		SUB-SAHARAN AFRICA	RESEARCH	81,049	WIRE		N/A	N/A
(28)		SOUTH AMERICA	RESEARCH	43,665	WIRE		N/A	N/A
(29)		SUB-SAHARAN AFRICA	GENERAL	23,436	WIRE		N/A	N/A
(30)		SUB-SAHARAN AFRICA	GENERAL	215,423	WIRE		N/A	N/A
(31)		EAST ASIA AND THE PACIFIC	RESEARCH	19,836	WIRE		N/A	N/A
(32)		SUB-SAHARAN AFRICA	RESEARCH	112,435	WIRE		N/A	N/A
(33)		EAST ASIA AND THE PACIFIC	RESEARCH	56,431	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>HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX</p>
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL 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 & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**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.

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <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			
1 BORNS GROUP, 1610 14TH AVENUE SE, WATERTOWN, SD 57201	(SEE STATEMENT)		✓		600,492	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	600,492	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, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV,
NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1 <u>FRIENDS IN FASHION</u> (event type)	(b) Event #2 <u>RF CELEBRITY GOLF</u> (event type)	(c) Other events <u>10</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	243,632	216,135	594,699	1,054,466
	2 Less: Contributions	192,798	101,330	467,436	761,564
	3 Gross income (line 1 minus line 2)	50,834	114,805	127,263	292,902
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages	41,642	13,803	5,113	60,558
	8 Entertainment	350	822	17,382	18,554
	9 Other direct expenses	52,036	29,813	123,986	205,835
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				284,947
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				7,955

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

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

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

[SEE NEXT PAGE](#)

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).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	CONSULTING SERVICES RELATED TO FUNDRAISING
SCHEDULE G, PART I, LINE 2B(V) - LINE 2B COLUMN (V) AMOUNT PAID TO FUNDRAISER LISTED IN COLUMN (I)	THE TOTAL AMOUNT PAID TO BORNS GROUP FOR FISCAL YEAR 2019 WAS \$600,492, WHICH INCLUDES PROFESSIONAL FUNDRAISING FEES OF \$44,900 AND EXPENSES OF \$555,592. THE CONTRACT BETWEEN VANDERBILT UNIVERSITY MEDICAL CENTER AND BORNS GROUP CALLS FOR THE REIMBURSEMENT OF FUNDRAISING EXPENSES INCURRED BY BORNS GROUP, SUCH AS PRINTING AND POSTAGE, WHICH ARE INVOICED SEPARATELY FROM PROFESSIONAL FUNDRAISING EXPENSES. BORNS GROUP PROVIDES CONSULTING SERVICES FOR VANDERBILT UNIVERSITY MEDICAL CENTER'S OVERALL FUNDRAISING PROGRAM AND DOES NOT RAISE FUNDS FOR VANDERBILT UNIVERSITY MEDICAL CENTER OR HELP RAISE FUNDS FOR A SPECIFIC PURPOSE.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2018

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			91,294,814		91,294,814	2.11
b Medicaid (from Worksheet 3, column a)			642,035,268	504,268,916	137,766,352	3.18
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0.00
d Total. Financial Assistance and Means-Tested Government Programs	0	0	733,330,082	504,268,916	229,061,166	5.28
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,077,299	2,890,493	5,186,806	0.12
f Health professions education (from Worksheet 5)			193,503,845	53,189,300	140,314,545	3.24
g Subsidized health services (from Worksheet 6)					0	0.00
h Research (from Worksheet 7)			684,829,888	541,516,116	143,313,772	3.31
i Cash and in-kind contributions for community benefit (from Worksheet 8)					0	0.00
j Total. Other Benefits	0	0	886,411,032	597,595,909	288,815,123	6.66
k Total. Add lines 7d and 7j	0	0	1,619,741,114	1,101,864,825	517,876,289	11.95

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

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** ☒ Yes ☐ No
- 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** 21,782,004
- 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** 861,639
- 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** 469,323,044
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 664,986,063
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** (195,663,019)
- 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:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year? **9a** ☒ Yes ☐ No
- 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** ☒ Yes ☐ No

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

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

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

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

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

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

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

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

Policy Relating to Emergency Medical Care

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

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

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

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Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2016 CHNA OF VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEED OF THE COMMUNITY, IDENTIFIED BY THE CHNA.</p> <p>THE PROCESS OF PRIORITIZING THE SIGNIFICANT HEALTH NEEDS INCLUDED A NUMBER OF PHASES. VUMC AND PARTNERS COLLECTED AND ANALYZED PRIMARY DATA FROM A BROAD ARRAY OF STAKEHOLDERS AND COMMUNITY MEMBERS. ADDITIONALLY, WE PULLED AND ANALYZED HUNDREDS OF INDICATORS FROM PUBLICLY AVAILABLE SECONDARY DATA. IN EACH OF THE THREE COUNTIES IN THE CHNA COMMUNITIES SERVED (DAVIDSON, RUTHERFORD, AND WILLIAMSON COUNTIES), WE HELD A COMMUNITY SUMMIT, WHICH INCLUDED HOSPITAL LEADERSHIP, LOCAL HEALTH DEPARTMENTS, COMMUNITY LEADERS REPRESENTING A NUMBER OF SECTORS, AND COMMUNITY MEMBERS AND INDIVIDUALS WHO PARTICIPATED IN INTERVIEWS AND LISTENING SESSIONS AS A PART OF THE CHNA PROCESS. THE RESULTS OF VUMC'S DATA COLLECTION AND ANALYSIS WERE PRESENTED TO THE COMMUNITY, AND PARTICIPANTS WERE ASKED TO PRIORITIZE THEIR MOST PRESSING HEALTH NEEDS THROUGH INTERACTIVE EXERCISES. THE NEEDS PRIORITIZED BY THE COMMUNITY WERE ADOPTED BY VUMC, AND EACH DESCRIBED AT LENGTH IN VUMC'S 2016 CHNA. THROUGH THIS CHNA PROCESS, THE COMMUNITY PRIORITIZED THE SIGNIFICANT HEALTH NEEDS OF ACCESS TO CARE / COORDINATION OF CARE, MENTAL HEALTH & SUBSTANCE ABUSE, SOCIAL DETERMINANTS, AND WELLNESS/DISEASE PREVENTION.</p>

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS</p> <p>DESCRIPTION: VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENTLY CONDUCTED CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE - ALPHABETICALLY - 1) ACCESS TO CARE AND COORDINATION OF CARE; 2) MENTAL AND EMOTIONAL HEALTH / SUBSTANCE ABUSE; 3) SOCIAL DETERMINANTS; AND 4) WELLNESS AND DISEASE PREVENTION. VUMC IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2016 IMPLEMENTATION STRATEGY (IS). THIS IMPLEMENTATION STRATEGY CURRENTLY INCLUDES 89 ACTIVITIES AND PROGRAMS.</p> <p>IN ALL THREE COUNTIES, THE COMMUNITY HEALTH IMPROVEMENT TEAM RELEASED A REQUEST FOR PROPOSALS FOR COMMUNITY PROJECTS THAT ADDRESSED ONE OR MORE OF THE CHNA PRIORITY AREAS, SPECIFICALLY REQUIRING APPLICANTS TO DISCUSS HOW THEIR PROPOSAL WOULD PROMOTE HEALTH EQUITY AND ADDRESS BROADER POLICY, ENVIRONMENTAL, OR SYSTEMS CHANGE. AFTER A COMPETITIVE REVIEW PROCESS WITH A COMMITTEE OF BOTH ACADEMIC AND COMMUNITY REVIEWERS, FIVE ORGANIZATIONS WERE SELECTED AS RECIPIENTS OF THESE AWARDS. THE GRANTEEES RECEIVED UP TO \$7,500 TO CARRY OUT THEIR WORK OVER A PERIOD OF 12 MONTHS. THE COMMUNITY HEALTH IMPROVEMENT TEAM IS CURRENTLY PLANNING FOR THE THIRD CYCLE OF THIS MINI-GRANT PROGRAM. TO DATE, THE PROGRAM HAS SUPPORTED 11 COMMUNITY PROJECTS.</p> <p>IN ALL THREE COUNTIES, THE COMMUNITY HEALTH IMPROVEMENT TEAM SUPPORTED AN OPPORTUNITY FOR COMMUNITY ORGANIZATIONS TO RECEIVE TECHNICAL ASSISTANCE FROM VANDERBILT'S CENTER FOR EFFECTIVE HEALTH COMMUNICATIONS (CEHC). THIS OPPORTUNITY ALLOWED ORGANIZATIONS TO SUBMIT HEALTH COMMUNICATIONS MATERIALS (I.E. PAMPHLETS, WEBSITES, ETC.) TO BE REVIEWED BY CEHC EXPERTS FOR MESSAGING AND READABILITY. TO DATE, THIS OPPORTUNITY HAS SUPPORTED FIVE (5) COMMUNITY ORGANIZATIONS.</p> <p>IN ALL THREE COUNTIES, THE COMMUNITY HEALTH IMPROVEMENT TEAM CURRENTLY SUPPORTS THE LOCAL HEALTH DEPARTMENTS AND HEALTH COUNCILS IN THE DEVELOPMENT OF THEIR COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP), WHICH OUTLINE THEIR STRATEGIES TO ADDRESS THE HEALTH NEEDS IDENTIFIED THROUGH THE COMMUNITY HEALTH ASSESSMENT. THIS INCLUDES CONDUCTING ADDITIONAL LISTENING SESSIONS THAT ALLOW COMMUNITY MEMBERS TO SHARE INPUT AND IDEAS REGARDING EFFECTIVE STRATEGIES TO ADDRESSING THE HEALTH NEEDS. THE TEAM ALSO FACILITATES HEALTH AND WELLNESS COUNCIL MEETINGS TO DEVELOP GOALS, OBJECTIVES, AND EVALUATION METRICS FOR THE CHIP. VUMC'S INVOLVEMENT IN THIS WORK ALLOWS THE COMMUNITY HEALTH IMPROVEMENT TEAM TO BRING VUMC RESOURCES TO THE COMMUNITY AND ALIGN THE CHNA PRIORITIES WITH THE CHIP OBJECTIVES.</p> <p>IN DAVIDSON COUNTY, VUMC IS INVOLVED IN COLLABORATIVES FOCUSED ON THE FOUR PRIORITY NEEDS. THE SAFETY NET CONSORTIUM OF MIDDLE TENNESSEE, FOCUSED ON ACCESS TO AND QUALITY OF CARE FOR THE UNINSURED, CONTINUES TO MEET MONTHLY AT THE MEHARRY-VANDERBILT ALLIANCE AND LAUNCHED MY HEALTH CARE HOME, A WEB-BASED TOOL THAT FACILITATES FINDING AND ACCESSING FEDERALLY QUALIFIED HEALTH CENTERS AND FAITH-BASED AND CHARITABLE CLINICS THAT SERVE THE UNDER/UNINSURED. THE COMMUNITY HEALTH IMPROVEMENT TEAM HAS BEEN INVOLVED IN SUB-PROJECTS FOCUSED ON PHARMACY ACCESS FOR THE UNINSURED AS WELL AS AN ENVIRONMENTAL SCAN FOCUSED ON SPECIALTY CARE ACCESS FOR THE UNINSURED. THE "PHARMACY ACCESS" PROJECT WILL PROVIDE UNINSURED PATIENTS AND PROVIDERS THAT SERVE THEM WITH RESOURCES WHICH INTEND TO ALLEVIATE ISSUES WITH NAVIGATING AND ACCESSING THE PHARMACY SYSTEM. THE COMMUNITY HEALTH IMPROVEMENT TEAM IS ALSO ACTIVE WITH THE HEALTHY NASHVILLE LEADERSHIP COUNCIL AND LEADS THE HEALTH EQUITY WORKGROUP. THE WORKGROUP'S FOCUS IS TO EDUCATE THE COMMUNITY ON TOPICS RELATED TO ADDRESSING HEALTH INEQUITIES AS WELL AS STRENGTHENING CAPACITY AND ADVANCING EQUITY FOR MINORITY-LED NON-PROFIT ORGANIZATIONS THAT ARE ON THE FRONT LINES OF PROMOTING HEALTH EQUITY AND WELL-BEING IN VULNERABLE COMMUNITIES. FINALLY, VUMC COMMUNITY HEALTH IMPROVEMENT TEAM HAS ADDRESSED THE NASHVILLE HEALTH DISPARITIES COALITION, THE HEALING TRUST, AND OTHER ORGANIZATIONS TO SHARE THE FOUR PRIORITIES AND DATA FROM THE CHNA.</p> <p>IN RUTHERFORD COUNTY, VUMC HELPED DISTRIBUTE DOZENS OF COPIES OF "PLAY NICELY" TO SERVICE PROVIDERS. PLAY NICELY IS A HEALTHY DISCIPLINE HANDBOOK USED TO EDUCATE NEW OR PROSPECTIVE PARENTS ON HEALTHY DISCIPLINE STRATEGIES. SEVERAL VUMC STAFF HAVE ALSO PARTICIPATED IN THE OPIOID TASKFORCE SPEAR-HEADED BY SAINT THOMAS RUTHERFORD, WHICH HAS BECOME THE WE CARE COALITION; THE PREVENTION COALITION FOR SUCCESS; AND THE PATTERSON PARK COALITION. VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM ALSO ADDRESSED A MEETING OF THE RUTHERFORD COUNTY WELLNESS COUNCIL AND THE UNITED WAY OF RUTHERFORD AND CANNON COUNTIES' COMMUNITY BOARD OF DIRECTORS TO PRESENT THE FOUR PRIORITY NEEDS AND DATA OF THE CHNA.</p> <p>IN WILLIAMSON COUNTY, VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM ALSO PARTICIPATES IN LOCAL GROUPS SUCH AS THE ANTI-DRUG COALITION AND THE WILLIAMSON COUNTY HEALTH COUNCIL, WHICH PROMOTE IMPROVEMENTS IN COMMUNITY HEALTH. THE VUMC COMMUNITY HEALTH IMPROVEMENT TEAM HAS ADDRESSED THE WILLIAMSON HEALTH COUNCIL MEETING TO SHARE THE FOUR PRIORITIES AND DATA FROM THE CHNA.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.VANDERBILTHEALTH.COM/FINANCIALASSISTANCE/

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

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:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 ✓	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>4</u> <u>0</u> <u>0</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 ✓	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 ✓	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 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):	16 ✓	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> 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		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <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
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 ✓	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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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
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
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		
c <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		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	✓
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	✓
If "Yes," explain in Section C.		

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Part V, Section C

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 3E - THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY	<p>THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2016 CHNA OF VANDERBILT STALLWORTH REHABILITATION HOSPITAL (STALLWORTH) ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEED OF THE COMMUNITY, IDENTIFIED BY THE CHNA.</p> <p>THE PROCESS OF PRIORITIZING THE SIGNIFICANT NEEDS INCLUDED A NUMBER OF PHASES. STALLWORTH AND PARTNERS COLLECTED AND ANALYZED PRIMARY DATA FROM A BROAD ARRAY OF STAKEHOLDERS AND COMMUNITY MEMBERS. ADDITIONALLY, WE PULLED AND ANALYZED HUNDREDS OF INDICATORS FROM PUBLICLY AVAILABLE SECONDARY DATA. IN EACH OF THE THREE COUNTIES IN THE CHNA COMMUNITIES SERVED (DAVIDSON, RUTHERFORD, AND WILLIAMSON COUNTIES), WE HELD A COMMUNITY SUMMIT, WHICH INCLUDED HOSPITAL LEADERSHIP, LOCAL HEALTH DEPARTMENTS, COMMUNITY LEADERS REPRESENTING A NUMBER OF SECTORS, AND COMMUNITY MEMBERS AND INDIVIDUALS WHO PARTICIPATED IN INTERVIEWS AND LISTENING SESSIONS AS A PART OF THE CHNA PROCESS. THE RESULTS OF STALLWORTH'S DATA COLLECTION AND ANALYSIS WERE PRESENTED TO THE COMMUNITY, AND PARTICIPANTS WERE ASKED TO PRIORITIZE THEIR MOST PRESSING HEALTH NEEDS THROUGH INTERACTIVE EXERCISES. THE NEEDS PRIORITIZED BY THE COMMUNITY WERE ADOPTED BY STALLWORTH, AND EACH DESCRIBED AT LENGTH IN STALLWORTH'S 2016 CHNA. THROUGH THIS CHNA PROCESS, THE COMMUNITY PRIORITIZED THE SIGNIFICANT HEALTH NEEDS OF ACCESS TO CARE / COORDINATION OF CARE, MENTAL HEALTH & SUBSTANCE ABUSE, SOCIAL DETERMINANTS, AND WELLNESS/DISEASE PREVENTION.</p>

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA	<p>FACILITY NAME: VANDERBILT STALLWORTH REHABILITATION HOSPITAL</p> <p>DESCRIPTION: VANDERBILT STALLWORTH REHABILITATION HOSPITAL ("STALLWORTH") IDENTIFIED FOUR SIGNIFICANT HEALTH NEEDS IN ITS MOST RECENTLY CONDUCTED CHNA. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED ARE: 1) ACCESS TO CARE AND COORDINATION OF CARE, 2) MENTAL AND EMOTIONAL HEALTH / SUBSTANCE ABUSE, 3) SOCIAL DETERMINANTS AND 4) WELLNESS AND DISEASE PREVENTION. STALLWORTH IS ADDRESSING ALL FOUR NEEDS, WITH A DETAILED LIST OF PROGRAMS, INVESTMENTS, AND SERVICES LISTED IN THE 2016 IMPLEMENTATION STRATEGY (IS).</p> <p>STALLWORTH HOLDS MONTHLY GRAND ROUNDS FOR MEMBERS OF THE MEDICAL COMMUNITY TO DISCUSS TOPICS THAT HAVE AN IMPACT ON REHABILITATION AND POST-ACUTE CARE. IN ADDITION, STALLWORTH OFFERS A NUMBER OF SUPPORT GROUPS AND EDUCATIONAL CLASSES FOR PATIENTS AND CAREGIVERS. THE MONTHLY STROKE SUPPORT GROUP AND STROKE EDUCATION CLASSES, WHICH MEET WEEKLY, ARE OPEN TO BOTH PATIENTS AND CAREGIVERS. STALLWORTH WORKS TO BUILD STRONG COLLABORATIONS THROUGHOUT THE COMMUNITY AND THROUGHOUT THE COUNTRY AND CURRENTLY SUPPORTS THE WORK OF THE AMERICAN HEART AND STROKE ASSOCIATION, UNITED SPINAL ASSOCIATION, ACHILLES FOUNDATION, THE ARTHRITIS FOUNDATION, BRAIN INJURY ASSOCIATION OF TENNESSEE, WILLIAMSON COUNTY SENIOR EXPO, THE ANNUAL HAROLD "JOBE" BERNARD STROKE AND NEUROSCIENCES SYMPOSIUM, SENIOR HEALTH FAIRS, FIFTY FORWARD ASSISTED LIVING FACILITIES, MAURY COUNTY SENIOR CENTER, AND THE HENDERSONVILLE SENIOR CENTER.</p> <p>STALLWORTH IS IN THE PROCESS OF ADDING A FULL TIME LICENSED INDEPENDENT SOCIAL WORKER IN TO ITS STAFFING TO PROVIDE A RESOURCE FOR THE INPATIENT POPULATION IN ADDITION TO EXPANDED PSYCHIATRIC CONSULTATION AVAILABILITY. STALLWORTH COLLABORATES WITH THE TRAUMA SURVIVORS NETWORK, WHICH PROVIDES A HOST OF FREE RESOURCES TO HELP PATIENTS AND FAMILIES COPE WITH THE CHALLENGES OF TRAUMA RECOVERY. IN ADDITION, THE SPINAL CORD INJURY PEER MENTOR PROGRAM, WHICH IS HELD TWICE MONTHLY, INCLUDES TRAINING FOR PEER MENTOR VOLUNTEERS WHO HELP PATIENTS AS THEY MAKE THE SIGNIFICANT LIFE CHANGES OFTEN ASSOCIATED WITH TRAUMA RECOVERY. FINALLY, HOUSING EVALUATIONS ARE DONE DURING THE PRE-ADMISSION PROCESS TO ASSESS HOME-READINESS AFTER A TRAUMATIC INJURY. ONCE AN INDIVIDUAL IS ADMITTED AS AN INPATIENT AT STALLWORTH, A RECURRING HOUSING ASSESSMENT IS DONE, AND STALLWORTH STAFF OFTEN CONNECT PATIENTS WITH COMMUNITY RESOURCES TO ASSIST IN THE TRANSITION. THROUGH ON-GOING PARTNERSHIPS AND ENGAGEMENT OF KEY STAKEHOLDERS, STALLWORTH WILL CONTINUE TO COLLABORATE TO MEET THE NEEDS IDENTIFIED IN THE MOST RECENT NEEDS ASSESSMENT.</p> <p>STALLWORTH SERVES A PATIENT DEMOGRAPHIC THAT HAS NEEDS THAT ARE UNIQUE IN THE PATIENT LANDSCAPE OF VANDERBILT UNIVERSITY MEDICAL CENTER. AS SUCH, THE CHNA TEAM CONDUCTED A LISTENING SESSION TO EXPLORE MORE GRANULAR NEEDS OF STALLWORTH IN RELATION TO THE IDENTIFIED NEEDS. THE LISTENING SESSION WAS CONDUCTED WITH THE PATIENTS WITHIN A SUPPORT GROUP FOR TRAUMATIC BRAIN INJURIES HOSTED AT STALLWORTH.</p>
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE	HTTPS://WWW.ENCOMPASSHEALTH.COM/LOCATIONS/VANDERBILTSTALLWORTH/FINANCIAL-ASSISTANCE
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 & 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? 32

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

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 32

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

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 32

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

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Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 32

Name and address	Type of Facility (describe)
1 VANDERBILT DIALYSIS CLINIC	END STAGE RENAL DIALYSIS
2906 FOSTER CREIGHTON DRIVE, SUITE 200	
NASHVILLE, TN 37214	
2 VANDERBILT UNIVERSITY MEDICAL CENTER DIALYSIS CLINIC-EAST	END STAGE RENAL DIALYSIS
20 RACHEL DRIVE	
NASHVILLE, TN 37214	
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Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	THE COSTING METHODOLOGY USED TO CALCULATE CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFIT COSTS REPORTED WAS BASED ON AN OVERALL COST-TO-CHARGE RATIO FOR ALL PATIENT POPULATIONS. THE COST TO CHARGE RATIO WAS CALCULATED USING IRS WORKSHEET 2.
SCHEDULE H, PART I, LINE 7K - VANDERBILT UNIVERSITY MEDICAL CENTER HOSPITALS	COLUMN (F) COMMUNITY BENEFIT EXPENSE: THE TOTAL COMMUNITY BENEFIT EXPENSE USING PART I, LINE 7, COLUMN (C) (BEFORE DIRECT OFFSETTING REVENUE) AS A PERCENTAGE OF TOTAL EXPENSES IS 37.37%.
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE COSTING METHODOLOGY USED TO CALCULATE BAD DEBT EXPENSE REPORTED IN PART III, LINES 2 AND 3 WAS BASED ON AN OVERALL COST-TO-CHARGE RATIO FOR ALL PATIENT POPULATIONS. DISCOUNTS AND PAYMENTS ON ACCOUNTS CONSIDERED AS BAD DEBT OFFSET THE TOTAL BAD DEBT EXPENSE RECORDED. PROCESS TO DETERMINE AMOUNT OF BAD DEBT ATTRIBUTABLE TO INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE - THE ACCOUNTS THAT HAVE NOT BEEN PAID ARE FIRST REVIEWED UNDER A PRESUMPTIVE CHARITY POLICY. FOR THOSE ACCOUNTS THAT DO NOT MEET PRESUMPTIVE ELIGIBILITY CRITERIA, IT IS ESTIMATED THAT 3% OF THE BALANCES ARE ATTRIBUTABLE TO INDIVIDUALS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE. THIS ESTIMATE IS BASED ON EXPERIENCE OF PATIENT ACCOUNTING MANAGEMENT AS WELL AS A METHODOLOGICAL REVIEW OF OUTSTANDING PATIENT ACCOUNTS.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	THE AUDITED FINANCIAL STATEMENTS OF VUMC DISCLOSE THE CONSOLIDATED AMOUNT OF BAD DEBT EXPENSE. THIS INFORMATION IS CONTAINED IN FOOTNOTE 4, PATIENT SERVICE REVENUE, PATIENT ACCOUNTS RECEIVABLE, AND ESTIMATED THIRD-PARTY SETTLEMENTS, ON PAGE 18 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 FY19, SUCH SHORTFALLS AMOUNTED TO 195,663,019.
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 FY19, 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 FY2019. THE STALLWORTH FINANCIAL ASSISTANCE POLICY EXPLICITLY FORBIDS THE USE OF ECAS.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>VANDERBILT UNIVERSITY MEDICAL CENTER ("VUMC") CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THE VANDERBILT PATIENT AND FAMILY ADVISORY COUNCIL COMPRISES COMMUNITY VOLUNTEERS WHO PARTNER WITH VUMC'S HEALTH CARE TEAM AND LEADERSHIP TO ASSESS NEEDS AND EVALUATE SERVICES AND PROGRAMS. VUMC AND STALLWORTH HAVE ALSO FORMED THE COMMUNITY HEALTH IMPROVEMENT WORKING GROUP, AN INTERNAL COMMITTEE OF PROGRAM MANAGERS WHICH MEETS REGULARLY AND MAKES RECOMMENDATIONS TO THE CHNA ADVISORY COMMITTEE. THE CHNA ADVISORY COMMITTEE IS MADE UP OF VUMC AND STALLWORTH SENIOR LEADERS WHO MEET TO CONTINUALLY ASSESS THE NEEDS OF THE COMMUNITY AND DRIVE IMPROVEMENTS IN CARE AND PROCESSES FOR THE COMMUNITIES THEY SERVE.</p> <p>IN EFFORT TO UNDERSTAND IN MORE DEPTH THE NEEDS OF SPECIFIC POPULATIONS, VUMC'S COMMUNITY HEALTH IMPROVEMENT TEAM HAS CONDUCTED ADDITIONAL LISTENING SESSIONS TO DETERMINE HOW THEIR EXPERIENCES ALIGN WITH THE BROAD CATEGORIES OF NEEDS THAT WERE IDENTIFIED IN THE CHNA AND WHAT STRATEGIES WILL BEST ADDRESS THE NEEDS OF THE COMMUNITY. THESE LISTENING SESSIONS HAVE INCLUDED ONE (1) SESSION WITH PATIENTS SERVED BY STALLWORTH, THREE (3) WITH THE LGBTQ COMMUNITY, AND THE TEAM HAS PLANNED TO HOST SIX (6) SESSIONS WITH THE LATINO COMMUNITY. INFORMATION GATHERED THROUGH THIS PROCESS MAY BE USED TO BETTER INFORM PROGRAMMING AND SUPPORTS FOR PATIENTS.</p> <p>VUMC FURTHER ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES BY PLAYING AN ACTIVE ROLE IN GROUPS SUCH AS THE HEALTHY NASHVILLE LEADERSHIP COUNCIL, WILLIAMSON COUNTY HEALTH COUNCIL, AND THE RUTHERFORD COUNTY WELLNESS COUNCIL. VUMC REVIEWS THE MANY NEEDS ASSESSMENTS PUBLISHED BY THESE LOCAL GROUPS (ALIGNMENT NASHVILLE, SAINT THOMAS HEALTH, NASHVILLE AREA CHAMBER OF COMMERCE, METRO SOCIAL SERVICES, HEALTHY NASHVILLE, AND THE TENNESSEE DEPARTMENT OF HEALTH, AMONG OTHERS) TO HELP GAUGE THE NEEDS AND RESOURCES WITHIN THE COMMUNITY. IN 2018, VUMC COMPLETED A SYSTEMATIC REVIEW OF MORE THAN 31 RECENT ASSESSMENTS COMPLETED BY COMMUNITY PARTNERS ACROSS THE THREE COUNTIES, HIGHLIGHTING POPULATIONS SERVED, GEOGRAPHIC AREA COVERED, AND THEMES HIGHLIGHTED IN THE REPORT. IN ADDITION, VUMC HAS DEVELOPED PARTNERSHIPS WITH THE STATE DEPARTMENT OF HEALTH TO STAY ABREAST OF IMPORTANT COMMUNITY HEALTH NEEDS.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>VUMC PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER VUMC'S CHARITY CARE POLICY VIA SIGNAGE POSTED IN THE PATIENT CARE REGISTRATION POINTS INCLUDING HOSPITALS, EMERGENCY DEPARTMENTS, AND HOSPITAL BASED CLINICS; BROCHURES AVAILABLE AT REGISTRATION POINTS; AND LANGUAGE INCLUDED ON ALL STATEMENTS MAILED TO PATIENTS ADVISING THAT VUMC HAS A FINANCIAL ASSISTANCE PROGRAM IF HELP IS NEEDED PAYING MEDICAL BILLS. PRE-ADMITTING, REGISTRATION, OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW INCOME PATIENTS TO FINANCIAL COUNSELING PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p> <p>STALLWORTH PATIENTS ARE NOTIFIED OF AVAILABLE ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER STALLWORTH'S CHARITY CARE POLICY VIA SIGNAGE POSTED AT VARIOUS LOCATIONS WITHIN THE HOSPITAL. PAMPHLETS REGARDING THIS INFORMATION ARE DISTRIBUTED UPON ADMISSION AND A STATEMENT IS INCLUDED ON ANY PATIENT BILLS. IN ADDITION, PRE-ADMITTING, REGISTRATION, CASE MANAGEMENT OR BILLING PERSONNEL MAY REFER UNINSURED OR LOW-INCOME PATIENTS TO FINANCIAL PERSONNEL TO DISCUSS QUALIFICATIONS FOR FREE OR DISCOUNTED CARE.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>VANDERBILT UNIVERSITY MEDICAL CENTER, LOCATED IN NASHVILLE, TENNESSEE, SERVES PRIMARILY TENNESSEE, NORTHERN ALABAMA AND SOUTHERN KENTUCKY. VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC (EXCLUDES VANDERBILT HEALTH SERVICES, LLC AND SUBSIDIARIES) HAVE APPROXIMATELY 65,000 ANNUAL DISCHARGES. VUMC ALSO PROVIDES APPROXIMATELY 2.2 MILLION ANNUAL OUTPATIENT VISITS, INCLUDING 115,000 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 ENCOMPASS HEALTH AND OFFERS COMPREHENSIVE ACUTE REHABILITATION SERVICES. ANNUALLY, VANDERBILT STALLWORTH REHABILITATION HOSPITAL HAS APPROXIMATELY 1,330 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 2018-2019" AS FOUND AT: HTTPS://WWW.VANDERBILTHEALTH.COM/PATIENTANDVISITORINFO/48538</p> <p>"VANDERBILT IN TENNESSEE: COUNTY BY COUNTY" AS FOUND AT: HTTPS://WWW.VANDERBILT.EDU/COMMUNITY-RELATIONS/MAP/ (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p> <p>"2019 ECONOMIC IMPACT REPORT" AS FOUND AT: HTTPS://WWW.VANDERBILT.EDU/REPORTS/2019-ECONOMIC-IMPACT-REPORT/ (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE)</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	<p>VANDERBILT UNIVERSITY MEDICAL CENTER OWNS THE VANDERBILT UNIVERSITY HOSPITAL, THE MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT, AND VANDERBILT PSYCHIATRIC HOSPITAL. THESE FACILITIES OPERATE UNDER ONE HOSPITAL LICENSE AS VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC). VUMC ALSO HAS OWNERSHIP INTEREST IN SEVERAL AFFILIATED ENTITIES, WHICH PROVIDE CLINICAL SERVICES. VUMC'S HOSPITALS, CLINICS, AND AFFILIATED ENTITIES PROVIDE THE FOLLOWING HEALTHCARE SERVICES TO THE COMMUNITIES IT SERVES: EMERGENCY CARE, INPATIENT HOSPITAL CARE, OUTPATIENT TREATMENT, DIAGNOSTIC TESTING, ANCILLARY CARE, PRIMARY CARE SERVICES, AND HOME HEALTH CARE. VUMC PROVIDES A NUMBER OF CLINICAL SERVICES UNIQUE TO ITS REGION INCLUDING: A LEVEL 1 TRAUMA CENTER, A LEVEL 1 PEDIATRIC TRAUMA CENTER, A COMPREHENSIVE REGIONAL BURN CENTER, A LEVEL 4 NEONATAL INTENSIVE CARE UNIT, TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER, THE VANDERBILT-ESKIND DIABETES CENTER, AND THE VANDERBILT-INGRAM CANCER CENTER, THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN TENNESSEE TO TREAT BOTH ADULT AND PEDIATRIC CANCER PATIENTS.</p> <p>IN ADDITION, VUMC'S HEALTH CARE SYSTEM INCLUDES THE VANDERBILT HEALTH AFFILIATED NETWORK, AN AFFILIATED NETWORK OF DOCTORS, REGIONAL HEALTH SYSTEMS AND OTHER HEALTH CARE PROVIDERS THAT COLLABORATE TO PROVIDE COORDINATED AND COST-EFFECTIVE HEALTH CARE SERVICES TO THE COMMUNITIES SERVED. THESE ARE CONTRACTUAL AFFILIATE RELATIONSHIPS ONLY WITH NO OWNERSHIP INTEREST IN THE FACILITIES OR PHYSICIAN PRACTICES. VUMC ALSO COLLABORATES WITH OTHER HOSPITAL SYSTEMS IN THE REGION, PROVIDING HEALTH CARE AND/OR RESEARCH AND ACADEMIC SUPPORT.</p> <p>FOR A LIST OF ALL ORGANIZATIONS RELATED TO VANDERBILT UNIVERSITY MEDICAL CENTER AND THE PRIMARY ACTIVITY OF EACH, PLEASE REFER TO SCHEDULE R.</p>
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	NOT APPLICABLE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST, BURLINGTON, VT 05405	03-0179440	GOVT	90,891		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(2) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE, BOSTON, MA 02115	04-1679980	501(C)(3)	33,297		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(3) BOSTON UNIVERSITY P O BOX 28770, NEW YORK, NY 10087-8770	04-2103547	501(C)(3)	456,131		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(4) HARVARD UNIVERSITY P O BOX 415649, BOSTON, MA 02241	04-2103580	501(C)(3)	564,793		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(5) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE, CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	23,776		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(6) BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE, BOSTON, MA 02215	04-2103881	501(C)(3)	1,296,572		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(7) SCHEPENS EYE RESEARCH INSTITUTE 20 STANFORD STREET, BOSTON, MA 02114	04-2129889	501(C)(3)	35,034		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(8) DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE, HIM 240B, BOSTON, MA 02215	04-2263040	501(C)(3)	16,097		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(9) BRIGHAM & WOMENS HOSPITAL INC 221 LONGWOOD AVENUE, BOSTON, MA 02115	04-2312909	501(C)(3)	138,943		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(10) MASSACHUSETTS GENERAL HOSPITAL 50 STANFORD STREET, BOSTON, MA 02114	04-2697983	501(C)(3)	1,043,062		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(11) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE, BOSTON, MA 02115	04-2774441	501(C)(3)	118,925		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 207

3 Enter total number of other organizations listed in the line 1 table 19

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT ASSISTANCE	122	170,135			
2 PATIENT ASSISTANCE	320		78,920	FMV	HEALTHCARE SUPPLIES & MEDICINE
3 PATIENT ASSISTANCE	1,350		17,150	FMV	CAR SEATS & HOME SAFETY KITS
4 PATIENT ASSISTANCE	10,880		18,154,910	FMV	PRESCRIPTION DRUGS
5 PATIENT ASSISTANCE	430		326,796	FMV	POST ACUTE CARE
6 PATIENT ASSISTANCE	22		116,076	FMV	PATIENT TEMPORARY HOUSING
7 (SEE STATEMENT)					

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BAYSTATE MEDICAL CENTER INC ATTN: BARBARA PANTUOSCO, 280 CHESTNUT STREET, SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	5,515		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(13) NEW ENGLAND RESEACH INSTITUTES INC 480 PLEASANT STREET, SUITE A 100, WATERTOWN, MA 02472	04-2919509	N/A	102,918		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(14) DR/DECISION RESOURCES LLC 100 DISTRICT AVE, SUITE 213, BURLINGTON, MA 01803	04-3069877	N/A	15,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(15) UNIVERSITY OF MASSACHUSETTS - WORCESTER MEDICAL SCHOOL 55 LAKE AVE NORTH, MAILBOX H2-146, WORCESTER, MA 01655	04-3167352	GOVT	101,376		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(16) DANA FARBER PARTNERS CANCERCARE INC 450 BROOKLINE AVE, BP317, BOSTON, MA 02215-5450	04-3320640	501(C)(3)	11,906		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(17) TUFTS MEDICAL CENTER 800 WASHINGTON STREET, BOX 453, BOSTON, MA 02111	04-3400617	501(C)(3)	20,720		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(18) YALE UNIVERSITY DNA ANALYSIS FACILITY ON SCI HILL, 165 PROSPECT STREET, OML 122, DEPT EEB, NEW HAVEN, CT 06511	06-0646973	501(C)(3)	253,898		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(19) WEILL CORNELL MEDICAL COLLEGE 407 EAST 61ST ST, 2ND FLOOR, NEW YORK, NY 10065	13-1623978	501(C)(3)	278,951		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(20) ROCKEFELLER UNIVERSITY PROTEOMICS RESOURCE CENTER, 1230 YORK AVENUE, BOX 105, NEW YORK, NY 10021-6399	13-1624158	501(C)(3)	59,568		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(21) ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY 1300 MORRIS PARK AVENUE, BELFER BUILDING ROOM 1108, BRONX, NY 10461	13-1624225	501(C)(3)	13,633		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(22) RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK STONY BROOK UNIVERSITY, DEPT OF CEREBROVASCULAR CENTER, STONY BROOK, NY 11794-8122	13-1988190	501(C)(3)	50,301		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(23) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 57 OLD FORGE ROAD, TUXEDO PARK, NY 10987	13-5562308	501(C)(3)	727,810		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(24) COLUMBIA UNIVERSITY COLUMBIA NEUROSURERY, 710 WEST 168TH STREET, NEW YORK, NY 10032	13-5598093	501(C)(3)	854,251		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(25) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1425 MADISON AVE, 1ST FLOOR ROOM 15 75, NEW YORK, NY 10029	13-6171197	501(C)(3)	793,857		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(26) THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK P O BOX 9, ALBANY, NY 12201	14-1368361	501(C)(3)	164,726		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(27) HEALTH RESEARCH INC ROSWELL PARK DIVISION ELM & CARLTON STREETS, BUFFALO, NY 14263	14-1402155	501(C)(3)	22,624		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(28) SYRACUSE UNIVERSITY BURSAR OPERATIONS, 119 BOWNE HALL, SYRACUSE, NY 13244-1140	15-0532081	501(C)(3)	210,983		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(29) RAMBISS LLC 8807 WIND CHIME CT, UPPER MARLBORO, MD 20772	20-1240325	N/A	57,869		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(30) HOSPITAL AUTHORITY OF METRO NASHVILLE & DAVIDSON COUNTY NASHVILLE GENERAL HOSPITAL, 1818 ALBION STREET, NASHVILLE, TN 37208	20-2844893	GOVT	639,805		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(31) THE COOPER HEALTH SYSTEM ONE COOPER PLAZA, CAMDEN, NJ 08103	21-0634462	501(C)(3)	15,457		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(32) THE VALLEY HOSPITAL INC 223 NORTH VAN DIEN AVE, RIDGEWOOD, NJ 07450	22-1487307	501(C)(3)	25,935		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(33) DARTMOUTH HITCHCOCK CLINIC 1 MEDICAL CENTER DRIVE, CTO CASHIER LEVEL 3, LEBANON, NH 03756	22-2519596	501(C)(3)	6,039		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(34) CHILDRENS HOSPITAL OF PHILADELPHIA 3501 CIVIC CENTER BLVD, CTRB 2400-5, PHILADELPHIA, PA 19104-4318	23-1352166	501(C)(3)	290,287		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(35) THOMAS JEFFERSON UNIVERSITY 125 9TH STREET, 2ND FLOOR, PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	28,093		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(36) UNIVERSITY OF PENNSYLVANIA PENN ARTS & SCIENCES, 420 WALNUT STREET, PHILADELPHIA, PA 19106	23-1352685	501(C)(3)	555,688		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(37) GEISINGER CLINIC 100 N ACADEMY AVENUE, DANVILLE, PA 17822	23-6291113	501(C)(3)	442,593		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(38) FRED HUTCHINSON CANCER RESEARCH CENTER OFFICE OF SPONSORED RESEARCH, 1100 FAIRVIEW AVE N POB 19024, MAIL STOP J6-500, SEATTLE, WA 98109	23-7156071	501(C)(3)	148,870		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(39) PENNSYLVANIA STATE UNIVERSITY UNIVERSITY LIBRARIES, 512 PATERNO LIBRARY, UNIVERSITY PARK, PA 16802	24-6000376	GOVT	11,731		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(40) UNIVERSITY OF PITTSBURGH UPMC CANCER PAVILLION, 5150 CENTER AVE, PITTSBURGH, PA 15232	25-0965591	GOVT	732,390		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(41) ALLEGHENY SINGER RESEARCH INSTITUTE 320 EAST NORTH AVENUE, PITTSBURGH, PA 15212-4772	25-1320493	501(C)(3)	172,213		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(42) THE BROAD INSTITUTE INC 415 MAIN ST, CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	3,013,516		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(43) APPLIED DECISION SCIENCE LLC 1776 MENTOR AVE, SUITE 424, CINCINNATI, OH 45212	27-1438501	N/A	6,605		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(44) REGENSTRIEF INSTITUTE INC 1101 WEST 10TH STREET, INDIANAPOLIS, IN 46202	30-0007730	501(C)(3)	47,261		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(45) CHILDRENS HOSPITAL MEDICAL CENTER ACCOUNTING OFFICE MLC 4900, 3333 BURNET AVENUE, CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	300,441		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(46) UNIVERSITY OF TENNESSEE MEDICAL CENTER 1924 ALCOA HIGHWAY, KNOXVILLE, TN 37920-1511	31-1626179	501(C)(3)	59,871		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(47) BATTELLE MEMORIAL INSTITUTE P O BOX 999, RICHLAND, WA 99352	31-4379427	501(C)(3)	100,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(48) UNIVERSITY OF CINCINNATI P O BOX 210641, CINCINNATI, OH 45221	31-6000989	GOVT	1,253,804		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(49) OHIO STATE UNIVERSITY CHTN MIDWESTERN DIVISION, 2001 POLARIS PARKWAY, INNOVATION CENTRE 2ND FLOOR, COLUMBUS, OH 43240	31-6025986	GOVT	36,154		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(50) THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS'S DRIVE, COLUMBUS, OH 43205	31-6056230	501(C)(3)	107,618		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(51) OHIO STATE UNIV RESEARCH FOUNDATION THE OHIO STATE UNIVERSITY, 1060 CARMACK HALL, 055 RIGHTMIRE HALL, COLUMBUS, OH 43210	31-6401599	501(C)(3)	47,674		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(52) LA JOLLA INSTITUTE FOR IMMUNOLOGY 9420 ATHENA CIR, LA JOLLA, CA 92037	33-0328688	501(C)(3)	69,941		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(53) THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD, LA JOLLA, CA 92037	33-0435954	501(C)(3)	1,365,727		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(54) ILLUMINA INC 12864 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	33-0804655	N/A	210,168		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(55) POSITIVE ORAL HEALTH CONSULTING LLC 3020 NE 32ND AVE, FORT LAUDERDALE, FL 33308	33-3087230	N/A	15,312		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION

(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
(56) CLEVELAND CLINIC 9500 EUCLID AVE, DESK A 50, CLEVELAND, OH 44195	34-0714585	501(C)(3)	109,980		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(57) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE, MEDICINE GASTROENTEROLOGY, CLEVELAND, OH 44106-4925	34-1018992	501(C)(3)	113,129		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(58) CENTRAL AMERICAN MEDICAL OUTREACH INC 322 WESTWOOD AVENUE, ORRVILLE, OH 44667	34-1740695	501(C)(3)	117,728		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(59) INDIANA UNIVERSITY DEPT 78896, P O BOX 78000, DETROIT, MI 48278-0896	35-6001673	GOVT	285,461		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(60) PURDUE UNIVERSITY BURSARS OFFICE, 610 PRUDUE MALL, HOVDE HALL ROOM 138, WEST LAFAYETTE, IN 47907-2040	35-6002041	GOVT	237,041		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(61) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET, CHICAGO, IL 60637	36-2167012	501(C)(3)	56,848		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(62) NORTHWESTERN UNIVERSITY CENTER FOR GENETIC MEDICINE, 303 EAST SUPERIOR ST, CHICAGO, IL 60611	36-2167817	501(C)(3)	1,280,219		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(63) ANN AND ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E CHICAGO AVE, BOX 44, CHICAGO, IL 60611-2605	36-2170833	501(C)(3)	17,666		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(64) RUSH UNIVERSITY MEDICAL CENTER 1653 WEST CONGRESS PARKWAY, SUITE 810 JONES, CHICAGO, IL 60612	36-2174823	501(C)(3)	158,182		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(65) UNIVERSITY OF CHICAGO DEPT OF MEDICINE, 5841 SOUTH MARYLAND AVE, M/C 6092, CHICAGO, IL 60637	36-2177139	501(C)(3)	232,126		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(66) UNIVERSITY OF ILLINOIS OFFICE OF BUSINESS AFFAIRS (M/C551), 809 SOUTH MARSHFIELD AVE., 511MB, CHICAGO, IL 60612-7205	37-6000511	GOVT	58,414		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(67) GRAND VALLEY STATE UNIVERSITY 1 CAMPUS DRIVE, ALLENDALE, MI 49401	38-1684280	GOVT	30,997		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(68) OAKLAND UNIVERSITY 359 DH 118 LIBRARY DRIVE, ROCHESTER, MI 48309-4479	38-1714400	GOVT	23,637		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(69) ARBOR RESEARCH COLLABORATIVE FOR HEALTH 340 E HURON STREET, SUITE 300, ATTN ACCOUNTING, ANN ARBOR, MI 48104	38-3289521	501(C)(3)	95,631		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(70) MICHIGAN STATE UNIVERSITY DEPT OF GEOLOGICAL SCIENCES, 206 NATURAL SCIENCE BUILDING, EAST LANSING, MI 48823	38-6005984	GOVT	232,130		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(71) REGENTS OF THE UNIVERSITY OF MICHIGAN C/O DR. RODICA POP BUSUI, 1000 WALL STREET, 5329 BREHM TOWER, ANN ARBOR, MI 48105-5714	38-6006309	GOVT	418,115		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(72) WAYNE STATE UNIVERSITY 42 WEST WARREN, SUITE 250, DETROIT, MI 48202	38-6028429	GOVT	312,257		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(73) MEDICAL COLLEGE OF WISCONSIN ATTN: SOMMER HATFIELD, P O BOX 1997, CCC-SUITE C720- PEDS ADMIN, MILWAUKEE, WI 53201-1997	39-0806261	501(C)(3)	57,182		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(74) BLOODCENTER OF WISCONSIN INC BLOOD RESEARCH INSTITUTE, P O BOX 2178, MILWAUKEE, WI 53201-2178	39-0807235	501(C)(3)	9,288		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(75) AURORA HEALTH CARE INC PO BOX 341880, MILWAUKEE, WI 53234-1880	39-1442285	501(C)(3)	186,771		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(76) UNIVERSITY OF WISCONSIN - MADISON SCHOOL OF VETERINARY MEDICINE, BUSINESS SERVICES OFFICE, 2015 LINDEN DRIVE ROOM 2153, MADISON, WI 53706-1102	39-1805963	GOVT	87,724		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(77) UNIVERSITY OF MINNESOTA ADVANCED RESEARCH & DIAGNOSTIC LAB, 1200 WASHINGTON AVE S, MINNEAPOLIS, MN 55415	41-6007513	GOVT	26,379		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(78) MAYO CLINIC ROCHESTER RESEARCH FINANCE, P O BOX 4006, ROCHESTER, MN 55903-4026	41-6011702	501(C)(3)	344,182		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(79) UNIVERSITY OF IOWA 118 SOUTH CLINTON STREET, GRANT ACCOUNTING, IOWA CITY, IA 52242	42-6004813	GOVT	26,985		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(80) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 700 ROSEDALE AVE CB1034, SPONSORED PROJECTS ACCOUNTING, SAINT LOUIS, MO 63112-1408	43-0653611	501(C)(3)	3,469,368		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(81) HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY 601 GENOME WAY, HUNTSVILLE, AL 35806	43-2059317	501(C)(3)	588,297		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(82) CHILDRENS MERCY HOSPITALS 2401 GILLHAM ROAD, KANSAS CITY, MO 64108	44-0605373	501(C)(3)	92,706		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(83) THINKWELL LLC 1875 CONNECTICUT AVE NW, 10TH FLOOR, WASHINGTON, DC 20009	45-2324600	N/A	52,244		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(84) BAPTIST CLINICAL RESEARCH INSTITUTE 6025 WALNUT GROVE RD, SUITE 500, MEMPHIS, TN 38120	45-3032246	501(C)(3)	948,820		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(85) ORTHOPEDIC INSTITUTE P C 810 EAST 23RD STREET, SIOUX FALLS, SD 57117-5116	46-0316404	N/A	10,114		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(86) SANFORD RESEACH P O BOX 5064, SIOUX FALLS, SD 57104-5064	46-0450378	501(C)(3)	86,359		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(87) RUTGERS,THE STATE UNIVERSITY OF NEW JERSEY DIVISION OF GRANTS & CONTRACT, 65 DAVIDSON ROAD ROOM 306, PISCATAWAY, NJ 08854-5602	46-2354111	GOVT	22,160		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(88) FATHER FLANAGANS BOYS HOME 14100 CRAWFORD ST, MOD 2, BOYS TOWN, NE 68010	47-0376606	501(C)(3)	6,113		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(89) ADVANCED RESPIRATORY TECHNOLOGIES LLC 411 JAKE LINK ROAD, COTTONTOWN, TN 37048	47-3573079	N/A	72,726		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(90) UNIVERSITY OF KANSAS CENTER FOR RESEARCH BURSARS OFFICE - SPSR, 1450 JAYHAWK BLVD, LAWRENCE, KS 66045-7518	48-0680117	501(C)(3)	17,445		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(91) JOHNS HOPKINS UNIVERSITY JOHNS HOPKINS TECHNOLOGY VENTURES, 1812 ASHLAND AVE, SUITE 110, BALTIMORE, MD 21205	52-0595110	501(C)(3)	493,237		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(92) DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES CENTERS FOR MEDICARE & MEDICAID, P O BOX 7520, BALTIMORE, MD 21244	52-0883104	GOVT	202,000		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(93) THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 6720 A ROCKLEDGE DRIVE, SUITE 100, BETHESDA, MD 20817	52-1317896	501(C)(3)	28,711		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(94) UNIVERSITY OF MARYLAND BALTIMORE SPONSORED PROJECTS, 220 ARCH STREET, BALTIMORE, MD 21201	52-6002033	GOVT	267,037		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(95) GEORGETOWN UNIVERSITY OFFICE OF STUDENT ACCOUNTS, 37TH & O STREET NW, WHITE GRAVENOR BLDG, WASHINGTON, DC 20057-1159	53-0196603	501(C)(3)	15,816		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(96) US CIVILIAN RESEARCH & DEVELOPMENT FOUNDATION 1776 WILSON BLVD, SUITE 300, ARLINGTON, VA 22209	54-1773406	501(C)(3)	123,640		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(97) VIRGINIA COMMONWEALTH UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 800 EAST LEIGH ST. SUITE 3200, RICHMOND, VA 23284-3039	54-6001758	GOVT	15,715		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(98) UNIVERSITY OF VIRGINIA ATTN BUSINESS MANAGER, 580 MASSIE ROAD, CHARLOTTESVILLE, VA 22903	54-6001796	GOVT	111,901		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(99) WEST VIRGINIA UNIVERSITY RESEARCH CORP ONE MEDICAL CENTER DRIVE, P O BOX 9235, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	16,690		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(100) CAROLINAS HEALTHCARE SYSTEM P O BOX 601979, CHARLOTTE, NC 28260-1979	56-6060481	501(C)(3)	5,887		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(101) DUKE UNIVERSITY C/O MIMI DAVIS, 210 BAKER HOUSE PO BOX 3279, DURHAM, NC 27710	56-0532129	501(C)(3)	707,819		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(102) WAKE FOREST UNIVERSITY SCHOOL OF BUSINESS, PO BOX 7285, WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	347,260		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(103) UNIVERSITY OF NORTH CAROLINA CHARLOTTE OFFICE OF STUDENT ACCOUNTS, 9201 UNIVERSITY CITY BOULEVARD, CHARLOTTE, NC 28223	56-0791228	GOVT	78,992		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(104) DUKE UNIVERSITY HEALTH SYSTEM DEPARTMENT OF PATHOLOGY, P O BOX 3689, DURHAM, NC 27710	56-2070036	501(C)(3)	5,257		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(105) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL UNC SCHOOL OF MEDICINE, N 2198 UNC HOSPITALS, CHAPEL HILL, NC 27599-7010	56-6001393	GOVT	1,811,938		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(106) MEDICAL UNIVERSITY OF SOUTH CAROLINA HISTOLOGY CORE LABORATORY, 171 ASHLEY AVE MSC 908, CHARLESTON, SC 29425	57-6000722	GOVT	48,156		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(107) UNIVERSITY OF SOUTH CAROLINA 516 MAIN STREET, COLUMBIA, SC 29201	57-6001153	GOVT	1,196,905		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(108) EMORY UNIVERSITY 1405 CLIFTON ROAD NE, 3RD FLOOR, ATLANTA, GA 30322-1060	58-0566256	501(C)(3)	756,042		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(109) MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW, ATLANTA, GA 30310	58-1438873	501(C)(3)	329,433		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(110) SAINT THOMAS HEALTH FOUNDATION 4220 HARDING ROAD, NASHVILLE, TN 37205	58-1663055	501(C)(3)	53,848		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(111) SAINT THOMAS HEALTH 4220 HARDING RD, NASHVILLE, TN 37205	58-1716804	501(C)(3)	21,046		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(112) UNIVERSITY OF MIAMI P O BOX 248106, CORAL GABLES, FL 33124-2912	59-0624458	501(C)(3)	1,854,762		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(113) H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE 1209 MAGNOLIA DR M2GEN-INNOV, TAMPA, FL 33612-9497	59-2451713	501(C)(3)	303,974		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(114) UNIVERSITY OF SOUTH FLORIDA UNIVERSITY CONTROLLERS OFFICE, 4202 EAST FOWLER AVE ADM 147, TAMPA, FL 33620-5800	59-3102112	GOVT	14,649		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(115) TAMPA GENERAL HOSPITAL OFFICE OF CLINICAL RESEARCH, 5 TAMPA GENERAL CIRCLE, HMT 470, TAMPA, FL 33606	59-3458145	501(C)(3)	6,620		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(116) UNIVERSITY OF FLORIDA UF-ICBR, 2033 MOWRY ROAD, P O BOX 103622, GAINESVILLE, FL 32610	59-6002052	GOVT	2,194,188		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(117) MEMORIAL HEALTHCARE SYSTEM SOUTH BROWARD HOSPITAL DISTRICT P O BOX 538514, ATLANTA, GA 30353-8514	59-6014973	501(C)(3)	15,508		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(118) UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC CONTROLLERS OFFICE, 223 SERVICE COMPLEX, LOUISVILLE, KY 40292	61-1029626	501(C)(3)	162,122		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(119) OREGON STATE UNIVERSITY A312 KERR ADMIN BLDG, CORVALLIS, OR 97331-2140	61-1730890	GOVT	103,909		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(120) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 201 KINKEAD HALL, LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	216,568		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(121) VANDERBILT UNIVERSITY CONTRACT & GRANT ACCOUNTING PMB 401591, 2301 VANDERBILT PLACE, NASHVILLE, TN 37240-1591	62-0476822	501(C)(3)	12,737,788		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(122) TENNESSEE VALLEY HEALTHCARE SYSTEM CHAPLAIN PHILLIPS (TVHS), 3400 LEBANON ROAD, MURFREESBORO, TN 37129	62-0484828	GOVT	47,602		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(123) DAVID LIPSCOMB UNIVERSITY COLLEGE OF PHARMACY UNIVERSITY RELATIONS, ONE UNIVERSITY PARK DRIVE, NASHVILLE, TN 37204	62-0485733	501(C)(3)	21,570		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(124) MEHARRY MEDICAL COLLEGE OFFICE OF GRANTS & CONTRACTS, 1005 DR D B TODD JR BLVD, NASHVILLE, TN 37208	62-0488046	501(C)(3)	1,488,020		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(125) ST JUDES CHILDRENS RESEARCH HOSPITAL P O BOX 1000, DEPT 949, MEMPHIS, TN 38148-0949	62-0646012	501(C)(3)	91,705		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(126) UNIVERSITY OF MEMPHIS INTERLIBRARY LOAN, 126 NED R MCWHERTER LIBRARY, MEMPHIS, TN 38152-3250	62-0648618	GOVT	17,457		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(127) METRO PUBLIC HEALTH DEPARTMENT 2500 CHARLOTTE AVENUE, SUITE 100, NASHVILLE, TN 37209	62-0694743	GOVT	113,495		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(128) TENNESSEE STATE UNIVERSITY OFFICE OF VP FOR BUS AND FIN, 3500 JOHN A MERRITT BLVD, NASHVILLE, TN 37209-1561	62-0786119	GOVT	110,022		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(129) MATTHEW WALKER HEALTH CENTER INC 1035 14TH AVENUE N, NASHVILLE, TN 37208	62-1035426	501(C)(3)	5,715		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(130) 20/20 RESEARCH INC 161 ROSA L PARKS BLVD, NASHVILLE, TN 37203	62-1271305	N/A	13,696		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(131) NASHVILLE CARES 633 THOMPSON LANE, NASHVILLE, TN 37204	62-1274532	501(C)(3)	31,328		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(132) SAINT THOMAS RESEARCH INSTITUTE 300 20TH AVENUE NORTH, SUITE G10, NASHVILLE, TN 37203	62-1284994	501(C)(3)	79,651		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(133) MIDDLE TENNESSEE RESEARCH INSTITUTE 1310 24TH AVENUE SOUTH, ROOM F-201, NASHVILLE, TN 37212	62-1387860	501(C)(3)	13,300		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(134) TENNESSEE DISABILITY COALITION 955 WOODLAND STREET, NASHVILLE, TN 37206	62-1447320	501(C)(3)	16,820		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(135) CUMBERLAND PEDIATRIC FOUNDATION 3102 WEST END AVE STE 175, NASHVILLE, TN 37203	62-1615913	501(C)(3)	282,729		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(136) ORTHO TENNESSEE PC 260 FORT SANDERS WEST BLVD, # 200, KNOXVILLE, TN 37922	62-1700130	N/A	23,750		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(137) UNIVERSITY OF TENNESSEE MEMPHIS FINANCE & OPERATIONS CONTRACTS, 62 SOUTH DUNLAP, SUITE 320, MEMPHIS, TN 38163	62-6001636	GOVT	509,803		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(138) JACKSON MADISON COUNTY GENERAL HOSPITAL 620 SKYLINE DRIVE, JACKSON, TN 38301	62-6010402	GOVT	31,640		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(139) EAST TENNESSEE STATE UNIVERSITY FINANCIAL SERVICES, P O BOX 70732, JOHNSON CITY, TN 37614-0732	62-6021046	GOVT	91,638		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(140) FRANKLIN PRIMARY HEALTH CENTER INC 1303 DR MARTIN LUTHER KING JR AVE, MOBILE, AL 36603	63-0695975	501(C)(3)	55,877		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(141) MONTGOMERY AIDS OUTREACH, INC PO BOX 11087, MONTGOMERY, AL 36111	63-0959628	501(C)(3)	125,388		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(142) UNIVERSITY OF ALABAMA BOX 870136, TUSCALOOSA, AL 35487-0136	63-6001138	GOVT	175,441		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(143) UNIVERSITY OF ALABAMA AT BIRMINGHAM 701 20TH STREET SOUTH, AB 990, BIRMINGHAM, AL 35294	63-6005396	GOVT	1,817,410		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(144) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER STATE OF MISSISSIPPI 2500 NORTH STATE STREET, JACKSON, MS 39216-4505	64-6008520	GOVT	331,704		NOT APPLICABLE	NOT APPLICABLE	INSTRUCTION
(145) MIAMI DADE AREA HEALTH EDUCATION CENTER INC 1200 NW 78TH AVE, SUITE 209, MIAMI, FL 33126	65-0009277	501(C)(3)	5,749		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(146) UNIVERSITY OF PUERTO RICO MEDICAL SCIENCES CAMPUS P O BOX 365067, SAN JUAN, PR 00936	66-0433762	GOVT	43,567		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(147) ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND TULANE UNIVERSITY, 800 EAST COMMERCE ROAD, SUITE 203, HARRAHAN, LA 70123	72-0423889	501(C)(3)	26,836		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(148) LOUISIANA STATE UNIVERSITY BURSAR OPERATIONS, 125 THOMAS BOYD HALL, BATON ROUGE, LA 70803	72-6000848	GOVT	28,800		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(149) LSU HEALTH SCIENCES CENTER NEW ORLEANS 2020 GRAVIER ST 3RD FLOOR, NEW ORLEANS, LA 70112	72-6087770	GOVT	67,264		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(150) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO CENTER AT SAN ANTONIO, MC 7750 7703 FLOYD CURL DRIVE, SAN ANTONIO, TX 78229-3900	74-1586031	GOVT	161,213		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(151) BAYLOR COLLEGE OF MEDICINE DEPT OF PATHOLOGY, TEXAS CHILDREN'S HOSPITAL, 6621 FANNIN SUITE WB1100, HOUSTON, TX 77030	74-1613878	501(C)(3)	433,649		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(152) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN STREET, HOUSTON, TX 77030	74-1761309	GOVT	65,461		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(153) NATIONAL JEWISH HEALTH P O BOX 17379, DENVER, CO 80217-0379	74-2044647	501(C)(3)	82,633		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(154) UNIVERSITY OF ARIZONA FRS 400360, PO BOX 44390, TUCSON, AZ 85733-4390	74-2652689	GOVT	14,794		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(155) UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING, P O BOX 7159, AUSTIN, TX 78713-7159	74-6000203	GOVT	135,828		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(156) TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY S, SUITE 300, COLLEGE STATION, TX 77845	74-6000541	GOVT	10,309		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

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(157) UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON DEPARTMENT OF PREVENTIVE MEDICINE & COMMUNITY HEALTH, GALVESTON, TX 77555-1109	74-6000949	GOVT	30,588		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(158) MD ANDERSON CANCER CENTER UNIVERSITY OF TEXAS 1515 HOLCOMBE BLVD, HOUSTON, TX 77030	74-6001118	GOVT	30,361		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(159) UNIVERSITY OF TEXAS DALLAS 800 WEST CAMPBELL ROAD, RICHARDSON, TX 75080	75-1305566	GOVT	91,845		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(160) TRANSLATIONAL GENOMICS RESEARCH INST 445 NORTH FIFTH STREET, SUITE 600, PHOENIX, AZ 85004	75-3065445	501(C)(3)	55,267		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(161) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD, ADVANCED IMAGING RESEARCH CENTER, DALLAS, TX 75390-9185	75-6002868	GOVT	95,395		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(162) PALO ALTO VETERANS INSTITUTE FOR RESEARCH POST OFFICE BOX V-38, PALO ALTO, CA 94304	77-0207331	501(C)(3)	309,123		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(163) GREENWAY HEALTH LLC LIGHTNING INTERMEDIATE HOLDINGS LLC 4301 WEST BOY SCOUT BLVD, SUITE 800, TAMPA, FL 33607	80-0847459	N/A	124,217		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(164) MARSHFIELD CLINIC MARSHFIELD CLINIC RESEARCH INST, 1000 NORTH OAK AVE, MARSHFIELD, WI 54449-5790	81-2822823	501(C)(3)	349,655		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(165) IMMEDIS INC (PAYROLL FUNDING) 485 C ROUTE 1 SOUTH, SUITE 330, ISELIN, NJ 08830	82-1269453	N/A	1,221,255		NOT APPLICABLE	NOT APPLICABLE	PUBLIC SERVICE
(166) RADIOLOGY IMAGING ASSOCIATES PC 10700 EAST GEDDES AVE, SUITE 200, ENGLEWOOD, CO 80112	84-0597929	N/A	13,640		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(167) UNIVERSITY OF COLORADO ACCT 2027117, HEALTH SCIENCES CENTER, DEPARTMENT 399, DENVER, CO 80291-0399	84-6000555	GOVT	1,150,390		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(168) UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO, MSC09 5225, ALBUQUERQUE, NM 87131	85-6000642	GOVT	11,448		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(169) MAYO CLINIC NICOTINE DEPENDENCE CENTER, 200 1ST STREET SW, ROCHESTER, MN 55905	86-0800150	501(C)(3)	30,615		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(170) METHODIST HOSPITAL RESEARCH INSTITUTE DBA HOUSTON METHODIST RESEARCH INSTITUTE 6565 FANNIN, HOUSTON, TX 77030	87-0721923	501(C)(3)	73,075		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(171) UNIVERSITY OF UTAH INCOME ACCT/STUDENT LOAN SERVICES, 201 SOUTH 1460 E RM 165, SALT LAKE CITY, UT 84112	87-6000525	GOVT	429,591		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(172) SEATTLE CHILDREN'S HOSPITAL P O BOX 24049, SEATTLE, WA 98124-0049	91-0564748	501(C)(3)	213,104		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(173) INFECTIOUS DISEASE RESEARCH INSTITUTE 1616 EASTLAKE AVE EAST, # 400, SEATTLE, WA 98102	91-1608978	501(C)(3)	1,887,372		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(174) UNIVERSITY OF NEBRASKA MEDICAL CENTER EPPLEY CANCER CENTER, 986805 NEBRASKA MEDICAL CENTER, OMAHA, NE 68198-6805	91-1858433	501(C)(3)	89,997		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(175) UNIVERSITY OF WASHINGTON REFERENCE LAB SERVICES, P O BOX 3655, SEATTLE, WA 98124	91-6001537	GOVT	1,994,762		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(176) KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON STREET, 16TH FLOOR, OAKLAND, CA 94612-3433	94-1105628	501(C)(3)	5,613		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(177) STANFORD UNIVERSITY CARDIOVASCULAR INSTITUTE, 1215 WELCH ROAD MODULAR B, ROOM 53, STANFORD, CA 94305-5414	94-1156365	501(C)(3)	968,960		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(178) IHC HEALTH SERVICES INC P O BOX 57828, SALT LAKE CITY, UT 84157	94-2854057	501(C)(3)	35,929		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(179) UNIVERSITY OF CALIFORNIA SAN FRANCISCO UC REGENTS UCSF, 550 16TH ST 6TH FLOOR SPACE 6331, SAN FRANCISCO, CA 94158	94-6036493	GOVT	188,138		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(180) UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA STREET, SUITE 102, LOS ANGELES, CA 90074-2095	95-1642394	501(C)(3)	2,019,545		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(181) CALIFORNIA INSTITUTE OF TECHNOLOGY MONOCLONAL ANTIBODY FACILITY, DIV OF BIOLOGY 216-76, PASADENA, CA 91125	95-1643307	501(C)(3)	254,137		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(182) CEDARS SINAI MEDICAL CENTER 8635 WEST TOWER, SUITE 665 W, LOS ANGELES, CA 90048	95-1644600	501(C)(3)	678,083		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(183) CITY OF HOPE NATIONAL MEDICAL CENTER C/O CINDY PALMER INFO. SCIENCES, 1500 EAST DUARTE ROAD, WING IV, ROOM 434C, DUARTE, CA 91010	95-1683875	501(C)(3)	144,318		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(184) UNIVERSITY OF CALIFORNIA IRVINE 120 THEORY, SUITE 200, IRVINE, CA 92697-1050	95-2226406	GOVT	12,258		NOT APPLICABLE	NOT APPLICABLE	RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(185) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE, # 0737, LA JOLLA, CA 92093-0737	95-6006144	GOVT	68,718		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(186) UNIVERSITY OF HAWAII INSTITUTE FOR ASTRONOMY, 2680 WOODLAWN DRIVE, HONOLULU, HI 96822	99-6000354	GOVT	55,937		NOT APPLICABLE	NOT APPLICABLE	RESEARCH
(187) NASHVILLE CONVENTION & VISITORS BUREAU 150 4TH AVE NORTH, NASHVILLE, TN 37219	02-0700616	501(C)(6)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(188) AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW, ATLANTA, GA 30303	13-1788491	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(189) MARCH OF DIMES 1275 MAMARONECK AVE, WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(190) MUSICIANS ON CALL 110 WEST 40TH STREET, SUITE 702, NEW YORK, NY 10018	13-4067116	501(C)(3)	12,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(191) AMERICAN HEART ASSOCIATION 1818 PATTERSON ST, NASHVILLE, TN 37203	13-5613797	501(C)(3)	203,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(192) CHILDREN'S EMERGENCY CARE ALLIANCE 3841 GREEN HILLS VILLAGE DRIVE, SUITE 3048, NASHVILLE, TN 37215	20-2802786	501(C)(3)	11,250		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(193) JDRF DIABETES FOUNDATION 105 WESTPARK DR, #415, BRENTWOOD, TN 37027	23-1907729	501(C)(3)	9,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(194) ACOUSTIC NEUROMA ASSOCIATION 600 PEACHTREE PARKWAY, SUITE 108, CUMMING, GA 30041	23-2170836	501(C)(3)	15,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(195) HERITAGE FOUNDATION 112 BRIDGE ST, FRANKLIN, TN 37064	23-7042596	501(C)(3)	18,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(196) EVE OF JANUS BENEFIT PO BOX 158855, NASHVILLE, TN 37215	23-7215849	501(C)(3)	6,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(197) ASSOCIATION FOR CLINICAL AND TRANSLATIONAL SCIENCE 2025 M ST NW, SUITE 800, WASHINGTON, DC 20036	26-4245965	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(198) TENNESSEE KIDNEY FOUNDATION 37 PEABODY STREET, SUITE 206, NASHVILLE, TN 37210	27-0812507	501(C)(3)	14,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(199) JACKSON GENERALS BASEBALL CLUB LP 4 FUN PLACE, JACKSON, TN 38305	32-0303574	N/A	8,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(200) WILLIAMSON, INC. 5005 MERIDIAN BLVD, #150, FRANKLIN, TN 37067	36-4720381	501(C)(6)	33,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(201) GREEN HILLS MALL 2126 ABBOTT MARTIN RD, NASHVILLE, TN 37215	38-2033632	N/A	17,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(202) NASHVILLE BUSINESS JOURNAL 1800 CHURCH STREET, SUITE 300, NASHVILLE, TN 37203	43-1366184	N/A	5,300		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(203) THE NASHVILLE FOOD PROJECT 3605 HILLSBORO PIKE, NASHVILLE, TN 37215	45-2905951	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(204) SCOTT HAMILTON CARES PO BOX 680483, FRANKLIN, TN 37068	47-2328142	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(205) NASHVILLE COACHING COALITION 2416 21ST AVENUE SOUTH, SUITE 203A, NASHVILLE, TN 37212	47-2842932	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(206) PILGRIMAGE PRESENTS, LLC PO BOX 3314, HOUMA, LA 70361	47-3296867	N/A	8,750		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(207) T. J. MARTELL FOUNDATION 1114 17TH AVE S, SUITE 101, NASHVILLE, TN 37212	51-0180178	501(C)(3)	76,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(208) TENNESSEE STATE MUSEUM FOUNDATION 505 DEADERICK STREET, NASHVILLE, TN 37243	51-0200584	501(C)(3)	6,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(209) FEDERATION OF AMER. SOCIETIES FOR EXPERIMENTAL BIOLOGY (FASEB) 9650 ROCKVILLE PIKE, BETHESDA, MD 20814	52-0700497	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(210) NATIONAL BUSINESS GROUP ON HEALTH 20 F ST. NEW, SUITE 200, WASHINGTON, DC 20001	52-1147591	501(C)(3)	55,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(211) INSTITUTE FOR PATIENT-AND-FAMILY- CENTERED CARE 6917 ARLINGTON RD, SUITE 309, BETHESDA, MD 20814	52-1777133	501(C)(3)	40,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(212) ARVO FOUNDATION FOR EYE RESEARCH 1801 ROCKVILLE PIKE, SUITE 400, ROCKVILLE, MD 20852	52-2322462	501(C)(3)	6,250		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(213) URBAN LAND INSTITUTE 2001L STREET NW, SUITE 200, WASHINGTON, DC 20036	53-0159845	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(214) UNITED WAY OF THE MID SOUTH 1005 TILLMAN STREET, MEMPHIS, TN 38112	56-1010742	501(C)(3)	7,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(215) JUNIOR LEAGUE OF NASHVILLE 2202 CRESTMOOR RD, NASHVILLE, TN 37215	62-0476815	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(216) NASHVILLE SYMPHONY ORCHESTRA ONE SYMPHONY PLACE, NASHVILLE, TN 37201	62-0550979	501(C)(3)	11,500		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(217) CHEEKWOOD BOTANICAL GARDEN & MUSEUM OF ART 1200 FORREST PARK DR., NASHVILLE, TN 37205	62-0627921	501(C)(3)	35,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(218) HOSPITAL HOSPITALITY HOUSE 214 REIDHURST AVENUE, NASHVILLE, TN 37203	62-0909363	501(C)(3)	30,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(219) TENNESSEE DISABILITY COALITION 955 WOODLAND STREET, NASHVILLE, TN 37206	62-1447320	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(220) COMMUNITY FOUNDATION OF MIDDLE TN 3833 CLEGHORN AVENUE, SUITE 400, NASHVILLE, TN 37215	62-1471789	501(C)(3)	25,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(221) CUMBERLAND PEDIATRIC FOUNDATION 3102 WEST END AVENUE, SUITE 175, NASHVILLE, TN 37203	62-1615913	501(C)(3)	41,051		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(222) OPERATION ANDREW GROUP 3902 GRANNY WHITE PIKE, NASHVILLE, TN 37204	62-1799192	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(223) TENNESSEE PEDIATRIC SOCIETY FOUNDATION PO BOX 159201, NASHVILLE, TN 37215	68-0562856	501(C)(3)	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(224) NATIONAL ALLIANCE ON MENTAL ILLNESS DAVIDSON COUNTY 1101 KERMIT DR., SUITE 506, NASHVILLE, TN 37217	80-0597038	501(C)(3)	7,450		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(225) WILLIAMSON COUNTY FAIR ASSOCIATION, INC. 1320 W MAIN ST, FRANKLIN, TN 37064	81-0644815	501(C)(3)	8,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION
(226) REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS 202 COUSTEAU PLACE, DAVIS, CA 95618	94-6036494	GOVT	10,000		NOT APPLICABLE	NOT APPLICABLE	CONTRIBUTION

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

(a) Type of grant or assistance	(b) Number of Recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(7) AWARDS AND RESEARCH GRANTS	443	7,841,400			
(8) PATIENT ASSISTANCE	770		32,981	FMV	AMBULANCE RIDES
(9) PATIENT ASSISTANCE	250		5,813	FMV	CAR 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>HTTPS://FINANCE.MC.VANDERBILT.EDU/ARE/GGC/POLICY.ASPX</p>

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Compensation Information

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

35-2528741

Part I Questions Regarding Compensation

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

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

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

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)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JEFFREY R. BALSER, MD, PHD PRESIDENT AND CEO	(i) 2,019,146	359,040	31,322	518,394	31,393	2,959,295	0
		(ii) 0	0	0	0	0	0	0
2	JOHN F. MANNING, JR., PHD, MBA COO AND CORPORATE CHIEF OF STAFF	(i) 809,180	100,531	13,961	175,185	24,570	1,123,427	0
		(ii) 0	0	0	0	0	0	0
3	CECELIA B. MOORE, MHA, CPA, CHFP CFO AND TREASURER	(i) 961,411	121,229	30,242	193,985	15,440	1,322,307	0
		(ii) 0	0	0	0	0	0	0
4	C. WRIGHT PINSON, MD, MBA DEPUTY CEO AND CHIEF HEALTH SYSTEM OFFICER	(i) 1,734,593	215,945	33,343	358,674	14,862	2,357,417	0
		(ii) 0	0	0	0	0	0	0
5	MICHAEL J. REGIER, JD GENERAL COUNSEL AND SECRETARY	(i) 682,099	87,161	31,322	153,692	23,870	978,144	0
		(ii) 0	0	0	0	0	0	0
6	ZEENA M. ABDULAHAD, MPA EVP AND CHIEF DEVELOPMENT OFFICER	(i) 149,402	125,000	12,084	34,940	732	322,158	0
		(ii) 0	0	0	0	0	0	0
7	MITCHELL C. EDGEWORTH, MBA CEO, VANDERBILT UNIVERSITY ADULT HOSPITAL AND CLINICS	(i) 698,417	86,930	11,288	113,755	27,688	938,078	0
		(ii) 0	0	0	0	0	0	0
8	CHARLES L. GREGORY, MA, MBA, MH CEO, MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT	(i) 617,769	79,168	32,564	109,030	23,059	861,590	0
		(ii) 0	0	0	0	0	0	0
9	THOMAS S. NANTAIS, MBA EVP ADULT AMBULATORY	(i) 273,595	0	37,141	27,440	4,548	342,724	0
		(ii) 0	0	0	0	0	0	0
10	TRACI K. NORDBERG, JD CHIEF HR OFFICER	(i) 545,353	69,115	18,710	124,685	23,008	780,871	0
		(ii) 0	0	0	0	0	0	0
11	DAVID R. POSCH EVP FOR POPULATION HEALTH	(i) 700,092	86,520	14,843	13,585	17,607	832,647	0
		(ii) 0	0	0	0	0	0	0
12	DAVID S. RAIFORD, MD CHIEF OF CLINICAL STAFF	(i) 688,728	97,203	30,822	154,794	24,597	996,144	0
		(ii) 0	0	0	0	0	0	0
13	WILLIAM W. STEAD, MD CHIEF STRATEGY OFFICER	(i) 727,179	90,148	16,640	13,394	16,218	863,579	0
		(ii) 0	0	0	0	0	0	0
14	SCOTT L. PARKER, MD ASST PROFESSOR NEUROLOGICAL SURGERY	(i) 570,645	1,458,487	29,432	13,394	31,094	2,103,052	0
		(ii) 0	0	0	0	0	0	0
15	JACOB P. SCHWARZ, MD ASST PROFESSOR NEUROLOGICAL SURGERY	(i) 1,045,932	50,000	29,810	13,394	1,180	1,140,316	0
		(ii) 0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)						
		(ii)						

Schedule J (Form 990) 2018

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

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) BYRON F. STEPHENS, II, MD ASST PROFESSOR COMPREHENSIVE SPINE CENTER	(i)	490,757	702,997	10,941	13,394	18,454	1,236,543	0
	(ii)	0	0	0	0	0	0	0
(17) PAUL STERNBERG, JR., MD CMO & VP CLINICAL AFFAIRS	(i)	992,512	187,716	33,617	13,394	25,052	1,252,291	0
	(ii)	0	0	0	0	0	0	0
(18) DOUGLAS R. WEIKERT, MD ASST PROFESSOR ORTHO-HAND	(i)	786,305	305,968	35,739	13,394	29,698	1,171,104	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	VANDERBILT UNIVERSITY MEDICAL CENTER EXCLUDES THE BENEFITS FROM TAXABLE INCOME WHEN A DOCUMENTED BUSINESS PURPOSE IS SERVED. 1 OFFICER RECEIVED CHARTER TRAVEL BENEFITS THAT WERE NOT INCLUDED IN TAXABLE COMPENSATION. 2 OFFICERS, 2 DIRECTORS , AND 1 KEY EMPLOYEE RECEIVED FIRST-CLASS TRAVEL BENEFITS THAT WERE NOT 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	CERTAIN INDIVIDUALS LISTED IN FORM 990, SCHEDULE J, PART II PARTICIPATE IN NONQUALIFIED DEFERRED COMPENSATION PLANS. AMOUNTS CONTRIBUTED TO THE PLANS INCLUDE FIXED PERCENTAGES OF ANNUAL BONUS PAYMENTS AND FIXED DOLLAR AMOUNTS. CONTRIBUTIONS TO THE PLAN VEST ON THE FIRST DAY OF THE FOURTH PLAN YEAR FOLLOWING CONTRIBUTION, OR UPON OCCURRENCE OF OTHER EVENTS SPECIFIED IN THE PLAN (INCLUDING EXPIRATION OF THE PARTICIPANT'S EMPLOYMENT AGREEMENT, IF PARTICIPANT HAS REACHED AGE 65). 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 2018.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II RECEIVED VARIABLE INCENTIVE COMPENSATION BASED ON THE ACHIEVEMENT OF PRE-ESTABLISHED GOALS WHERE JUDGMENT WAS DETERMINED BY THE COMPENSATION COMMITTEE. INCENTIVE PAYMENTS ARE SHOWN IN SCHEDULE J, PART II, COLUMN B(II).

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part I Bond Issues

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

Part II Proceeds

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

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

Cat. No. 50193E

Schedule K (Form 990) 2018

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓		✓		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	✓		✓		✓			
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	✓		✓		✓			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	✓		✓		✓			
c	Are there any research agreements that may result in private business use of bond-financed property?	✓		✓		✓			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	✓		✓		✓			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶	0.15 %		0.00 %		0.67 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶	0.00 %		0.00 %		0.14 %			
6	Total of lines 4 and 5	0.15 %		0.00 %		0.81 %			
7	Does the bond issue meet the private security or payment test?		✓		✓		✓		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓		✓		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓		✓			

Part IV Arbitrage

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

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - DESCRIPTION OF PURPOSE	ROW (B) - THE ISSUE IS FINANCING VARIOUS NEW CAPITAL PROJECTS FOR THE MEDICAL CENTER. ROW (C) - COST OF CONSTRUCTION, RENOVATION, REMODELING AND EQUIPPING OF CAPITAL PROJECTS FOR THE BORROWER.
SCHEDULE K, PART II, LINE 3 - TOTAL PROCEEDS OF ISSUE	COLUMN (B) - THE DIFFERENCE IN THE ISSUE PRICE AND TOTAL PROCEEDS OF \$793,818 IS DUE TO INVESTMENT EARNINGS ON THE PROJECT FUND. AS OF 6/30/2019 ALL PROCEEDS WERE SPENT ON CAPITAL PROJECTS FOR THE ISSUE AND ARE INCLUDED IN THE TOTAL AMOUNT SPENT ON CAPITAL EXPENDITURES ON LINE 10, AS WELL AS THE TOTAL PROCEEDS OF LINE 3.
SCHEDULE K, PART II, LINE 11 - OTHER SPENT PROCEEDS	COLUMN (A) - THE OTHER SPENT PROCEEDS ARE THE REFUNDING PROCEEDS NO LONGER IN ESCROW.

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

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

OMB No. 1545-0047

2018**Open To Public Inspection**

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part I**Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 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) 2018

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

(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) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MEAGHAN C. LYNCH	FAMILY MEMBER OF CURRENT DIRECTOR, SAMUEL E. LYNCH, DMD, DMSC	\$45,364	EMPLOYMENT AT VANDERBILT UNIVERSITY MEDICAL CENTER		✓

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer identification number

35-2528741

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	11	5,396	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	✓		886	SELLING COST
5 Clothing and household goods	✓		47,002	SELLING COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	87	3,929,883	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	✓	14	5,820	MARKET VALUE
19 Food inventory	✓	12	1,015	MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ((SEE STATEMENT))				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

Part I

Types of Property (continued)

Property Type	(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
GIFT CERTIFICATES	✓	95	12,205	MARKET VALUE
FOOD SERVED AT FUNDRAISING EVENTS	✓	3	4,396	MARKET VALUE

Part II

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

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

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Employer Identification Number

35-2528741

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

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p data-bbox="467 142 719 170">4A. PATIENT SERVICES -</p> <p data-bbox="467 184 1502 527">VUMC PROVIDES HIGH QUALITY MEDICAL AND HEALTH CARE SERVICES REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF VUMC, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER THAT PART OF VUMC'S MISSION IS TO SERVE THE COMMUNITY. THEREFORE, IN KEEPING WITH VUMC'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE; CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST; AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY ARE PROVIDED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXIST. 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 64,559 INPATIENTS AND 2,231,762 EMERGENCY AND OUTPATIENT CLINIC VISITS.</p> <p data-bbox="467 548 1485 632">VUMC'S LEADERSHIP IN THE DELIVERY OF ACADEMICALLY BASED HEALTH CARE IS RECOGNIZED BY THE NATION'S MOST TRUSTED ADVISORY BODIES AND REPORTING ORGANIZATIONS, INCLUDING THE NATIONAL ACADEMIES, THE MAGNET RECOGNITION PROGRAM, U.S. NEWS & WORLD REPORT, THE LEAPFROG GROUP, BECKER'S HOSPITAL REVIEW AND OTHERS:</p> <p data-bbox="467 653 1494 758">*U.S. NEWS & WORLD REPORT: FOR 2019 VANDERBILT UNIVERSITY MEDICAL CENTER NAMED #1 HOSPITAL IN TENNESSEE FOR THE EIGHTH CONSECUTIVE YEAR; #1 METRO NASHVILLE; 5 ADULT CLINICAL SPECIALTIES RANKED AMONG THE NATION'S BEST; MONROE CARELL JR. CHILDREN'S HOSPITAL AT VANDERBILT IS NAMED AS ONE OF THE ELITE CHILDREN'S HOSPITAL IN THE NATION BY U.S. NEWS, WITH 10 OUT OF 10 SPECIALTIES NATIONALLY RANKED IN 2018</p> <p data-bbox="467 779 1515 821">*BECKER'S HOSPITAL REVIEW: ONE OF THE "100 GREAT HOSPITALS IN AMERICA" AND ONE OF ONLY TWO HEALTH CARE FACILITIES IN TENNESSEE TO MAKE THE LIST IN 2019</p> <p data-bbox="467 842 1463 905">*THE LEAPFROG GROUP: VANDERBILT UNIVERSITY ADULT HOSPITAL WAS ONCE AGAIN NAMED AMONG THE SAFEST HOSPITALS IN THE NATION WITH A SPRING 2019 "A" SAFETY SCORE. THE HOSPITAL HAS RECEIVED A TOP SAFETY SCORE IN 12 OF THE LAST 15 SURVEY PERIODS</p> <p data-bbox="467 926 1490 989">*NATIONAL INSTITUTES OF HEALTH: VANDERBILT UNIVERSITY SCHOOL OF MEDICINE CURRENTLY RANKED 11TH AMONG THE TOP GRANT AWARDEES FOR MEDICAL RESEARCH IN THE U.S. AS OF DECEMBER 2018</p> <p data-bbox="467 1010 1450 1073">*MAGNET DESIGNATION FROM AMERICAN NURSES CREDENTIALING CENTER: VANDERBILT UNIVERSITY MEDICAL CENTER IS THE ONLY ORGANIZATION THAT IS MAGNET-DESIGNATED IN MIDDLE TENNESSEE, HAVING ACHIEVED ITS THIRD CONSECUTIVE DESIGNATION IN 2017</p> <p data-bbox="467 1094 1490 1157">*COLLEGE FOR HEALTH INFORMATION MANAGEMENT: VUMC IS AMONG THE NATION'S "MOST WIRED" HOSPITALS AND HEALTH SYSTEMS FOR ITS EFFORTS IN INNOVATIVE AND LEADERSHIP IN MEDICAL TECHNOLOGY AND HEALTHCARE INFORMATION MANAGEMENT IN 2018</p> <p data-bbox="467 1178 1479 1262">*FOR THE EIGHTH TIME, VUMC WAS NAMED A LEADER IN LGBTQ HEALTHCARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN HEALTHCARE EQUALITY INDEX (HEI) 2019. VUMC IS THE ONLY ORGANIZATION IN TENNESSEE TO REPEATEDLY BE RECOGNIZED FOR ITS COMMITMENT TO ADOPTING LGBTQ-INCLUSIVE PATIENT, VISITATION AND EMPLOYMENT POLICIES.</p> <p data-bbox="467 1283 1502 1367">*THE CEO ROUNDTABLE ON CANCER RE-ACCREDITED VUMC AS A CEO CANCER GOLD STANDARD EMPLOYER FOR VUMC'S EFFORTS TO REDUCE THE RISK OF CANCER FOR EMPLOYEES AND THEIR FAMILIES. VUMC HAS EARNED THE CEO CANCER GOLD STANDARD DESIGNATION EVERY YEAR SINCE 2008.</p> <p data-bbox="467 1388 1502 1430">ALONG WITH THE VARIOUS NATIONAL RANKINGS, THERE ARE SEVERAL VUMC PROGRAMS UNIQUE TO TENNESSEE OR THE REGION, WHICH INCLUDE:</p> <p data-bbox="467 1451 1243 1472">*ONLY LEVEL 1 (HIGHEST LEVEL) TRAUMA CENTER IN MIDDLE TENNESSEE</p> <p data-bbox="467 1493 1455 1535">*ONLY LEVEL 4 (HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNIT, AS WELL AS A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT AND PEDIATRIC TRAUMA PROGRAM</p> <p data-bbox="467 1556 1495 1640">*VANDERBILT-INGRAM CANCER CENTER, THE ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER IN TENNESSEE THAT CONDUCTS RESEARCH AND CARES FOR BOTH CHILDREN AND ADULTS; ALSO, A MEMBER OF THE ELITE NATIONAL COMPREHENSIVE CANCER NETWORK, A GROUP OF THE NATION'S TOP 21 CLINICAL CANCER INSTITUTES</p> <p data-bbox="467 1661 1339 1703">*ONLY JOINT COMMISSION-ACCREDITED PROGRAM FOR TRAUMATIC BRAIN INJURY REHABILITATION (ONE OF SEVEN NATIONALLY)</p> <p data-bbox="467 1724 870 1745">*DEDICATED REGIONAL BURN CENTER</p> <p data-bbox="467 1766 1438 1787">*LIFEFLIGHT, AN INTEGRATED AIR AND GROUND EMERGENCY PATIENT TRANSPORT SYSTEM</p> <p data-bbox="467 1808 784 1829">*TENNESSEE POISON CENTER</p> <p data-bbox="467 1850 1442 1892">*TENNESSEE'S ONLY COMPREHENSIVE SOLID ORGAN TRANSPLANT CENTER, SERVING BOTH ADULT AND PEDIATRIC PATIENTS</p> <p data-bbox="467 1913 1430 1976">FOR MORE INFORMATION REGARDING HEALTH CARE AT VANDERBILT UNIVERSITY MEDICAL CENTER, VISIT HTTPS://WWW.VANDERBILTHEALTH.COM/PATIENTANDVISITORINFO/48538</p>

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 & 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 RECIPIENTS IN TOTAL FEDERAL FUNDING.</p> <p>FOR MORE INFORMATION REGARDING RESEARCH AT VANDERBILT UNIVERSITY MEDICAL CENTER VISIT: HTTPS://WWW.VUMC.ORG/OOR/</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$143,249,496 INCLUDING GRANTS OF \$0)(REVENUE \$165,972,475)</p> <p>4D. OTHER PROGRAM SERVICES -</p> <p>OTHER PROGRAM SERVICES INCLUDE PUBLIC HEALTH SERVICE, ACADEMIC SUPPORT, INSTITUTIONAL SUPPORT, AND OTHER AUXILIARY SERVICES. VUMC ENGAGES IN A VARIETY OF PUBLIC SERVICE PROJECTS, INCLUDING, BUT NOT LIMITED TO FORMULATING NEW APPROACHES TO INCREASE HEALTH, SAFETY, QUALITY AND OUTCOMES, WHILE DECREASING TOTAL COSTS AND MANY OTHER SPONSORED COMMUNITY HEALTH AND EDUCATIONAL PROGRAMS.</p> <p>TO READ MORE ABOUT VUMC'S ROLE IN THE COMMUNITY, VISIT HTTPS://WWW.VANDERBILTHEALTH.COM/MAIN/38766</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE OF THE BOARD OF THE DIRECTORS CONSISTS OF AT LEAST THREE DIRECTORS, INCLUDING THE BOARD CHAIRPERSON, THE CEO OF VUMC, AND THE CHANCELLOR OF VANDERBILT UNIVERSITY. THE EXECUTIVE COMMITTEE IS EMPOWERED TO EXERCISE ALL OF THE POWERS OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, SUBJECT TO CERTAIN RESTRICTIONS INVOLVING MAJOR CORPORATE DECISIONS.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PARTIES	<p>AS A RESULT OF VUMC'S CONTINUING RELATIONSHIP WITH VANDERBILT UNIVERSITY, DAVID W. PATTERSON, ROBERT C. SCHIFF, JR., GREGORY SCOTT ALLEN, AND NICHOLAS S. ZEPPOS SERVE ON THE VANDERBILT UNIVERSITY BOARD OF TRUST AND WERE APPOINTED BY VANDERBILT UNIVERSITY TO SERVE ON THE VUMC BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 IS PREPARED BY VUMC AND PROVIDED TO ERNST & YOUNG, VUMC'S INDEPENDENT ACCOUNTING FIRM FOR REVIEW. AFTER REVIEW BY ERNST & YOUNG, VUMC PROVIDES A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW TO ALL GENERAL OFFICERS, WHICH INCLUDES THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND SECRETARY. ONCE THIS REVIEW PROCESS IS COMPLETE, THE AUDIT AND COMPLIANCE COMMITTEE IS PROVIDED ELECTRONIC ACCESS TO THE DRAFT FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW. THE FINAL FORM 990 AND ALL REQUIRED SCHEDULES ARE MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO THE FILING OF THE RETURN.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>VUMC HAS A CONFLICT OF INTEREST ("COI") POLICY, WHICH REQUIRES THAT ALL STAFF MEMBERS AND VUMC EMPLOYED FACULTY COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY, DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST. IF A CONFLICT IS DISCLOSED BY A STAFF MEMBER, THE CONFLICT IS REVIEWED BY THE INDIVIDUAL'S SUPERVISOR AND THE COI DIRECTOR, IN THE OFFICE OF LEGAL AFFAIRS, WHICH REPORTS TO THE VUMC GENERAL COUNSEL/CORPORATE SECRETARY.</p> <p>FOR VUMC EMPLOYED FACULTY, DISCLOSED CONFLICTS ARE REVIEWED BY THE FACULTY MEMBER'S DEPARTMENT CHAIR AND THE ASSOCIATE DEAN FOR FACULTY AFFAIRS.</p> <p>VUMC HAS A CONFLICT OF INTEREST COMMITTEE WHICH CONSISTS OF REPRESENTATIVES FROM RELEVANT AREAS ACROSS VUMC AND ARE APPOINTED BY THE CEO UPON THE RECOMMENDATION OF THE CHIEF OF CLINICAL STAFF. THE CHIEF OF CLINICAL STAFF SERVES AS CHAIR OF THE COMMITTEE.</p> <p>THE CONFLICT OF INTEREST COMMITTEE IS RESPONSIBLE FOR REVIEWING CONFLICT OF INTEREST CASES OF VUMC EMPLOYEES (INCLUDING THOSE HOLDING VU FACULTY APPOINTMENTS) WHERE A DECISION IS NOT MADE AFTER THE INITIAL REVIEW OF THE DISCLOSURE; AND WHERE VUMC AS A PARTY, OR IN WHICH VUMC AS AN INSTITUTION, IS SUBJECT TO A CONFLICT OF INTEREST. ANY REPORTED CONFLICT IS MANAGED OR ELIMINATED AS APPROPRIATE.</p> <p>THE CONFLICT OF INTEREST COMMITTEE REPORTS SEMIANNUALLY TO THE VUMC BOARD AUDIT & COMPLIANCE COMMITTEE.</p> <p>MEMBERS OF THE BOARD OF DIRECTORS ALSO MUST COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURES. THOSE WITH DISCLOSED POTENTIAL CONFLICT OF INTEREST ARE PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS, ALONG WITH THEIR RESPECTIVE MANAGEMENT ACTION PLANS, WHERE APPLICABLE. MANAGEMENT PLANS MAY INCLUDE RESTRICTIONS ON MEMBERS, SUCH AS RECUSING THEMSELVES DURING DELIBERATIONS AND DECISIONS IN WHICH A POTENTIAL CONFLICT MAY EXIST, WITH THE MINUTES OF THE MEETING REFLECTING THEIR RECUSAL.</p>

Return Reference - Identifier	Explanation												
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>FORM 990, PART VI, LINES 15A & 15B -</p> <p>TO ENSURE THAT VUMC IS PAYING REASONABLE TOTAL COMPENSATION, IS NOT VIOLATING THE PRIVATE INUREMENT PROHIBITION, WHICH REQUIRES THAT NONE OF THE ORGANIZATION'S INCOME OR ASSETS UNREASONABLY BENEFIT ANY OF ITS DIRECTORS, OFFICERS, OR KEY EMPLOYEES, AND IS IN COMPLIANCE WITH THE INTERMEDIATE SANCTIONS PROVISIONS WITH RESPECT TO THE GENERAL OFFICERS, VUMC'S BOARD OF DIRECTORS HAS DESIGNATED THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE MADE UP OF OUTSIDE, INDEPENDENT, BOARD MEMBERS TO REVIEW AND RECOMMEND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE TOTAL COMPENSATION ANNUALLY FOR THE GENERAL OFFICERS. THE COMMITTEE UTILIZES AN OUTSIDE CONSULTING FIRM TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS AND COMPLIANCE WITH ALL INTERNAL REVENUE SERVICE RULES CONCERNING EXECUTIVE COMPENSATION, INCLUDING THE INTERNAL REVENUE CODE PROVISION RELATED TO INTERMEDIATE SANCTIONS, DEFERRED COMPENSATION, AND PRIVATE INUREMENT. THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE REVIEWS THE EXECUTIVE COMPENSATION PHILOSOPHY AND AFFIRMS THAT IT IS IN LINE WITH THE BOARD'S EXPECTATION. EACH YEAR THE TOTAL COMPENSATION REVIEW AND RECOMMENDATIONS ARE RECORDED IN THE MINUTES OF THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE MEETINGS. THE FULL BOARD IS INFORMED ANNUALLY OF THE TOTAL COMPENSATION OF THE GENERAL OFFICERS DURING PRIVATE SESSION.</p>												
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>VUMC'S GOVERNING DOCUMENTS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. VUMC'S FINANCIAL STATEMENTS ARE POSTED TO THE EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON THE FOLLOWING WEBSITE:</p> <p>HTTPS://WWW.VUMC.ORG/GENERAL-COUNSEL/PERSON/CONFLICT-INTEREST (PLEASE USE LOWERCASE TO ACCESS THE WEBSITE).</p>												
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS</td><td>85,331,000</td></tr> <tr> <td>NET ASSETS RELEASED FROM RESTRICTIONS</td><td>- 10,596,000</td></tr> <tr> <td>ENDOWMENT APPRECIATION</td><td>1,665,000</td></tr> <tr> <td>CHANGE IN NON-CONTROLLING INTEREST NET ASSETS</td><td>2,052,000</td></tr> <tr> <td>OTHER CHANGES IN NET ASSETS</td><td>- 291</td></tr> </table>	(a) Description	(b) Amount	TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS	85,331,000	NET ASSETS RELEASED FROM RESTRICTIONS	- 10,596,000	ENDOWMENT APPRECIATION	1,665,000	CHANGE IN NON-CONTROLLING INTEREST NET ASSETS	2,052,000	OTHER CHANGES IN NET ASSETS	- 291
(a) Description	(b) Amount												
TEMPORARILY AND PERMANENTLY RESTRICTED CONTRIBUTIONS	85,331,000												
NET ASSETS RELEASED FROM RESTRICTIONS	- 10,596,000												
ENDOWMENT APPRECIATION	1,665,000												
CHANGE IN NON-CONTROLLING INTEREST NET ASSETS	2,052,000												
OTHER CHANGES IN NET ASSETS	- 291												

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

Name of the organization

VANDERBILT UNIVERSITY MEDICAL CENTER

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018**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	1,341,644	14,855,266	VUMC
(2) FRIENDS IN GLOBAL HEALTH, LLC (26-0170070) 2525 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	PUBLIC HEALTH	TN	30,761,298	583,115	VHS
(3) VANDERBILT-WILSON RADIATION ONCOLOGY, LLC (26-1241612) 2100 WEST END AVE., SUITE 750, NASHVILLE, TN 37203	HOLDING COMPANY	TN	3,939,734	1,897,168	VHS
(4) VANDERBILT HEALTH AFFILIATED NETWORK, LLC (46-1571024) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203	CLINICAL NETWORK	TN	28,261,206	20,839,311	VHS
(5) PROJECT HOLDING COMPANY, LLC (81-3915926) 4350 LASSITER AT NORTH HILLS AVE, SUITE 300, RALEIGH, NC 27609-5793	HOLDING COMPANY	TN	0	22,679,775	VUMC
(6) (SEE STATEMENT)					

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2018

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	O	89,442	FMV
(1) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC	S	3,429,100	FMV
(2) VANDERBILT GATEWAY CANCER CENTER, G.P.	L	1,044,462	FMV
(3) VANDERBILT GATEWAY CANCER CENTER, G.P.	O	139,048	FMV
(4) VANDERBILT GATEWAY CANCER CENTER, G.P.	Q	168,520	FMV
(5) (SEE STATEMENT)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2018

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	4,481,381	VUMC
(7) VANDERBILT HEALTH RX SOLUTIONS, LLC (82-1456647) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY ADMINISTRATION	TN	3,638,660	2,116,388	VHPS
(8) VANDERBILT HEALTH PHARMACY GROUP, LLC (82-1462688) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHARMACY SERVICES	TN	321,781	112,152	VHRXS
(9) RETAIL HEALTH CLINICS, LLC (82-1942209) 2525 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	WALK-IN CLINICS	TN	8,011,661	24,102	VHS
(10) NASHVILLE BIOSCIENCES, LLC (82-4174759) 2525 WEST END AVE., SUITE 930, NASHVILLE, TN 37203	RESEARCH & DEVELOPMENT IN BIOTECHNOLOGY	TN	2,879,310	975,715	VUMC
(11) VANDERBILT HEALTH SUPPLY CHAIN SOLUTIONS, LLC (82-4143617) MCN 1161 21ST AVE, D-3300, NASHVILLE, TN 37203	CONSULTING	TN	524,716	779,471	VHPS
(12) VANDERBILT HEALTH PURCHASING COLLABORATIVE, LLC (82-4148840) MCN 1161 21ST AVE, D-3300, NASHVILLE, TN 37203	GROUP PURCHASING ORGANIZATION	TN	3,519,713	2,628,531	VHSCS
(13) ACO OF CENTRAL ALABAMA 1, LLC (82-1681443) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	1,493,160	516,868	VWRO
(14) ACO OF LOUISIANA, LLC (82-1686154) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	898,710	269,717	VWRO
(15) ACO OF NORTH DELAWARE, LLC (81-2692564) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	366,644	281,460	VWRO
(16) MID SOUTH ACO, LLC (82-1685569) 3401 WEST END AVE., SUITE 290, NASHVILLE, TN 37203-6866	ACCOUNTABLE CARE ORGANIZATION	DE	1,181,220	370,567	VWRO
(17) VANDERBILT HOME CARE SERVICES, LLC (62-1404948) 2120 BELCOURT AVENUE, NASHVILLE, TN 37212	HOME HEALTH	TN	1,916,887	(20,393,247)	VHS

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC (62-1809227) 40 BURTON HILLS BLVD., STE. 500, NASHVILLE, TN 37215	AMBULATORY SURGERY	TN	VHS	RELATED	3,177,548	3,048,271		✓			✓	51.02
(2) NEW LIGHT IMAGING, LLC (14-1895171) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	MANAGEMENT SERVICES	TN	VHS	RELATED	891,431	207,003		✓			✓	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	2,721,852	1,978,304		✓			✓	80.00
(4) SPRINGFIELD VIP REALTY, LLC (26-1237360) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	REAL ESTATE	TN	VUMC	EXCLUDED	18,265	417,251		✓		✓		49.00
(5) VANDERBILT GATEWAY CANCER (20-3844791) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	ONCOLOGY SERVICES	DE	VHS	RELATED	955,324	3,293,964		✓		✓		50.00
(6) VANDERBILT IMAGING SERVICES, LLC (62-1787098) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	RADIOLOGY SERVICES	TN	VHS	RELATED	5,446,905	1,946,991		✓			✓	66.67
(7) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, LP (63-1077470) 3660 GRANDVIEW PARKWAY, STE. 200, BIRMINGHAM, AL 35243	REHAB SERVICES	TN	VUMC/VHS	RELATED	(748,708)	4,326,132		✓		✓		50.00
(8) VANDERBILT-MAURY RADIATION ONCOLOGY, LLC (46-0757412) 1003 RESERVE BLVD., STE 120, SPRING HILL, TN 37174	ONCOLOGY SERVICES	TN	VHS	RELATED	82,047	1,056,895		✓		✓		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	654,227	4,690,754		✓		✓		51.00
(10) VIP MIDSOUTH, LLC (62-1654580) 3319 WEST END AVE., STE. 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VIP	RELATED	236,412	2,149,214		✓		✓		51.00
(11) WILLIAMSON IMAGING, LLC (62-1855535) 2000 RICHARD JONES ROAD, STE. 270, NASHVILLE, TN 37215	DIAG. IMAGING	TN	VIS	RELATED	1,817,809	1,316,746		✓			✓	53.34
(12) SPRING HILL SURGERY CENTER, LLC (46-2325870) 310 SEVEN SPRINGS WAY, SUITE 500, BRENTWOOD, TN 37027	AMBULATORY SURGERY	TN	VHS	RELATED	(258,253)	1,894,665		✓			✓	51.00

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) VANDERBILT INTEGRATED PROVIDERS (62-1650124) 3319 WEST END AVE., SUITE 700, NASHVILLE, TN 37203	PHYSICIAN OFFICES	TN	VHS	C CORPORATION	2,398,415	2,206,122	100.00	✓	
(2) CHARITABLE REMAINDER TRUST (5)	CHARITABLE TRUST	TN	VUMC	TRUST	N/A	N/A	N/A	✓	
(3) PERPETUAL TRUSTS (1)	CHARITABLE TRUST	TN	VUMC	TRUST	N/A	N/A	N/A	✓	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) VANDERBILT GATEWAY CANCER CENTER, G.P.	S	687,780	FMV
(7) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	B	120,000	FMV
(8) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	L	277,133	FMV
(9) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	O	108,113	FMV
(10) VANDERBILT MAURY RADIATION ONCOLOGY, LLC	Q	286,409	FMV
(11) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	B	500,000	FMV
(12) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	K	460,161	FMV
(13) VANDERBILT STALLWORTH REHABILITATION HOSPITAL, L.P.	Q	2,682,946	FMV
(14) VANDERBILT HOME CARE SERVICES, LLC	L	134,303	FMV
(15) VANDERBILT HOME CARE SERVICES, LLC	M	590,987	FMV
(16) VANDERBILT HOME CARE SERVICES, LLC	S	1,542,365	FMV
(17) VIP MIDSOUTH, LLC	L	115,095	FMV
(18) VIP MIDSOUTH, LLC	O	74,119	FMV
(19) VIP MIDSOUTH, LLC	Q	258,939	FMV
(20) VANDERBILT INTEGRATED PROVIDERS	L	63,530	FMV
(21) VANDERBILT INTEGRATED PROVIDERS	Q	65,416	FMV
(22) VANDERBILT INTEGRATED PROVIDERS	O	205,267	FMV
(23) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	O	13,590,688	FMV
(24) VANDERBILT HEALTH AND WILLIAMSON MEDICAL CENTER CLINICS AND SERVICES LLC	Q	3,036,576	FMV
(25) VANDERBILT IMAGING SERVICES, LLC	O	418,551	FMV
(26) VANDERBILT IMAGING SERVICES, LLC	Q	2,424,938	FMV
(27) VANDERBILT IMAGING SERVICES, LLC	S	5,556,591	FMV
(28) NEW LIGHT IMAGING, LLC	O	392,273	FMV
(29) NEW LIGHT IMAGING, LLC	S	872,006	FMV
(30) WILLIAMSON IMAGING, LLC (COOL SPRINGS IMAGING)	Q	2,544,396	FMV
(31) ONE HUNDRED OAKS IMAGING, LLC	Q	2,527,537	FMV
(32) ONE HUNDRED OAKS IMAGING, LLC	S	1,340,012	FMV
(33) SPRING HILL SURGERY CENTER, LLC	B	2,190,832	FMV
(34) PERPETUAL TRUSTS (1)	S	260,320	FMV

**Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19**2018**Department of the Treasury
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

Employer identification number

VANDERBILT UNIVERSITY MEDICAL CENTER35-2528741**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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>4,545,631,286</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

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 2018 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

05/04/2020

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.

**ERO's
Use
Only**ERO's
signature ▶

Date

Check if
also paid
preparer ☐Check if
self-
employed ☐

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.

**Paid
Preparer
Use Only**

Print/Type preparer's name

AERIAL M ORR

Preparer's signature

Date
5/4/2020Check if
self-
employed ☐

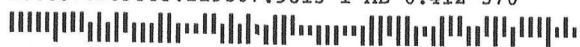
PTIN

P01598400Firm's name ▶ ERNST & YOUNG U.S. LLPFirm's EIN ▶ 34-6565596Firm's address ▶ 55 IVAN ALLEN BLVD, SUITE 1000, ATLANTA, GA 30308Phone no. (404) 874-8300



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

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VANDERBILT UNIVERSITY MEDICAL
% SCOTT PHILLIPS
1161 21ST AVE S STE D3300 MCN
NASHVILLE TN 37232-0011



166837

Notice	CP211A
Tax period	June 30, 2019
Notice date	December 9, 2019
Employer ID number	35-2528741
To contact us	Phone 877-829-5500 FAX 877-792-2864

Page 1 of 1

Important information about your June 30, 2019 Form 990

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

We approved the Form 8868 for your
June 30, 2019 Form 990.

Your new due date is May 15, 2020.

What you need to do

File your June 30, 2019 Form 990 by May 15, 2020. We encourage you to use electronic filing—the fastest and easiest way to file.

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

Additional information

- Visit www.irs.gov/cp211a
- For tax forms, instructions, and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

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

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

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

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

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

Type or print	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
VANDERBILT UNIVERSITY MEDICAL CENTER	35-2528741	
Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)	
1161 21ST AVE S., SUITE D3300 MCN		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
NASHVILLE, TN 37232		

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

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

SCOTT PHILLIPS

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

Telephone No. ► 615 322-2381

Fax No. ► 615 322-8589

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

- 1 I request an automatic 6-month extension of time until 05/15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 or► ☒ tax year beginning 07/01, 2018, and ending 06/30, 2019.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)

CONSOLIDATED FINANCIAL STATEMENTS

Vanderbilt University Medical Center
Years Ended June 30, 2019 and 2018
With Report of Independent Auditors

Ernst & Young LLP



Vanderbilt University Medical Center
Index to Consolidated Financial Statements
June 30, 2019 and 2018

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Report of Independent Auditors

The Board of Directors
Vanderbilt University Medical Center

We have audited the accompanying consolidated financial statements of Vanderbilt University Medical Center, which comprise the consolidated balance sheets as of June 30, 2019 and 2018, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Vanderbilt University Medical Center at June 30, 2019 and 2018, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Adoption of New Accounting Standards

As discussed in Note 2 to the consolidated financial statements, Vanderbilt University Medical Center changed its method for recognizing revenue as a result of the adoption of Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, effective July 1, 2018, and changed its consolidated financial statement presentation as a result of the adoption of ASU 2016-14, *Presentation of Financial Statements for Not-For-Profit Entities*, during the year ended June 30, 2019. Our opinion is not modified with respect to these matters.

Ernst + Young LLP

November 12, 2019

Vanderbilt University Medical Center
Consolidated Balance Sheets
June 30, 2019 and 2018

(\$ in thousands)

	2019	2018
Assets		
Current assets:		
Cash and cash equivalents	\$ 574,748	\$ 500,908
Current investments	115,941	134,467
Patient accounts receivable, net of allowance for bad debts of \$179.1 million as of June 30, 2018	482,485	474,385
Grants and contracts receivable	58,750	57,748
Inventories	75,407	72,636
Other current assets	89,311	85,843
Total current assets	1,396,642	1,325,987
Restricted cash	11,938	77,257
Noncurrent investments	491,047	350,750
Noncurrent investments limited as to use	103,609	95,681
Property, plant, and equipment, net	1,395,095	1,306,639
Other noncurrent assets	48,067	35,877
Total assets	\$ 3,446,398	\$ 3,192,191
Liabilities and Net Assets		
Current liabilities:		
Current installments of long-term debt	\$ 8,568	\$ 5,774
Accounts payable and other accrued expenses	304,188	268,087
Estimated payables under third-party programs	24,877	72,947
Accrued compensation and benefits	214,382	197,945
Current portion of deferred revenue	14,965	37,303
Current portion of medical malpractice self-insurance reserves	12,012	16,558
Total current liabilities	578,992	598,614
Long-term debt, net of current installments	1,506,877	1,512,698
Fair value of interest rate exchange agreements	67,901	54,206
Noncurrent portion of medical malpractice self-insurance reserves	44,328	57,520
Noncurrent portion of deferred revenue	7,773	18,719
Other noncurrent liabilities	26,345	22,804
Total liabilities	2,232,216	2,264,561
Net assets		
Net assets without donor restrictions controlled by Vanderbilt University Medical Center	1,050,509	807,481
Net assets without donor restrictions related to noncontrolling interests	7,776	5,724
Total net assets without donor restrictions	1,058,285	813,205
Net assets with donor restrictions	155,897	114,425
Total net assets	1,214,182	927,630
Total liabilities and net assets	\$ 3,446,398	\$ 3,192,191

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

Vanderbilt University Medical Center
Consolidated Statements of Operations
Years Ended June 30, 2019 and 2018

<i>(\$ in thousands)</i>	2019	2018
Operating revenues		
Net patient service revenue	\$ 3,820,871	\$ 3,578,525
Provision for bad debt	-	(135,748)
Net patient service revenue	3,820,871	3,442,777
Academic and research revenue	519,447	495,306
Other operating revenue	157,011	148,316
Total operating revenues	4,497,329	4,086,399
Operating expenses		
Salaries, wages, and benefits	2,290,910	2,179,647
Supplies and drugs	892,211	770,459
Facilities and equipment	268,974	256,938
Services and other	701,079	659,455
Depreciation and amortization	106,524	105,654
Interest	56,529	58,078
Total operating expenses	4,316,227	4,030,231
Income from operations	181,102	56,168
Nonoperating revenues and expenses		
Income from investments	30,106	24,021
Gift income	14,416	11,945
Earnings of unconsolidated organizations	4,031	3,696
Unrealized (loss) gain on interest rate exchange agreements, net of cash settlements	(17,480)	6,379
Total nonoperating revenues and expenses	31,073	46,041
Excess of revenues over expenses	212,175	102,209
Excess of revenues over expenses attributable to noncontrolling interests	(4,075)	(4,068)
Excess of revenues over expenses attributable to VUMC	208,100	98,141
Other changes in net assets without donor restrictions		
Change in noncontrolling interest's net assets	2,052	(167)
Net asset reclassification	(182)	(89)
Net assets released from restriction for capital	35,110	1,292
Other changes	-	49
Total changes in net assets without donor restrictions	\$ 245,080	\$ 99,226

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

Vanderbilt University Medical Center
Consolidated Statements of Changes in Net Assets
Years Ended June 30, 2019 and 2018

<i>(\$ in thousands)</i>	2019	2018
Net assets without donor restrictions		
Net assets without donor restrictions at the beginning of the period	\$ 813,205	\$ 713,979
Excess of revenues over expenses	208,100	98,141
Change in noncontrolling interest's net assets	2,052	(167)
Net asset reclassification	(182)	(89)
Net assets released from restriction for capital	35,110	1,292
Other changes	-	49
Change in net assets without donor restrictions	<u>245,080</u>	<u>99,226</u>
Net assets without donor restrictions at the end of the period	<u>\$ 1,058,285</u>	<u>\$ 813,205</u>
Net assets with donor restrictions		
Net assets with donor restrictions at the beginning of the period	\$ 114,425	\$ 86,923
Contributions	85,331	34,988
Restricted investment income	1,665	899
Net assets released from restrictions for operations	(10,596)	(7,182)
Net asset reclassification	182	89
Net assets released from restriction for capital	(35,110)	(1,292)
Change in net assets with donor restrictions	<u>41,472</u>	<u>27,502</u>
Net assets with donor restrictions at the end of the period	<u>\$ 155,897</u>	<u>\$ 114,425</u>
Total net assets		
Beginning of the period	\$ 927,630	\$ 800,902
Change in total net assets	<u>286,552</u>	<u>126,728</u>
End of the period	<u>\$ 1,214,182</u>	<u>\$ 927,630</u>

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

Vanderbilt University Medical Center
Consolidated Statements of Cash Flows
Years Ended June 30, 2019 and 2018

(\$ in thousands)	<u>2019</u>	<u>2018</u>
Cash flows from operating activities		
Change in total net assets	\$ 286,552	\$ 126,728
Adjustments to reconcile change in total net assets to net cash provided by operating activities:		
Depreciation and amortization	106,524	105,654
Amortization of debt issuance costs, and original issue premium and discount	26	518
Loss (gain) on disposal of assets	485	(7,686)
Undistributed equity in earnings of equity method affiliates	343	(1,807)
Net realized and unrealized gain on investments	(10,721)	(10,954)
Purchases of trading securities	(231,753)	(348,124)
Sales of trading securities	220,535	332,330
Change in split-interest trusts	194	(230)
Unrealized loss (gain) on interest rate exchange agreements	13,695	(10,997)
Restricted contributions for endowments and property, plant, and equipment	(25,683)	(24,326)
(Decrease) increase in cash due to changes in:		
Patient accounts receivable	(8,100)	(99,699)
Accounts payable and other accrued expenses	38,073	478
Other assets and other liabilities, net	(95,548)	58,536
Net cash provided by operating activities	<u>294,622</u>	<u>120,421</u>
Cash flows from investing activities		
Purchase of property, plant, and equipment	(195,197)	(198,562)
Purchases of long-term securities	(340,184)	(291,235)
Sales and maturities of long-term securities	232,230	135,927
Proceeds on sale of property, plant, and equipment	220	20,394
Net cash used in investing activities	<u>(302,931)</u>	<u>(333,476)</u>
Cash flows from financing activities		
Proceeds from issuance of long-term debt	-	329,719
Debt issuance costs	-	(3,035)
Repayment of long-term debt	(5,000)	(108,100)
Principal payments under capital lease obligations	(1,831)	(1,191)
Restricted contributions for endowments and property, plant, and equipment	25,683	24,326
Distributions to noncontrolling interests	(2,022)	(4,234)
Net cash provided by financing activities	<u>16,830</u>	<u>237,485</u>
Net change in cash, cash equivalents, and restricted cash	8,521	24,430
Cash, cash equivalents, and restricted cash		
Beginning of the period	<u>578,165</u>	<u>553,735</u>
End of the period	<u>\$ 586,686</u>	<u>\$ 578,165</u>

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

Vanderbilt University Medical Center

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1. Description of Organization

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

VUMC began operations effective April 30, 2016, following the closing of the sale of the Medical Center by the University (the “Acquisition”). VUMC owns and operates three hospitals located on the main campus of the University in Nashville, Tennessee: Vanderbilt University Adult Hospital (“VUAH”), Monroe Carell Junior Children’s Hospital at Vanderbilt (“MCJCHV”), and Vanderbilt Psychiatric Hospital (“VPH”). In addition, VUMC partially owns Vanderbilt Stallworth Rehabilitation Hospital (“VSRH”), also located on the main campus of the University, through a joint venture with Encompass Health Corp. (formerly called HealthSouth Corp.) in which VUMC holds a 50% interest, which includes a 1% interest held by Vanderbilt Health Services, LLC, (“VHS”), a VUMC wholly owned subsidiary. VUAH, MCJCHV, and VPH are licensed for 1,072 beds, and VSRH is licensed for 80 beds.

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

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

- VUAH is a quaternary care teaching hospital licensed for 692 acute care and specialty beds. VUAH, a Level I trauma center, provides advanced patient care and serves as a key site for medical education and clinical research conducted by physician faculty. VUAH includes a comprehensive burn center, the Vanderbilt Transplant Center, the Vanderbilt Heart and Vascular Institute, and the Vanderbilt Ingram Cancer Center.
- MCJCHV is a pediatric quaternary care teaching hospital licensed for 142 acute and specialty beds, 50 pediatric intensive care beds, and 96 neonatal intensive care beds. MCJCHV is the region’s only full-service pediatric hospital, with over 30 pediatric specialties. MCJCHV serves as a site for medical education and clinical research conducted by pediatric physician faculty, houses the only Level IV neonatal intensive care center and the only Level 1 pediatric trauma center within the region, and is a regional referral center for extracorporeal membrane oxygenation (heart and lung failure).
- VPH is a psychiatric hospital licensed for 92 beds and provides both inpatient and outpatient partial hospitalization psychiatric services to both adult and adolescent patients. Also, VPH provides psychiatric assessment services and neuromodulation procedures through electroconvulsive therapy and transcranial magnetic stimulation.
- VMG is the practice group of physicians and advanced practice nurses employed by VUMC, most of whom have faculty appointments from the University, who perform billable professional medical services. VMG is not a separate legal entity. VMG has a board which consists of the VUMC clinical service chiefs, who also serve as clinical department chairs. Under the oversight

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of VUMC executive leadership, VMG sets professional practice standards, bylaws, policies, and procedures. VUMC bills for services rendered by VMG clinicians in both inpatient and outpatient locations. Collected fees derive a component of each VMG clinician's compensation. VMG includes nationally recognized physicians whose expertise spans the spectrum from primary care to the most specialized quaternary discipline. The entire clinical faculty is "board certified" or eligible for board certification. All staff members are re-credentialed every two years by the National Committee for Quality Assurance standards. All specialties and subspecialties currently recognized by the various national specialty boards are represented on the clinical faculty.

- VHS serves as a holding company for 16 health care related subsidiaries and joint ventures owned with various entities, including, but not limited to, VSRH and the Vanderbilt Health Affiliated Network ("VHAN"). VHS operations primarily consist of community physician practices, walk-in and retail health clinics, imaging services, outpatient surgery centers, radiation oncology centers, a home health care agency, a home infusion and respiratory service, an affiliated health network, accountable care organizations, and a rehabilitation hospital. These subsidiaries include clinics managed in multiple outpatient locations throughout middle Tennessee and southwestern Kentucky.
- VUMC also has a holding company that includes five limited liability subsidiaries which support various business to business activities in order to improve the quality, affordability, and availability of health care services. These subsidiaries include businesses focused on pharmacy and supply chain.

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

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

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

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the U.S. ("GAAP"). Based on the existence or absence of donor-imposed restrictions, VUMC classifies resources into two categories: net assets without donor restrictions and net assets with donor restrictions. In addition, these statements follow GAAP applicable to the not-for-profit industry as described in the Financial Accounting Standards Board's ("FASB") *Accounting Standards Codification* ("ASC") Topic 958.

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Principles of Consolidation

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

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

Use of Estimates

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

Cash and Cash Equivalents

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

Liquidity and Availability

VUMC has \$1,670.5 million of financial assets available within one year of June 30, 2019 to meet cash needs for general expenditures consisting of cash and cash equivalents of \$574.7 million, patient accounts receivable of \$482.5 million, pledges receivable of \$6.3 million, and unrestricted investments of \$607.0 million. None of these financial assets are subject to donor or other contractual restrictions that make them unavailable for general expenditure within one year of the balance sheet date. Pledges receivable are subject to implied time restrictions but are expected to be collected within one year.

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

As more fully described in Note 11 Long-Term Debt, VUMC also has a committed line of credit in the amount of \$100.0 million, which it could draw upon in the event of an unanticipated liquidity need.

Revenue Recognition—Patient Services

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

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recognized as performance obligations based on the nature of the services provided by VUMC are satisfied.

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

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

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

VUMC determines the transaction price, which involves estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with VUMC policy, and historical collection experience. VUMC analyzes its history and identifies trends for each of its major revenue categories to estimate the appropriate price concessions. Management regularly reviews data about these major revenue categories in evaluating the reasonableness of the transaction price, taking into consideration recent experience by payor category, payor agreement rate changes, and other factors.

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

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

Revenue Recognition— Non-Patient Services

Revenue for non-patient services is recognized at an amount that reflects the consideration VUMC expects to be entitled in exchange for providing goods or services. The amounts recognized reflect considerations due from customers, the U.S. government, and others, and is recognized as performance obligations are satisfied. Primary categories of non-patient revenue include academic

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and research revenue as well as other miscellaneous activities as further described in Note 8 Other Relevant Financial Information.

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

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

Deferred Revenue

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

Gift Income and Pledges

VUMC recognizes unconditional promises to give cash and other assets, referred to as pledges, as gift income at fair value when the pledge is received. Conditional promises to give are recognized as pledges once the conditions are substantially met. Pledges are recognized as net assets with or without donor restrictions. Gifts received with donor stipulations limiting the use of the donated assets are reported as net assets with donor restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as gift income in the accompanying consolidated statements of operations. Gift income is recognized when a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions until the assets are placed in service, at which point they are reclassified to net assets without donor restrictions.

Pledges receivable are reported net of allowances for uncollectible amounts based on an analysis of past collection experience and other judgmental factors. Pledges receivable are included in other current or other noncurrent assets in the consolidated balance sheets based on the expected timing of cash flows. VUMC discounts the noncurrent portion of pledges receivables at a rate commensurate with the scheduled timing of receipt. VUMC applied annual discount rates ranging from 0.5% to 1.5% to amounts outstanding as of June 30, 2019 and 2018.

Concentrations of Credit Risk

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

Inventories

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

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Restricted Cash

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

Investments

VUMC reports investments held at fair value in the consolidated balance sheets. VUMC records purchases and sales of securities on the trade dates, and realized gains and losses are determined based on the average historical cost of the securities sold. VUMC reports net receivables and payables arising from unsettled trades as a component of investments.

Property, Plant, and Equipment, Net

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

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

VUMC computes depreciation using the straight-line method over the estimated useful life of land improvements (3 to 18 years), buildings and leasehold improvements (2 to 37 years), and equipment (1 to 20 years). Equipment costs also include capitalized internal use software costs, which are expensed over the expected useful life, which is generally 1.5 to 12 years. VUMC assigns useful lives in accordance with American Hospital Association guidelines.

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

Impairment of Long-Lived Assets

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

Conditional Asset Retirement Costs and Obligations

VUMC recognizes the estimated fair value of liabilities for existing legal obligations to perform certain activities, primarily asbestos removal, in connection with the retirement, disposal, or abandonment of assets. These liabilities are included in other noncurrent liabilities on the consolidated balance sheets and total \$6.3 million and \$6.1 million as of June 30, 2019 and 2018, respectively. VUMC measures these liabilities using estimated cash flows with an inflation rate applied of 3.0% as of June 30, 2019 and 2018. VUMC discounts those cash flow estimates at a credit-adjusted, risk-free rate, which ranged from 2.9% to 4.2% as of June 30, 2019 and 2018, and adjusts these liabilities for accretion costs and revisions in estimated cash flows.

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Long-Term Debt

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

Interest Rate Exchange Agreements

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

Self-Insurance Reserves

VUMC elects to self-insure a portion of its medical malpractice, professional, and general liability coverage via an irrevocable self-insurance trust. The maximum annual self-insurance retention was \$5.5 million per occurrence, up to \$43.0 million in the aggregate for both Fiscal 2019 and 2018. Actuarial firms assist management in estimating expected losses on an annual basis, at which time VUMC records medical malpractice, professional, and general liability expense within the limits of the program. These liabilities are classified as current or noncurrent based on the expected timing of cash flows and are measured at the net present value of those cash flows using a discount rate of 2.5% as of June 30, 2019 and 2018. For both Fiscal 2019 and 2018, VUMC obtained excess medical malpractice, professional, and general liability coverage from commercial insurance carriers for claims in excess of \$5.5 million per occurrence, up to \$125.0 million. These policies would also provide coverage up to \$125.0 million if any claims in the aggregate exceed \$43.0 million.

VUMC also elects to self-insure for employee health and workers' compensation expenses. Actuarial firms assist management in estimating expected losses on an annual basis. The maximum retention for workers' compensation was \$0.8 million per occurrence for both Fiscal 2019 and 2018. There is no stop loss insurance on health plan claims.

Income Taxes

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

The Tax Cuts and Jobs Act (the "Act") was enacted on December 22, 2017. The Act reduces the U.S. federal corporate tax rate from 35% to 21%, requires companies to pay a one-time transition tax on earnings of certain foreign subsidiaries that were previously tax deferred, and creates new taxes on certain foreign sourced earnings. For tax-exempt entities, the Act also requires organizations to categorize certain fringe benefit expenses as a source of unrelated business income, pay an excise tax on remuneration above certain thresholds that is paid to executives by the organization, and report income or loss from unrelated business activities on an activity-by-activity basis, among other provisions. At June 30, 2019, the Company made a reasonable estimate of the tax effects of the enactment of the Act. The Company will continue to revise and refine the calculations as additional IRS guidance is issued.

Excess of Revenues Over Expenses

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

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Statement of Cash Flows

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

Conforming Reclassifications

Certain amounts in the Fiscal 2018 consolidated financial statements have been reclassified to conform to their Fiscal 2019 presentation.

Recent Accounting Pronouncements

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

Adopted

- In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The ASU converged and replaced existing GAAP revenue recognition guidance and requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. On July 1, 2018, this ASU was adopted on a modified retrospective basis. The most significant change was related to the presentation of our consolidated statement of operations, where we no longer present the "Provision for bad debts" as a separate line item and our "Patient service revenues" are presented net of estimated implicit price concessions. We have also eliminated the related presentation of "allowance for bad debts" on our consolidated balance sheet. The adoption of the ASU resulted in no material impact to operating income or excess of revenues over expenses on VUMC's consolidated financial statements.
- In August 2016, the FASB issued ASU 2016-14, *Presentation of Financial Statements for Not-for-Profit Entities*, which, among other things, replaces the existing three-category classification of net assets (i.e., unrestricted, temporarily restricted, and permanently restricted) with a model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." Differences in the nature of donor restrictions are disclosed in the notes, with an emphasis on how and when the resources can be used. ASU 2016-14 also provides guidance for classifying deficiencies in endowment funds, accounting for the lapsing of restrictions on gifts to acquire property, plant, and equipment, and providing information about how the nature of expenses relates to programs and supporting activities. During Fiscal 2019, this standard was adopted. The prior period consolidated financial statements presented were adjusted to reflect these changes. The adoption of the ASU resulted in no material impact to VUMC's consolidated financial statements.
- In June 2019, the FASB issued ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions received and Contributions made*. The amendments in this ASU clarify guidance for when a transaction should be accounted for as a contribution under *Not-for-Profit Entities – Revenue Recognition (Subtopic 958-605)* or as an exchange transaction accounted for under *Revenue from Contracts with Customers (Topic 606)*. VUMC adopted ASU 2018-08 effective July 1, 2018. The most significant change relates to the presentation of academic and research revenue paid in advance that meet the definition of a contribution. These amounts are now presented within net assets as net assets with donor

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restrictions as opposed to deferred revenue. The impact of this adoption was not material to the consolidated financial statements.

- In November 2016, the FASB issued ASU 2016-08, *Statement of Cash Flows (Topic 230): Restricted Cash*. The amendments in this ASU require that a statement of cash flows explain the change during the period in the total cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. VUMC adopted ASU 2016-08 effective July 1, 2018 on a retrospective basis. The prior period consolidated financial statements presented were adjusted to reflect this change. The adoption of the ASU resulted in no material impact to VUMC's consolidated financial statements.

Not Yet Adopted

- In February 2016, the FASB issued ASU 2016-02, *Leases*, which requires lessees to recognize assets and liabilities for most leases. ASU 2016-02's transition provisions will be applied to the most recent period presented in the financial statements. For VUMC, the amendments in ASU 2016-02 are effective July 1, 2019, although early adoption is permitted. VUMC expects the primary effect of adopting the new standard to be a requirement to record assets and offsetting obligations for current operating leases. VUMC is still evaluating the impact on the consolidated financial statements.

3. Related Parties

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

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

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

The AAA requires VUMC to pay VU an annual fee in equal monthly payments adjusted annually for inflation based upon the Biomedical Research and Development Price Index ("BRDPI") in perpetuity under certain mutually agreed-upon termination or default clauses. During Fiscal 2019 and 2018, VUMC recorded operating expense totaling \$74.9 million and \$73.1 million, respectively, in connection with fees due under the AAA.

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- Under the TMLA, the University grants, subject to certain consents and approvals, a perpetual license to use various University-owned licensed marks in connection with VUMC's fundamental activities after the Acquisition date. The licensed marks, which VUMC continues to use as its primary brands, include virtually all those previously in use by VUMC. This agreement requires VUMC to pay VU a monthly royalty payment equal to 1.0% of all operating revenue of VUMC and a percentage of net income from operations (5% in Fiscal 2018, 10% in Fiscal 2019, and 15% in Fiscal 2020 and beyond). During Fiscal 2019 and 2018, VUMC recorded operating expense totaling \$63.8 million and \$44.2 million, respectively, in connection with royalty fees due under the TMLA. Also, VUMC is required to pay in equal monthly installments an annual TMLA base fee, which increases 3% annually, but is also reduced by the amount of principal payments made under a subordinate note discussed in Note 11 Long-Term Debt (the "Fixed TMLA Royalty Payment"). During Fiscal 2019 and 2018, VUMC recorded operating expense totaling \$60.6 million and \$58.7 million, respectively, in connection with this base fee. In July of 2018, VU sold its rights to future base fee payments to a third party. The TMLA is in force in perpetuity under certain mutually agreed-upon termination or default clauses.
- The Ground Lease is an agreement between VU and VUMC that allows VUMC to use the land on which VUMC's campus and related buildings are located. The initial term of the Ground Lease ends June 30, 2115, with the option to extend the lease for two additional terms of up to 50 to 99 years each with agreement between VU and VUMC. The lease covers 1.7 million square feet or 38.75 acres of space, payable monthly and CPI adjusted annually. During Fiscal 2019 and 2018, VUMC recorded operating expense totaling \$19.0 million and \$18.5 million, respectively, in connection with fees due under the Ground Lease.
- The University and VUMC provide services to one another for agreed-upon consideration as outlined in the MSA. VU provides services to VUMC, such as information technology infrastructure support, utilities, and law enforcement staffing. VUMC provides various operational services for the University, such as a student health clinic and animal care. Additionally, the MSA encompasses an Employee Matters Agreement ("EMA") and specific Employee Service Agreements ("ESAs"). The EMA and ESAs govern employee transitions and ongoing sharing between VU and VUMC in various capacities, such as research, teaching, clinical, and other administrative services. Services under the MSA can be terminated by either party subject to predetermined cancellation notification periods. In connection with the MSA, during Fiscal 2019 and 2018, VUMC recognized revenue totaling \$45.1 million and \$50.9 million, respectively, and recorded operating expense totaling \$122.8 million and \$124.2 million, respectively.
- Also, as part of the Acquisition, VUMC issued to VU a \$100.0 million subordinate promissory note payable, which is further described in Note 11 Long-Term Debt, with a balance of \$84.6 million as of June 30, 2019, and \$89.6 million as of June 30, 2018. In July of 2018, VU sold its rights to future principal and interest payments on this note to a third party.

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The impact of these agreements in the consolidated statements of operations during Fiscal 2019 and 2018 is as follows:

<i>(\$ in thousands)</i>	2019	2018
Academic and research revenue	\$ 14,401	\$ 12,239
Other operating revenue	30,745	38,647
Total operating revenues	<u>\$ 45,146</u>	<u>\$ 50,886</u>
Operating expenses		
Salaries, wages, and benefits	\$ 7,725	\$ 6,973
Facilities and equipment	58,872	57,385
Services and other	274,512	254,370
Interest	2,823	2,985
Total operating expenses	<u>\$ 343,932</u>	<u>\$ 321,713</u>

Other current assets include amounts receivable from VU, which totaled \$4.9 million as of June 30, 2019, and \$7.0 million as of June 30, 2018. Accounts payable and other accrued expenses include amounts payable to related parties, which totaled \$47.7 million as of June 30, 2019, and \$31.8 million as of June 30, 2018.

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

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

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

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

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

Management has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the major classes of payors. The sources of net patient service revenue by payor for Fiscal 2019 are as follows:

	2019
Other third-party payors, primarily commercial carriers	\$ 2,355,860
Medicare/Managed Medicare	896,843
TennCare/Medicaid	529,785
Uninsured (self-pay)	38,383
	\$ 3,820,871

The sources of patient service revenue, net of contractual adjustments and provision for bad debts, by payor for Fiscal 2018 are as follows:

	2018
Other third-party payors, primarily commercial carriers	\$ 2,179,809
Medicare/Managed Medicare	792,186
TennCare/Medicaid	428,530
Uninsured (self-pay)	42,252
	\$ 3,442,777

Patient accounts receivable, net of explicit and implicit price concessions, comprise amounts due from the following sources as of June 30, 2019:

<i>(\$ in thousands)</i>	2019
Medicare	\$ 77,122
TennCare/Medicaid	67,917
Blue Cross	112,779
Other third-party payors, primarily commercial carriers	163,132
Patient responsibility ⁽¹⁾	61,535
Patient accounts receivable	\$ 482,485

⁽¹⁾ Includes self-pay after insurance.

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Patient accounts receivable, net of related contractual adjustments, discounts, and bad debt allowances, comprise amounts due from the following sources as of June 30, 2018:

(\$ in thousands)	<u>2018</u>
Medicare	\$ 71,405
TennCare/Medicaid	77,158
Blue Cross	95,986
Other third-party payors, primarily commercial carriers	174,397
Patient responsibility ⁽¹⁾	<u>55,439</u>
Patient accounts receivable, net	<u>\$ 474,385</u>

⁽¹⁾ Includes self-pay after insurance.

Estimated third-party settlements by major payor category as of June 30, 2019 and 2018, are as follows:

(\$ in thousands)	<u>2019</u>	<u>2018</u>
Receivables under third-party programs		
Tricare/Champus ⁽¹⁾	\$ 8,536	\$ 8,875
Total receivables under third-party programs	<u>\$ 8,536</u>	<u>\$ 8,875</u>
Payables under third-party programs		
TennCare/Medicaid	\$ 18,896	\$ 53,162
Medicare ⁽¹⁾	<u>14,517</u>	<u>28,660</u>
Total payables under third-party programs	<u>\$ 33,413</u>	<u>\$ 81,822</u>

⁽¹⁾ These two federal healthcare programs are combined for presentation purposes on the face of the consolidated balance sheets and are reflected as an obligation in Fiscal 2019 and Fiscal 2018.

Certain contracts require pay for performance or episode of care settlements whereby VUMC receives additional payment or pays a penalty based on its ability to achieve certain clinical measures or manage the cost of care for patients within various thresholds. VUMC estimates and accrues these adjustments in the period the related services are rendered and adjusts these estimates in future periods as settlements are finalized. The aggregate liability associated with pay for performance and episode of care settlements at June 30, 2019 and 2018, was \$1.0 million and \$0.9 million, respectively, with the ultimate resolution of such financial arrangements not expected to have a material impact on the operating results of VUMC.

Medicare

Amounts received under Medicare are subject to review and final determination by program intermediaries or their agents. Final settlements have been reached for program periods ended June 30, 2014. Final settlements have not been reached for subsequent years due to audit delays experienced with the Medicare Administrative Contractor, and thus, those periods remain subject to audit by program representatives.

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TennCare

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

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

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

The change in our payables under third-party programs is due to a change in estimate relating to the settlement of prior years’ third-party payor liability of approximately \$46.0 million and increased net patient service revenue during the year-ended June 30, 2019.

In Fiscal 2019 and 2018, net patient service revenue includes the following supplemental amounts received in each respective period from TennCare and the associated reserves for those payments, changes in estimates effecting reserves are excluded:

<i>(\$ in thousands)</i>	2019	2018
Essential access	\$ -	\$ 14,609
Disproportionate share	10,965	11,511
Trauma fund	1,600	1,900
Graduate medical education	14,603	14,158
Provision for disproportionate share audit	(10,965)	(11,511)
Charity pool	12,246	-
Provision for virtual disproportionate share audit	(2,682)	-
Total supplemental TennCare revenue, net of audit provision	<u>\$ 25,767</u>	<u>\$ 30,667</u>

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

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

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

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included as a part of price concessions in Fiscal 2019 and in discounts and contractual adjustments in Fiscal 2018.

VUMC maintains records to identify and monitor the level of charity care provided, and these records include gross charges and patient deductibles, coinsurance and copayments foregone for services furnished under its charity care policy, and the estimated cost of those services. VUMC calculates a ratio of total costs to gross charges and then multiplies the ratio by foregone charity care charges in determining the estimated cost of charity care. The gross amount of foregone charity care revenue in Fiscal 2019 and 2018 totals \$341.5 million and \$323.9 million, respectively. The estimated cost of providing care to charity patients in Fiscal 2019 and 2018 totals \$89.9 million and \$93.2 million, respectively.

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

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

Academic and research revenue comprises the following for Fiscal 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Grants and contracts revenue		
Federally funded	\$ 297,758	\$ 288,535
Non-federally funded	113,423	102,239
	<u>411,181</u>	<u>390,774</u>
Facilities and administrative costs recovery	108,266	104,532
Academic and research revenue	<u>\$ 519,447</u>	<u>\$ 495,306</u>

Grants and contracts receivable comprises the following as of June 30, 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Federally funded	\$ 28,171	\$ 29,370
Non-federally funded	30,579	28,378
Total grants and contracts receivable	<u>\$ 58,750</u>	<u>\$ 57,748</u>

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7. Pledges Receivable, Net

Pledges receivable, net of applied discounts and allowance for uncollectible pledges, as of June 30, 2019 and 2018, were as follows:

<i>(\$ in thousands)</i>	2019	2018
Amounts due		
Within one year	\$ 8,072	\$ 9,569
In one to five years	25,027	11,141
Total pledges receivable	33,099	20,710
Unamortized discount	(1,296)	(453)
	31,803	20,257
Allowance for uncollectible pledges	(3,317)	(2,068)
Net pledges receivable	\$ 28,486	\$ 18,189
Net pledges receivable classified as		
Current	\$ 6,327	\$ 8,070
Noncurrent	22,159	10,119
	\$ 28,486	\$ 18,189

In addition to pledges reported as pledges receivable, VUMC had cumulative bequest intentions and conditional promises to give totaling \$65.8 million as of June 30, 2019, and \$58.1 million as of June 30, 2018. Due to their conditional nature, VUMC does not recognize intentions to give as assets.

8. Other Relevant Financial Information

Other current assets comprise the following as of June 30, 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Prepaid expenses	\$ 39,610	\$ 29,263
Other receivables	31,261	30,635
Amounts due from VU (see Note 3 Related Parties)	4,929	7,038
Current pledges receivable, net (see Note 7 Pledges Receivable, Net)	6,327	8,070
Expected recoveries from commercial insurance excess coverage	3,345	5,457
Other	3,839	5,380
Total other current assets	\$ 89,311	\$ 85,843

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Other noncurrent assets comprise the following as of June 30, 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Equity in unconsolidated organizations	\$ 21,480	\$ 21,822
Noncurrent pledges receivable (see Note 7 Pledges Receivable, Net)	22,159	10,119
Other	4,428	3,936
Total other noncurrent assets	<u>\$ 48,067</u>	<u>\$ 35,877</u>

Other operating revenue comprises the following for Fiscal 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Amounts recognized under MSA with VU (see Note 3 Related Parties)	\$ 30,745	\$ 38,647
Clinical contracts	40,952	37,366
VHS other revenue	23,622	19,632
Nonclinical contracts	8,442	7,631
Resident and house staff rotations	11,507	6,972
Parking fees	7,116	6,967
Cafeteria	6,452	6,191
VHPS other revenue	5,087	-
Other	23,088	24,910
Total other operating revenue	<u>\$ 157,011</u>	<u>\$ 148,316</u>

9. Investments

VUMC investments are made up of current investments, restricted cash, noncurrent investments, and noncurrent investments limited as to use on the face of the consolidated balance sheets. VUMC investments include assets limited as to use related to the following specified purposes as of June 30, 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Self-insured malpractice program	\$ 52,069	\$ 65,383
Donor endowments	38,443	22,721
Split-interest trusts	7,383	7,577
Supplemental employee retirement program assets	5,714	-
	<u>\$ 103,609</u>	<u>\$ 95,681</u>

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

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

Donor endowments – Donor-restricted gifts where the principal amount is to be held in perpetuity. Distributions of earnings are restricted for use according to the donor's intent, as specified in a gift

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agreement. Donor endowments typically benefit specific programs in clinical departments of the Medical Center, for either general program support, a directorship, or research.

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

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

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

Investments were as follows as of June 30, 2019 and 2018:

(\$ in thousands)

	2019	2018
Corporate bonds	\$ 153,940	\$ 122,639
Equity mutual funds	128,287	135,885
Cash and cash equivalents	9,436	75,972
Split-interest trusts	7,383	7,577
Hedged equity mutual funds	61,401	41,275
Fixed income mutual funds	167,079	97,946
Certificates of deposit	25,897	48,243
Asset-backed securities	29,506	33,547
Real estate mutual funds	18,969	14,098
Commercial paper	10,916	10,284
Government bonds	10,604	1,899
Hedged debt mutual funds	86,678	63,295
Commodities and managed futures mutual funds	6,895	5,495
Target date mutual funds	5,544	-
Total investments, at fair value	<u>\$ 722,535</u>	<u>\$ 658,155</u>

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Investment returns comprise the following elements for Fiscal 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Interest and dividend income	\$ 19,749	\$ 13,415
Net realized gains on sales of securities	10,847	14,713
Realized investment gains, before fees	30,596	28,128
Unrealized investment losses, net	(126)	(3,759)
Total investment returns before fees	30,470	24,369
Investment manager and trustee fees and other	(364)	(348)
Total income from investments, net	\$ 30,106	\$ 24,021

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

VUMC manages all investments, including endowments, as an investment pool.

10. Property, Plant, and Equipment, Net

Property, plant, and equipment comprise the following as of June 30, 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Land and land improvements	\$ 33,404	\$ 20,132
Buildings and improvements	1,087,686	971,393
Equipment and software	441,091	391,745
Construction in progress	145,380	131,838
Property, plant, and equipment at cost	1,707,561	1,515,108
Accumulated depreciation and amortization	(312,466)	(208,469)
Property, plant, and equipment, net	\$ 1,395,095	\$ 1,306,639

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

During Fiscal 2019, VUMC placed in service phases of the MCJCHV expansion as well as completed phases of the VUAH bed expansion and clinical relocation, which are included in buildings and improvements. We expect the remaining construction in progress includes all ongoing construction costs incurred and primarily represents the ongoing MCJCHV and VUAH construction to be completed in Fiscal 2020.

In Fiscal 2019 and 2018, VUMC capitalized interest of \$6.0 million and \$2.0 million, respectively, related to long-term capital projects, primarily the MCJCHV expansion and the VUAH bed expansion.

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

<i>(\$ in thousands)</i>	2019	2018
Equipment and software	\$ 158,189	\$ 150,568
Construction in progress	2,976	1,137
	<u>161,165</u>	<u>151,705</u>
Accumulated amortization	(26,063)	(12,019)
Internal use software, carrying value	<u>\$ 135,102</u>	<u>\$ 139,686</u>

Depreciation and amortization comprised the following amounts in Fiscal 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Depreciation of tangible assets	\$ 82,236	\$ 87,538
Amortization of capital leases, leasehold improvements, and internal use software	24,288	18,116
Total depreciation and amortization	<u>\$ 106,524</u>	<u>\$ 105,654</u>

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11. Long-Term Debt

Long-term debt comprises the following as of June 30, 2019 and 2018:

	2019	2018	Effective	Fiscal
	Carrying	Carrying	Interest	Year
(\$ in thousands)	Amount	Amount	Rate ⁽²⁾	of Maturity
Series debt				
Fixed-rate debt				
Series 2016A	\$ 476,930	\$ 476,930	4.1 %	2047
Series 2016B	300,000	300,000	4.1 %	2027
Series 2017A	121,270	121,270	4.1 %	2049
Series 2017 Taxable	100,000	100,000	4.2 %	2038
Total fixed-rate debt	998,200	998,200	4.1 %	
Variable-rate debt				
Series 2016D	100,000	100,000	4.9 %	2047
Series 2016E	128,070	128,070	4.1 %	2047
Series 2016F	21,900	21,900	3.5 %	2025
Series 2017B	50,000	50,000	3.5 %	2047
Series 2018 Tax-exempt	53,385	53,385	2.5 %	2050
Total variable-rate debt	353,355	353,355	4.0 %	
Total series debt	1,351,555	1,351,555		
Other long-term debt				
Subordinated note	84,583	89,583	3.2 %	2036
Product financing arrangement	31,508	28,929	4.0 %	2027
Capital leases	1,730	1,156	4.0 %	Various
Subtotal ⁽¹⁾	1,469,376	1,471,223	4.1 %	
Net unamortized premiums	58,424	60,521		
Net unamortized issuance costs	(12,355)	(13,272)		
Total long-term debt	1,515,445	1,518,472		
Current portion	(8,568)	(5,774)		
Long-term debt, net	\$ 1,506,877	\$ 1,512,698		

(1) The effective interest rate of 4.1% as of June 30, 2019, is presented exclusive of interest rate exchange agreements discussed in Note 12 Interest Rate Exchange Agreements. Inclusive of these agreements, the overall portfolio effective interest rate was 4.3%.

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

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

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

- The Series 2016A tax-exempt fixed-rate revenue bonds were issued in the par amount of \$476.9 million and include an original issue premium of \$59.6 million. The Series 2016A bonds have a final maturity date of July 1, 2046, and can be optionally redeemed at par on or after July 1, 2026. The 2016A bonds were structured as serial bonds with maturities from Fiscal 2030 through 2032, as well as three term bonds maturing Fiscal 2036 through 2047, which are subject to mandatory sinking fund redemption in lots. The Series 2016A bonds bear interest at 5% per annum and pay interest semiannually on July 1 and January 1.
- The Series 2016B taxable fixed-rate revenue bonds were issued in the par amount of \$300.0 million, bearing interest at 4.1% per annum. Interest is paid semiannually on July 1 and January 1, and has a bullet maturity of July 1, 2026. VUMC is entitled, at its option, to redeem all or a portion of the Series 2016B bonds before April 1, 2026, at a make-whole redemption price, which equals the greater of (i) 100% of the remaining outstanding principal and (ii) the net present value of the remaining scheduled principal and interest payments to the original maturity date, using a discount rate of 35 basis points above rates for U.S. Treasury securities with comparable maturities.
- The Series 2016D taxable variable-rate revenue notes ("floating rate notes") were issued in the par amount of \$100.0 million and bear interest initially at a fixed spread to one-month LIBOR of 2.5% through the initial mandatory tender date of July 1, 2021, and a final maturity of July 1, 2046. Beginning six months prior to the mandatory tender date of July 1, 2021, the bonds have an optional redemption feature. If the Series 2016D bonds are successfully remarketed at the mandatory tender date, they are subject to mandatory redemption in lots commencing on July 1, 2021, and each July thereafter until final maturity.
- The Series 2016E taxable term loan revenue notes were issued in the par amount of \$128.1 million and were placed privately with a bank. The notes bear interest in a variable-rate mode at a fixed spread to one-month LIBOR of 2.4% through the initial mandatory tender date of July 1, 2022, and a final maturity of July 1, 2046. During Fiscal 2018, VUMC renegotiated the interest to a variable-rate mode at a fixed spread to one-month LIBOR of 1.8%. In addition to optional redemption of all or a portion of the notes at any time, subject to notice, the Series 2016E notes are subject to principal amortization commencing on July 1, 2022, as defined in the Series 2016E loan agreement between VUMC and the lender.
- The Series 2016F taxable variable-rate revenue bonds were issued in the par amount of \$75.0 million and were placed privately with a bank. The bonds bear interest in a variable-rate mode at a fixed spread to one-month LIBOR of 2.5% through the initial mandatory tender date of July 1, 2022. During Fiscal 2018, \$53.1 million of the Series 2016F bonds were extinguished using proceeds from the 2018 tax-exempt fixed-rate revenue bonds, discussed further below. The renegotiated interest rate on the remaining \$21.9 million of principal outstanding is a variable-rate mode at a fixed spread to one-month LIBOR of 1.2%. The remaining principal has a mandatory tender date of July 1, 2024. Prior to that, VUMC must pay \$2.1 million of principal on July 1, 2022, and \$2.2 million of principal on July 1, 2023. The remaining \$17.6 million of principal is due on July 1, 2024.

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

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

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

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

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

Trust indentures for certain bond issues contain covenants and restrictions, the most material of which include limitations on the issuance of additional debt, maintenance of a specified debt service coverage ratio, and a minimum amount of days cash on hand. VUMC complied with such covenants and restrictions as of June 30, 2019 and 2018.

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

As part of the Acquisition, VUMC assumed a 10-year, unsecured, noninterest-bearing product financing arrangement with a vendor for the purchase and implementation of internal use software. As part of this agreement, VUMC has committed to an annual payment of \$0.5 million payable in monthly installments through November 2019. These payments will be considered imputed interest. During Fiscal 2020, the annual payment increases to \$4.9 million payable in monthly installments. These payments are considered principal and imputed interest and continue through Fiscal 2027. The balance due under the Product Financing Arrangement is \$31.5 million and \$28.9 million as of June 30, 2019 and 2018, respectively. At June 30, 2019 and 2018, \$1.9 million and \$0 was included in the current installments of long-term debt caption, with the remaining balance in the long-term debt, net of current installments caption.

In Fiscal 2019 and 2018, noncash investing and financing activities totaled \$2.4 million and \$5.8 million, respectively, related to property, plant, and equipment expenditures financed through the product financing arrangement and capital leases.

Interest paid on all obligations, net of amounts capitalized, was \$59.7 million and \$54.7 million in Fiscal 2019 and 2018, respectively.

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

(\$ in thousands)

2020	\$ 8,568
2021	9,183
2022	109,281
2023	139,634
2024	11,840
Thereafter	1,190,870
	<u>\$ 1,469,376</u>

VUMC has entered into an agreement with a bank to provide a general use line of credit with a maximum available commitment totaling \$100.0 million. The line of credit, which may be drawn upon for general operating purposes, expires on April 24, 2020, and can be renewed. Interest on each advance under this line of credit accrues at a rate of 0.65% plus LIBOR, and a commitment fee of 0.15% per annum accrues on any unused portion of the line of credit. Commitment fees for the line of credit totaled \$0.2 million in Fiscal 2019 and 2018. No amounts were drawn under this credit facility as of June 30, 2019 or 2018.

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12. Interest Rate Exchange Agreements

On April 29, 2016, the University transferred an interest rate exchange agreement to VUMC with a total notional amount of \$150.0 million and an original termination date of May 1, 2040. VUMC split the transferred notional amount into two agreements, with key features summarized below:

<u>Notional Amount</u>	<u>Pay Fixed Rate</u>	<u>Receive Variable Rate</u>	<u>Mandatory Termination Date</u>
\$75.0 million	4.12%	68% of one-month LIBOR	April 29, 2021
\$75.0 million	4.18%	68% of one-month LIBOR	April 29, 2023

VUMC incorporated these interest rate exchange agreements into its debt portfolio management strategy. Collateral pledging requirements were removed from the novated agreements, and the agreements were modified to either be negotiated, extended or terminated automatically on April 29, 2021 and 2023, at which point the exchange agreements will be settled at fair value.

VUMC recorded the following activity related to the interest rate exchange agreements during Fiscal 2019 and 2018:

<i>(\$ in thousands)</i>	<u>2019</u>	<u>2018</u>
Mark-to-market adjustments	\$ (13,695)	\$ 10,997
Cash settlements	(3,785)	(4,618)
Unrealized (loss) gain on interest rate exchange agreements, net of cash settlements	<u>\$ (17,480)</u>	<u>\$ 6,379</u>

13. Operating Leases

VUMC has entered into certain long-term agreements with respect to facilities and equipment, both as a lessee and a lessor, which VUMC classifies as operating leases. Rental expense and rental income in Fiscal 2019 and 2018 are as follows:

<i>(\$ in thousands)</i>	<u>2019</u>	<u>2018</u>	<u>Location in Consolidated Statements of Operations</u>
Operating lease rental expense	\$ 124,810	\$ 112,712	Operating expenses— Facilities and equipment
Operating lease rental income, including related-party income	8,046	7,843	Operating revenues— Other operating revenue

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The following is a schedule by fiscal year of future minimum rentals on noncancelable operating leases as of June 30, 2019:

<i>(\$ in thousands)</i>	<u>Equipment</u>	<u>Property</u>	<u>Ground Lease</u>	<u>Total</u>
2020	\$ 35,233	\$ 53,466	\$ 19,020	\$ 107,719
2021	24,580	48,634	19,020	92,234
2022	15,116	41,437	19,020	75,573
2023	6,891	38,481	19,020	64,392
2024	2,927	36,436	19,020	58,383
Thereafter	-	186,035	1,730,820	1,916,855
Total minimum rentals	<u>\$ 84,747</u>	<u>\$ 404,489</u>	<u>\$ 1,825,920</u>	<u>\$ 2,315,156</u>

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

- On April 29, 2016, VUMC entered into a Ground Lease with VU for approximately 1.7 million square feet of land for an initial term ending June 30, 2115, and an option to extend for up to two additional terms of 50 to 99 years each upon agreement by VU and VUMC. The initial annual base rent of \$19.0 million is payable monthly, and is CPI adjusted annually. The Ground Lease allows VUMC to use the land on which its campus and related buildings are located. The \$1.8 billion in ground lease payments in the table above represents future minimum rentals based on current payments.
- In July 2007, VU entered into an agreement to lease approximately 50% of the space in the 850,000 square foot One Hundred Oaks shopping center located approximately five miles from the main campus ("100 Oaks Lease"). VU redeveloped this leased space primarily for medical and office uses. This operating lease commenced during Fiscal 2009 with an initial lease term of 12 years. In October 2014, VU agreed to an amendment which extends the original lease term by an additional 15 years, with an option to renew the lease further for four additional 10-year periods. As part of the lease agreement, the lessee also has first rights on leasing additional space in the shopping center and first rights on purchasing if the landlord desires to sell. On April 29, 2016, the 100 Oaks Lease was assigned to VUMC. As a condition of the assignment, amendments to the 100 Oaks Lease were added which required VUMC to provide the landlord a \$25.0 million irrevocable standby letter of credit, pay a \$13.2 million refinancing penalty payable to the landlord, and pay \$7.8 million of the landlord's closing costs, financing fees, and prepayment penalties associated with a refinancing of the landlord's debt. The prepayment penalty and closing costs were recorded as part of the Acquisition. The irrevocable standby letter of credit must remain in place through April 29, 2026. The amounts related to this standby letter of credit are recorded as facilities and equipment expense and totaled \$0.2 million in Fiscal 2019 and \$0.3 million in Fiscal 2018. VUMC included minimum property rental payments totaling \$125.6 million related to this space in the above future minimum property rentals.
- On April 29, 2016, VU assigned to VUMC a lease for approximately 231,000 square feet of office space at 2525 West End Avenue with expiration dates ranging from 2026 through 2030, with options to renew for two additional five-year periods. VUMC included minimum property rental payments totaling \$75.0 million related to this space in the above future minimum property rentals.

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- On April 29, 2016, VUMC and VU entered into certain lease agreements for the use of space in buildings owned by both entities. As of June 30, 2019, VUMC's estimated future minimum property lease payments to VU totaled \$24.1 million. Estimated future lease receipts from VU for the fiscal year ended June 30, 2020, are \$7.2 million, subject to annual renewal.

14. Net Assets

Net asset restrictions relate to the following purposes as of June 30, 2019 and 2018:

<i>(\$ in thousands)</i>	2019	2018
Donor-restricted - time or purpose		
Property, plant, and equipment	\$ 11,023	\$ 38,404
Research and education	88,084	38,331
Operations	3,841	2,761
Total donor-restricted - time or purpose	<u>\$ 102,948</u>	<u>\$ 79,496</u>
Donor restricted - perpetuity		
Research and education	<u>\$ 52,949</u>	<u>\$ 34,929</u>

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

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

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

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

15. Fair Value Measurements

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

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

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

As of June 30, 2019, the carrying value and estimated fair value of total long-term debt totaled \$1.515 billion and \$1.588 billion, respectively. As of June 30, 2018, the carrying value and estimated fair value of total long-term debt totaled \$1.518 billion and \$1.534 billion, respectively. VUMC bases estimated fair value of long-term debt on market conditions prevailing at fiscal year-end reporting dates. Besides potentially volatile market conditions, fair value estimates typically reflect limited secondary market trading. The fair values of the fixed-rate Series Debt, as defined in Note 11 Long-Term Debt, were based on a Level 2 computation using quoted prices for similar liabilities in inactive markets as of June 30, 2019 and 2018, as applicable. The carrying amounts related to VUMC's variable-rate Series Debt and other long-term debt obligations approximate their fair values as of June 30, 2019 and 2018. As of June 30, 2019 and 2018, the fair values of the promissory note payable and the product financing arrangement were based on a Level 2 discounted cash flow approach applying a risk-adjusted spread for issuers of similar credit quality to U.S. Treasury yields for securities with comparable maturities.

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For financial instruments measured at fair value on a recurring basis, the following tables summarize valuation hierarchy levels as of June 30, 2019 and 2018, determined by the nature of the financial instrument and the least observable input significant to the fair value measurement:

Fair Value Measurements as of June 30, 2019				
<i>(\$ in thousands)</i>	Level 1	Level 2	Level 3	Total Carrying Amount
Assets				
Corporate bonds	\$ 2,657	\$ 151,283	\$ -	\$ 153,940
Equity mutual funds	31,873	96,414	-	128,287
Cash and cash equivalents	9,436	-	-	9,436
Beneficial interests in split-interest trusts	7,383	-	-	7,383
Hedged equity mutual funds	-	61,401	-	61,401
Fixed-income mutual funds	46,146	120,933	-	167,079
Certificates of deposit	-	25,897	-	25,897
Asset-backed securities	81	29,425	-	29,506
Real estate mutual funds	-	18,969	-	18,969
Commercial paper	-	10,916	-	10,916
Government bonds	-	10,604	-	10,604
Hedged debt mutual funds	-	86,678	-	86,678
Commodities and managed futures mutual funds	-	6,895	-	6,895
Target date mutual funds	-	5,544	-	5,544
Total assets reported at fair value	<u>\$ 97,576</u>	<u>\$ 624,959</u>	<u>\$ -</u>	<u>\$ 722,535</u>
Liabilities				
Interest rate exchange agreements	\$ -	\$ 67,901	\$ -	\$ 67,901
Total liabilities reported at fair value	<u>\$ -</u>	<u>\$ 67,901</u>	<u>\$ -</u>	<u>\$ 67,901</u>

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(\$ in thousands)	Fair Value Measurements as of June 30, 2018			
	Level 1	Level 2	Level 3	Total Carrying Amount
Assets				
Corporate bonds	\$ 9,507	\$ 113,132	\$ -	\$ 122,639
Equity mutual funds	36,269	99,616	-	135,885
Cash and cash equivalents	75,972	-	-	75,972
Beneficial interests in split-interest trusts	7,577	-	-	7,577
Hedged equity mutual funds	-	41,275	-	41,275
Fixed-income mutual funds	21,079	76,867	-	97,946
Certificates of deposit	-	48,243	-	48,243
Asset-backed securities	-	33,547	-	33,547
Real estate mutual funds	-	14,098	-	14,098
Commercial paper	-	10,284	-	10,284
Government bonds	-	1,899	-	1,899
Hedged debt mutual funds	-	63,295	-	63,295
Commodities and managed futures mutual funds	-	5,495	-	5,495
Total assets reported at fair value	\$ 150,404	\$ 507,751	\$ -	\$ 658,155
Liabilities				
Interest rate exchange agreements	\$ -	\$ 54,206	\$ -	\$ 54,206
Total liabilities reported at fair value	\$ -	\$ 54,206	\$ -	\$ 54,206

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

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

16. Retirement Plan

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

VUMC funds the obligations under this plan through monthly transfers to the respective retirement plan administrator with the corresponding expense recognized in the year incurred. During Fiscal 2019 and 2018, VUMC recognized \$64.1 million and \$60.7 million, respectively, of expense in connection with this plan.

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17. Functional Expenses

VUMC provides general health care services primarily to residents within its geographic location and supports research and education programs. Total operating expenses by nature and function for Fiscal 2019 and 2018 were as follows:

(\$ in thousands)

	For the year ended June 30, 2019			
	Healthcare Services	Academic Research and Education	Administrative and Other	Total
Salaries, wages, and benefits	\$ 1,613,439	\$ 490,280	\$ 187,191	\$ 2,290,910
Supplies and drugs	831,059	47,418	13,734	892,211
Facilities and equipment	156,210	38,257	74,507	268,974
Services and other	517,935	95,339	87,805	701,079
Depreciation and amortization	83,922	992	21,610	106,524
Interest	43,082	12,241	1,206	56,529
Total operating expenses	\$ 3,245,647	\$ 684,527	\$ 386,053	\$ 4,316,227

(\$ in thousands)

	For the year ended June 30, 2018			
	Healthcare Services	Academic Research and Education	Administrative and Other	Total
Salaries, wages, and benefits	\$ 1,535,710	\$ 460,973	\$ 182,964	\$ 2,179,647
Supplies and drugs	717,164	48,882	4,413	770,459
Facilities and equipment	145,207	39,885	71,846	256,938
Services and other	463,798	82,605	113,052	659,455
Depreciation and amortization	81,252	622	23,780	105,654
Interest	47,395	9,603	1,080	58,078
Total operating expenses	\$ 2,990,526	\$ 642,570	\$ 397,135	\$ 4,030,231

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

18. Commitments and Contingencies

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

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

On August 16, 2016, VUMC received written notice from VU of a third-party claim which could, if determined adversely to VU, require indemnification by VUMC pursuant to the provisions of the MTSA, dated as of April 29, 2016. The third-party claim is a lawsuit (Cassell v. Vanderbilt University, et al., No. 3:16-cv-02086 (U.S.D.C. M.D. TN)) brought by current and former employees of VU which alleges claims relating to administration of the Vanderbilt University Retirement Plan and New Faculty Plan. A proposed settlement has been reached, the terms of

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which are subject to review and approval by an independent court-appointed fiduciary and, assuming a favorable review, to final approval by the District Court. VUMC has established a liability reserve which reflects its estimated liability under the proposed settlement, assuming final approval is received for the terms as proposed.

In January 2018, VUMC received a subpoena from the United States Department of Health and Human Services, Office of Inspector General ("OIG") dated January 18, 2018, requesting medical and billing records for 62 patients who received certain cardiac diagnostic testing services at VUMC. VUMC completed its production of records responsive to the subpoena in April 2018. In October 2018 OIG notified VUMC the matter was closed, and no further action has been taken in the matter by OIG.

In late Fiscal 2018, VUMC identified that standing orders used in certain VUMC clinical departments may not have been documented and entered appropriately. Upon further review, VUMC determined that medical record documentation required to support the medical necessity for the services rendered pursuant to certain of such orders was insufficient and that certain reimbursement amounts received for the services so ordered must consequently be repaid. VUMC has established a liability equal to the amount of the estimated repayment associated with such orders. Through the operation of its compliance program, VUMC from time to time initiates the review of billing for clinical services provided by VUMC and its affiliated providers. VUMC has established a liability reserve relating to certain matters under review as of June 30, 2019, which is not material to VUMC's overall financial position.

- Regulations. VUMC's compliance with regulations and laws is subject to future government reviews and interpretations, as well as regulatory actions unknown at this time. VUMC believes that the liability, if any, from such reviews will not have a significant effect on VUMC's consolidated financial position.
- Medical Malpractice Liability Insurance. The consolidated balance sheets include reserves for medical malpractice, professional, and general liability coverage totaling \$56.3 million as of June 30, 2019, and \$74.1 million as of June 30, 2018. These liabilities are measured at the net present value of those cash flows using a discount rate of 2.5% at both dates and are classified as current or noncurrent based on the expected timing of cash flows. Other current assets include expected recoveries from commercial insurance carriers under excess coverage arrangements totaling \$3.3 million as of June 30, 2019, and \$5.5 million as of June 30, 2018. During Fiscal 2019 and 2018, VUMC recorded expenses for medical malpractice liability insurance of \$23.5 million and \$20.5 million, respectively.
- Employee Health and Workers' Compensation Insurance. Accrued compensation and benefits included actuarially determined liabilities for employee health and workers' compensation claims totaling \$17.3 million and \$6.6 million, respectively, as of June 30, 2019, and \$17.0 million and \$7.5 million, respectively, as of June 30, 2018. During Fiscal 2019 and 2018, VUMC recorded expenses for self-insured employee health benefit plans, net of employee premiums, totaling \$177.2 million and \$160.4 million, respectively. During Fiscal 2019 and 2018, VUMC recorded expenses for self-insured workers' compensation plans of \$2.8 million and \$3.7 million, respectively.
- Federal and State Contracts and Other Requirements. Expenditures related to federal and state grants and contracts are subject to adjustment based upon review by the granting agencies. Amounts of expenditures that granting agencies might disallow cannot be determined at this time. These amounts affect government grants and contracts revenue, as

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well as facilities and administrative costs recovery. VUMC does not expect these costs to influence the consolidated financial position by material amounts.

- **Health Care Services.** In Fiscal 2019 and 2018, 85% and 84%, respectively, of VUMC's operating revenue was generated by providing health care services, where revenue is affected by reimbursement arrangements with federal and state healthcare programs, commercial insurance, and other managed care payors. If reimbursement rates from third-party payors decrease or if contract terms become less favorable in future periods, VUMC's operating revenues may decline. See Note 4 Patient Service Revenue, Patient Accounts Receivable, and Estimated Third-Party Settlements, for further information regarding healthcare revenues and related receivables.
- **HIPAA Compliance.** Under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the federal government has authority to complete fraud and abuse investigations. HIPAA has established substantial fines and penalties for offenders. VUMC maintains policies, procedures, and organizational structures to enforce and monitor compliance with HIPAA, as well as other applicable local, state, and federal statutes and regulations.
- **Construction.** VUMC had contractual commitments under major construction and equipment contracts totaling \$113.7 million and \$119.5 million as of June 30, 2019 and 2018, respectively.
- **Letter of Credit.** As a requirement of the assignment of the 100 Oaks Lease described in Note 13 Operating Leases, VUMC provided an irrevocable standby letter of credit of \$25.0 million to the landlord of the property dated June 10, 2016.

19. Subsequent Events

Management evaluated events after June 30, 2019 through November 12, 2019, the date on which the consolidated financial statements were issued. During this period, there were no subsequent events requiring recognition or disclosure in the consolidated financial statements that have not been recorded or disclosed.

Effective August 1, 2019, VUMC acquired Tennova Healthcare – Lebanon, now known as Vanderbilt Wilson County Hospital ("VWCH"), from Community Healthcare Systems, Inc. VWCH is a two-campus facility licensed for 245 beds and is a substantial provider of both inpatient and outpatient medical services in Lebanon, Tennessee.

On October 22, 2019, VUMC issued a \$128.6 million 35 year note with a 30 year average life at a rate of 3.87% to replace the Series 2016E taxable term loan revenue notes.

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