

Return of Organization Exempt From Income Tax

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

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

2006**Open to Public
Inspection****A For the 2006 calendar year, or tax year beginning 7/1/2006, and ending 6/30/2007****B Check if applicable:**

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

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

C Name of organization**MEHARRY MEDICAL COLLEGE**

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

1005 Dr D B Todd Blvd

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

Nashville, TN 37208-3599**D Employer identification number****62 0488046****E Telephone number****(615) 327-6241****F Accounting method:**

- ☐ Cash ☒ Accrual
☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ **www.patton.edu****J Organization type** (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **138,721,684****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a	9,931,212		
	b	Direct public support (not included on line 1a)	1b	0		
	c	Indirect public support (not included on line 1a)	1c	0		
	d	Government contributions (grants) (not included on line 1a)	1d	85,792,088		
	e	Total (add lines 1a through 1d) (cash \$ 95,723,300 noncash \$ 0)	1e	95,723,300		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	28,497,994		
	3	Membership dues and assessments	3	0		
	4	Interest on savings and temporary cash investments	4	0		
	5	Dividends and interest from securities	5	2,825,910		
	6a	Gross rents	6a	0		
	b	Less: rental expenses	6b	0		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	0			
7	Other investment income (describe ▶ See Statement 1)	7	8,528,818			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	0	(B) Other	0
	b	Less: cost or other basis and sales expenses	8a	0	8b	0
	c	Gain or (loss) (attach schedule)	8c	0		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	0		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a	0		
	b	Less: direct expenses other than fundraising expenses	9b	0		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	0		
	10a	Gross sales of inventory, less returns and allowances	10a	0		
	b	Less: cost of goods sold	10b	0		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	0			
11	Other revenue (from Part VII, line 103)	11	3,145,662			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	138,721,684			
Expenses	13	Program services (from line 44, column (B))	13	87,025,931		
	14	Management and general (from line 44, column (C))	14	31,138,793		
	15	Fundraising (from line 44, column (D))	15	2,279,212		
	16	Payments to affiliates (attach schedule)	16	0		
	17	Total expenses. Add lines 16 and 44, column (A)	17	120,443,936		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	18,277,748		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	98,684,381		
	20	Other changes in net assets or fund balances (attach explanation)	20	0		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	116,962,129		

Part II **Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 2,258,496	1,069,426	1,025,267	163,803
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 240,300	0	240,300	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26 53,910,116	41,412,674	11,642,887	854,555
27	Pension plan contributions not included on lines 25a, b, and c	27 2,109,674	1,588,816	482,772	38,086
28	Employee benefits not included on lines 25a – 27	28 7,314,850	5,508,885	1,673,909	132,056
29	Payroll taxes	29 3,706,977	2,791,760	848,294	66,923
30	Professional fundraising fees	30 469,516	0	0	469,516
31	Accounting fees	31 102,055	0	102,055	0
32	Legal fees	32 475,424	0	475,424	0
33	Supplies	33 5,770,613	3,990,503	1,745,253	34,857
34	Telephone	34 419,138	304,085	107,383	7,670
35	Postage and shipping	35 157,385	54,091	89,750	13,544
36	Occupancy	36 4,619,703	3,351,594	1,183,568	84,541
37	Equipment rental and maintenance	37 648,000	319,056	328,944	0
38	Printing and publications	38 210,853	152,974	54,020	3,859
39	Travel	39 1,453,111	1,059,167	346,514	47,430
40	Conferences, conventions, and meetings	40 275,514	226,261	47,866	1,387
41	Interest	41 2,127,541	0	2,127,541	0
42	Depreciation, depletion, etc. (attach schedule)	42 5,203,001	3,774,777	1,428,224	0 Stmt 2
43	Other expenses not covered above (itemize): See Statement 3	43a 28,971,669	21,421,862	7,188,822	360,985
a	-----	43b			
b	-----	43c			
c	-----	43d			
d	-----	43e			
e	-----	43f			
f	-----	43g			
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44 120,443,936	87,025,931	31,138,793	2,279,212

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► a. Education of students in the fields of medicine, d All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 4 (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
b (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►	87,025,931

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	6,792,680	45	7,257,974
	46 Savings and temporary cash investments	0	46	0
	47a Accounts receivable	47a 46,020,933		
	b Less: allowance for doubtful accounts	47b 18,495,295	24,103,481	47c 27,525,638
	48a Pledges receivable	48a 2,957,811		
	b Less: allowance for doubtful accounts	48b 0	3,482,584	48c 2,957,811
	49 Grants receivable	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use	68,017	52	178,517
	53 Prepaid expenses and deferred charges	1,185,533	53	1,107,786
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	66,148,944	54b	78,934,751 Stmt 5
	55a Investments—land, buildings, and equipment: basis	55a 34,761,060		
	b Less: accumulated depreciation (attach schedule) See Statement 6	55b 0	36,677,768	55c 34,761,060
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	57a 126,846,243		
b Less: accumulated depreciation (attach schedule) Stmt 7	57b 64,570,612	60,747,167	57c 62,275,631	
58 Other assets, including program-related investments (describe ►)	0	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	199,206,174	59	214,999,168	
Liabilities	60 Accounts payable and accrued expenses	18,869,526	60	18,923,385
	61 Grants payable	2,144,810	61	1,962,099
	62 Deferred revenue	2,491,791	62	5,214,846
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule) See Statement 8	64,997,514	64a	59,683,439
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ► See Statement 9)	12,018,152	65	12,253,270
66 Total liabilities. Add lines 60 through 65	100,521,793	66	98,037,039	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,697,415	67	9,983,948
	68 Temporarily restricted	19,163,199	68	28,575,194
	69 Permanently restricted	73,823,767	69	78,402,987
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	98,684,381	73	116,962,129
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	199,206,174	74	214,999,168

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Instructions			a	135,035,746
a	Total revenue, gains, and other support per audited financial statements			
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1 0		
2	Donated services and use of facilities	b2 0		
3	Recoveries of prior year grants	b3 0		
4	Other (specify): _____	b4 0		
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	135,035,746
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1 0		
2	Other (specify): See Statement 10 _____	d2 3,685,938		
	Add lines d1 and d2		d	3,685,938
e	Total revenue (Part I, line 12). Add lines c and d		e	138,721,684

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	117,224,499
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	0
2	Prior year adjustments reported on Part I, line 20	b2	0
3	Losses reported on Part I, line 20	b3	0
4	Other (specify):	b4	0
	Add lines b1 through b4	b	0
c	Subtract line b from line a	c	117,224,499
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	0
2	Other (specify): See Statement 11	d2	3,219,437
	Add lines d1 and d2	d	3,219,437
e	Total expenses (Part I, line 17). Add lines c and d ▶	e	120,443,936

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
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75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ ----- 40		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If “Yes,” attach a statement that identifies the individuals and explains the relationship(s) . . .	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of “related organization.” ▶ If “Yes,” attach a statement that includes the information described in the instructions.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

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

[illegible]

	Yes	No
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76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		<input checked="" type="checkbox"/>
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<input checked="" type="checkbox"/>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the organization ► _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a <u>0</u>			
b	Did the organization file Form 1120-POL for this year?	81b		<input checked="" type="checkbox"/>

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
		82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
		84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
		85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
		85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	✓
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	✓
90a	List the states with which a copy of this return is filed AL,AK,AZ,AR,CA,FL,GA,IL,KS,KY,ME,MD,MA,MI,MS,NH,NJ,NM,		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	990
91a	The books are in care of Dora S Moore Telephone no. 615-327-6241 Located at 1005 DB Todd Blvd, Nashville, TN ZIP + 4 37208		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No

If "Yes," enter the name of the foreign country **▶**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ☐ **▶** ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **▶** | **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Tuition and fees					17,421,780
b Patient Revenue					9,971,811
c Dental Services					1,104,403
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					2,825,910
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					8,528,818
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Other sources					3,145,662
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	42,998,384
105 Total (add line 104, columns (B), (D), and (E)) ▶					42,998,384

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 14

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b)**, file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="border-bottom: 1px solid black; width: 100%;"></div> Signature of officer		<div style="border-bottom: 1px solid black; width: 100%;"></div> Date	
	<div style="border-bottom: 1px solid black; width: 100%;"> LaMel BandyNeal, Vice President of Finance </div> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <div style="border-bottom: 1px solid black; width: 100%;"></div>	Date <div style="border-bottom: 1px solid black; width: 100%;"></div>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <div style="border-bottom: 1px solid black; width: 100%;"></div>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <div style="border-bottom: 1px solid black; width: 100%;"></div>		EIN <div style="border-bottom: 1px solid black; width: 100%;"></div>	
			Phone no. <div style="border-bottom: 1px solid black; width: 100%;"></div>	



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization

MEHARRY MEDICAL COLLEGE

Employer identification number

62 0488046

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Derrick Beech Meharry Medical College, Nashville, TN 37208,	Chair/Prof Surgery 40	434,000	16,447	0
Anthony Disher Meharry Medical College, Nashville, TN 37208,	Prof/Chair Radiology 40	325,000	15,346	0
Glenfield Knight 1005 Dr D B Todd Blvd, Nashville, TN 37208-35	Assoc Prof Radiology 40	300,000	12,696	0
Janice Whitty Meharry Medical College, Nashville, TN 37208,	Prof OB/GYN 40	300,000	15,345	0
Samuel Okpaku Meharry Medical College, Nashville, TN 37208,	ProfChair Psychiatry 40	299,000	4,345	0
Total number of other employees paid over \$50,000 ►	279			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Vanderbilt University Medical Center Dept of Finance, Atlanta, GA 31192-0303, US	Medical Services	1,249,936
Nighthawk Radiology Services P O Box 673398, Detroit, MI 48267-3398, US	Medical Services	230,270
Kelly Services Incorporation P O Box 530437, Atlanta, GA 30353-0437, US	Medical/Professional Staffing Ser	196,686
Medical Doctor Associates 145 Technology Parkway North West, Norcross, GA 30092, US	Medical Services	185,026
Berry Consulting Group Incorporated 533 Lemont Drive, Nashville, TN 37216, US	Consulting Management Services	177,819
Total number of others receiving over \$50,000 for professional services ►	21	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
XEROX P O Box 827598, Philadelphia, PA 19101-7598, US	Copy/Lease Services	626,337
Aramark Facility Services 22506 Network Place, Chicago, IL 60673-1225, US	Facilities Managment Services	434,546
Total number of other contractors receiving over \$50,000 for other services ►	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	✓
b	Lending of money or other extension of credit?	2b	✓
c	Furnishing of goods, services, or facilities?	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e	Transfer of any part of its income or assets?	2e	✓
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	✓
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	✓
b	Did the organization make any taxable distributions under section 4966?	4b	✓
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	✓
d	Enter the total number of donor advised funds owned at the end of the tax year ►		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ►		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ►		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ►		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ►
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					0

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . .					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 .					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ►					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ►					26d
e Public support (line 26c minus line 26d total) ►					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ►					27c
d Add: Line 27a total _____ and line 27b total _____ ►					27d
e Public support (line 27c total minus line 27d total) ►					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ►					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) See Statement 15	<input checked="" type="checkbox"/>	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<input checked="" type="checkbox"/>
b Admissions policies?		<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?		<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?		<input checked="" type="checkbox"/>
e Educational policies?		<input checked="" type="checkbox"/>
f Use of facilities?		<input checked="" type="checkbox"/>
g Athletic programs?		<input checked="" type="checkbox"/>
h Other extracurricular activities?		<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	<input checked="" type="checkbox"/>	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Stmnt 16		<input checked="" type="checkbox"/>
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<input checked="" type="checkbox"/>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying).	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table— <table border="0"> <tr> <td>If the amount on line 40 is—</td> <td>The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</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> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41).	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44													

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

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h .)			0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

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

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	51a(i)	✓
(ii) Other assets	a(ii)	✓
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	✓
(iii) Rental of facilities, equipment, or other assets	b(iii)	✓
(iv) Reimbursement arrangements	b(iv)	✓
(v) Loans or loan guarantees	b(v)	✓
(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓

d If the answer to any of the above is “Yes,” complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

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

b If “Yes,” complete the following schedule:

[illegible]

Statement 1

Form: 990

Page: 1

Part: I

Question: 7

MEHARRY MEDICAL COLLEGE**62-0488046****Other Investment Income**

Description	Amount
Net gain on investments	\$8,528,818.00
Total:	\$8,528,818.00

Statement 2

Form: 990

Page: 2

Part: II

Question: 42

MEHARRY MEDICAL COLLEGE**62-0488046****Depreciation and Depletion**

Asset	Current Deprec.
Depreciation	\$5,203,001.00
Total	\$5,203,001.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 43

MEHARRY MEDICAL COLLEGE**62-0488046****Attachment listing other expenses for Part II**

Description	Total:	Pgm Services	Mgt and General	Fundrasing
Other Professional fees	\$12,383,145.00	\$8,925,869.00	\$3,409,106.00	\$48,170.00
Other	\$9,505,972.00	\$6,014,326.00	\$3,211,615.00	\$280,031.00
Student Aid	\$5,100,139.00	\$5,100,139.00	\$0.00	\$0.00
Insurance	\$1,601,778.00	\$1,162,090.00	\$410,375.00	\$29,313.00
Membership dues	\$380,635.00	\$219,438.00	\$157,726.00	\$3,471.00
Total:	\$28,971,669.00	\$21,421,862.00	\$7,188,822.00	\$360,985.00

Statement 4

Form: 990

Page: 3

Part: III

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Program Services**

Achievement	Pgm. Svc. Exp.
Professional Education: Education of students in the fields of medicine, dentistry, publichealth, medical science and allied health professional. Degrees conferred include: MD, DDS, MSPH, MSCI, and PhD. (0 Number of Graduates from the programs.)	\$36,698,835.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Medical Research, General/Other: Medical researach in such fields as Cancer, Cardiovascular,Neuroscience, Seatbelt Safety, along with research training. (0 Number of new grants for year.)	\$17,344,268.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Health Care Delivery & Management , General/Other: General health care delivery, primary and specialty care, dental and mental health care. (0 Number of patient encounters in the year)	\$9,729,499.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Public, Society Benefit Programs, General/Other: Funds expended for activities that are established primarily to provide non-instructional services beneficial to individuals and groups external to the institution. Cost of providing health services to the community. (0 Number of patient encounters for year.)	\$23,253,329.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$87,025,931.00

Statement 5

Form: 990

Page: 4

Part: IV

Question: 54

MEHARRY MEDICAL COLLEGE**62-0488046****Investments - Securities**

Security	Valuation Type	Amount
Cash equivalents	FMV	\$240,396.00
Real estate	FMV	\$2,581,482.00
Mutual funds	FMV	\$9,093,061.00
Bonds	FMV	\$8,396,112.00
Common stocks	FMV	\$58,623,700.00
Total:		\$78,934,751.00

Statement 6

Form: 990

Page: 4

Part: IV

Question: 55

MEHARRY MEDICAL COLLEGE**62-0488046****Schedule of Investment Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Investment in real estate	\$34,761,060.00	\$0.00	\$34,761,060.00
Total:	\$34,761,060.00	\$0.00	\$34,761,060.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 57

MEHARRY MEDICAL COLLEGE**62-0488046****Schedule of Land, Buildings and Equipment**

Description	Cost	Depreciation	Book Value
Land, Buildings and Equipment	\$126,846,243.00	\$64,570,612.00	\$62,275,631.00
Total:	\$126,846,243.00	\$64,570,612.00	\$62,275,631.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 64a

MEHARRY MEDICAL COLLEGE**62-0488046****Tax Exempt Bond Liabilities**

Purpose:	Herman Street HUD property collateralized by mortgage on the property
Issue Date:	07/01/1992
Original Amount:	\$1,715,000.00
Amount of issue outstanding:	\$1,510,000.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Reissue 1995 bond; renovate Meharry Towers building
Issue Date:	12/03/1993
Original Amount:	\$21,770,000.00
Amount of issue outstanding:	\$4,795,000.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Refinance Series 1994 bonds, hospital renovation, equip and working capital
Issue Date:	08/14/1996
Original Amount:	\$55,050,000.00
Amount of issue outstanding:	\$44,063,439.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No
Percent used by 3rd Party:	
Obligation is a Mortgage:	No
Maturity Date:	
Repayment Terms:	
Interest Rate:	
Security Provided by Borrower:	
Contingent Liability:	No

If 'Yes', this record will not be included in the total returned to the Form 990:

Purpose:	Working capital
Issue Date:	06/29/2001
Original Amount:	\$12,500,000.00
Amount of issue outstanding:	\$9,315,000.00
Unexpended Proceeds:	\$0.00
Facility used by 3rd Party:	No

Percent used by 3rd Party:

Obligation is a Mortgage: No

Maturity Date:

Repayment Terms:

Interest Rate:

Security Provided by Borrower:

Contingent Liability: No

*If 'Yes', this record will not be included in the total
returned to the Form 990:*

Total Due: \$59,683,439.00

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Part: IV

Question: 65

MEHARRY MEDICAL COLLEGE**62-0488046****Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Funds held in trust for others	\$157,714.00	\$190,210.00
Federal student loans refundable	\$11,860,438.00	\$12,063,060.00
Total:	\$12,018,152.00	\$12,253,270.00

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Part: IV-A

Question: d(2)

MEHARRY MEDICAL COLLEGE**62-0488046****Revenue Audit Line d(2)**

Description	Amount
Chng in minimum pension/Adoption FASB 158	\$414,283.00
Scholarships	\$3,219,438.00
Chng in Market value of interest rate swap agreement	\$52,217.00
Total:	\$3,685,938.00

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Part: IV-B

Question: d(2)

MEHARRY MEDICAL COLLEGE**62-0488046****Expense Audit Line d(2)**

Description	Amount
Scholarships	\$3,219,437.00
Total:	\$3,219,437.00

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Part: V

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Officers, Directors, Trustees, and Key Employees**

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Milton H Jones Jr	0	\$0.00	\$0.00	\$0.00
Title: Chair-Board of Trustees Addr 1: 100 N Tryon Street Addr 2: Nc1-007-53-11 CSZ: Charlotte, NC 28255 Country: United States				
Mr Aubrey Harwell Jr	0	\$0.00	\$0.00	\$0.00
Title: Vice Chairman Addr 1: 2000 First Union Tower Addr 2: 150 4th Avenue North CSZ: Nashville, TN 37219-2498 Country: United States				
Dr Wayne J Riley	40	\$202,500.00	\$13,405.00	\$22,167.00
Title: President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Anna Cherrie Epps	40	\$414,757.00	\$20,472.00	\$62,948.00
Title: Interim President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Dr Luther B Adair II	0	\$0.00	\$0.00	\$0.00
Title: Young Alumni Addr 1: 805 Mt Auburn Street Addr 2: CSZ: Watertown, MA 02472 Country: United States				
Dr Nelson L Adams III	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 100 NW 170th Street Addr 2: Suite 304 CSZ: North Miami Beach, FL 33169 Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Dr Brandon Barton Jr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 11200 E McNichols Addr 2: CSZ: Detroit, MI 48234 Country: United States				
Dr TB Boyd III	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: RH Boyd Publishing Corporation Addr 2: 6717 Centennial Boulevard CSZ: Nashville, TN 37209 Country: United States				
Dr George Breaux	40	\$150,000.00	\$4,345.00	\$0.00
Title: Special Trustee-Faculty Senate Addr 1: Meharry Medical College Addr 2: CSZ: Nashville, TN 37208 Country: United States				
Dr Mendee Bull Ligon	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 5201 Central Avenue Addr 2: CSZ: St Petersburg, FL 33710 Country: United States				
Pastor Kirbyjon Caldwell	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Windsor Village United Methodist Ch Addr 2: 6000 Heatherbrook Drive CSZ: Houston, TX 77085 Country: United States				
Mrs M Inez Crutchfield	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 3507 Geneva Circle Addr 2: CSZ: Nashville, TN 37209 Country: United States				
Dr Robert M Daugherty Jr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 66 Promontory Pointe Addr 2: CSZ: Reno, NV 89509				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Country: United States				
Mr Richard R Davis	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: Bessemer Securities Corporation				
Addr 2: 630 Fifth Avenue - 39th Floor				
CSZ: New York, NY 10111				
Country: United States				
Dr Jerome King Del Pino	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: The United Methodist Church				
Addr 2: 1001 19th Avenue South				
CSZ: Nashville, TN 37212				
Country: United States				
Dr Spencer Disher	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 196 Centre Street NE				
Addr 2:				
CSZ: Orangeburg, SC 29115				
Country: United States				
Mr Eddie D Evans	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 801 Pennsylvania Avenue				
Addr 2: Nw 725				
CSZ: Washington, DC 20004				
Country: United States				
Dr Randall Falk	0	\$0.00	\$0.00	\$0.00
Title: Emeritus Member				
Addr 1: 100 Wheatfield Circle				
Addr 2: Unit A-112				
CSZ: Brentwood, TN 37027-4488				
Country: United States				
Dr Bennie J Goggans	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 1712 Hackberry Lane				
Addr 2:				
CSZ: Tuscaloosa, AL 35401				
Country: United States				
Mr Derric A Gregory Sr	0	\$0.00	\$0.00	\$0.00
Title: Trustee				
Addr 1: 8 Coolidge Place				
Addr 2:				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Durham, NC 27705 Country: United States				
Dr Cornelius Hopper	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 14201 Skyline Boulevard Addr 2: CSZ: Oakland, CA 94619 Country: United States				
Dr Martin D Jeffries	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 101 Hall Street 124 Addr 2: CSZ: Hindsville, GA 31313 Country: United States				
Mr LT Johnson	0	\$0.00	\$0.00	\$0.00
Title: Student Observer Addr 1: 1016 Todd Preis Drive Addr 2: CSZ: Nashville, TN 37221 Country: United States				
Dr Norman Jones	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 2950 Polo Club Road Addr 2: CSZ: Nashville, TN 37221 Country: United States				
Dr Shedrick D Jones	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 4330 Olympiad Drive Addr 2: CSZ: Los Angeles, CA 90043 Country: United States				
Mr Kevin P Lavender	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Fifth Third Bank Addr 2: 424 Church Street Suite 700 CSZ: Nashville, TN 37219 Country: United States				
Dr Abraham McIntosh	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 6971 Hogan Drive				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 2: CSZ: Sacramento, CA 95822 Country: United States				
The Honorable Mary Pruitt	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Legislative Plaza Addr 2: Suite 25 CSZ: Nashville, TN 37243-0158 Country: United States				
Dr Edward W Reed	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1807 Parkway Terrace Addr 2: CSZ: Memphis, TN 38114 Country: United States				
Mr Edgar G Rios	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1650 Tysons Blvd Addr 2: Suite 900 CSZ: McLean, VA 22102 Country: United States				
Mr Ray M Robinson	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Citizens Trust Bank Addr 2: 75 Piedmont Avenue CSZ: Atlanta, GA 30303 Country: United States				
Dr Frank S Royal Sr	0	\$0.00	\$0.00	\$0.00
Title: Chairman Emeritus Addr 1: East End Medical Center Addr 2: 1122 North 25th St Suite 8 CSZ: Richmond, VA 23223 Country: United States				
Dr Neal A Vanselow	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 18942 East Mountaineer Addr 2: CSZ: Rio Verde, AZ 85263 Country: United States				
Ms Carol H WilliamsHood	0	\$0.00	\$0.00	\$0.00
Title: Trustee				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Addr 1: Carol H Williams Advertising Addr 2: 555 12th Street Suite 1700 CSZ: Oakland, CA 94607 Country: United States				
Mr James E Williams	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: One CNN Center 14th Fl South Tow Addr 2: 14th Flr-South Tower Ste Sw1419C CSZ: Atlanta, GA 30303 Country: United States				
Mr Lorenzo Williams	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 320 South Indian River Drive Addr 2: CSZ: Fort Pierce, FL 34948 Country: United States				
Dr Robert L Williams Jr	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1136 Cleveland Avenue Addr 2: Suite 611 CSZ: East Point, GA 30344 Country: United States				
Dr Howard C Willis	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1005 Talbotton Road Addr 2: Suite B CSZ: Columbus, GA 31904 Country: United States				
Dr Claud R Young	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: Virginia Park Medical Center Addr 2: 8500 14th Street CSZ: Detroit, MI 48206 Country: United States				
Mr Justin Turner	0	\$0.00	\$0.00	\$0.00
Title: Trustee Addr 1: 1908 Meharry Boulevard Addr 2: CSZ: Nashville, TN 37208 Country: United States				
Dr Robert Daugherty	0	\$0.00	\$0.00	\$0.00

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Title: Trustee Addr 1: 2401 Bayshore Blvd Addr 2: Unit 2401 CSZ: Tampa, FL 33629 Country: United States				
LaMel BandyNeal	40	\$264,182.00	\$8,080.00	\$0.00
Title: Vice President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Robert S Poole	40	\$163,803.00	\$12,536.00	\$0.00
Title: Vice President Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Leilani Boulware	40	\$77,457.00	\$2,226.00	\$0.00
Title: Vice President (Jul2006-Sep2006) Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Valerie MontgomeryRice	40	\$445,081.00	\$95,145.00	\$0.00
Title: Dean and Sr Vice President for Health Affairs Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
William Butler	40	\$299,038.00	\$15,970.00	\$0.00
Title: Dean School of Dentistry Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				
Maria F Lima	40	\$175,307.00	\$13,111.00	\$0.00
Title: Dean School of Graduate Studies Addr 1: 1005 Dr D B Todd Blvd Addr 2: CSZ: Nashville, TN 37208-3599 Country: United States				

Name and Address	Ave. Hrs/week	Comp.	Benefits	Expenses
TOTALS		\$2,192,125.00	\$185,290.00	\$85,115.00

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Part: V-B

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Former Officers, Directors, Trustees, and Key Employees**

Name and Address	Loans and Advances	Comp.	Benefits	Expenses
Donnetta S Butler	\$0.00	\$7,929.00	\$79,522.00	\$0.00
Addr: 1005 Dr D B Todd Blvd				
Addr 2:				
CSZ: Nashville, TN 37208-3599				
Country: United States				
Leilani Boulware	\$0.00	\$232,372.00	\$6,677.00	\$0.00
Addr: 1005 Dr D B Todd Blvd				
Addr 2:				
CSZ: Nashville, TN 37208-3599				
Country: United States				
TOTALS	\$0.00	\$240,301.00	\$86,199.00	\$0.00

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Part: VIII

Question:

MEHARRY MEDICAL COLLEGE**62-0488046****Relationship of Activities**

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
103 a	Miscellaneous revenue used to further the tax-exempt mission of Meharry, which includes health education, research and clinical care.
99	Investment income is derived from our endowment which is used to fund scholarships and programs and is directly related to the tax-exempt mission of Meharry Medical College.
96	Dividends and interest are received from investments in our endowment. Dividends and interest are used to fund scholarships and programs that are directly related to the tax-exempt mission of Meharry Medical College.
93 a	All activity reported in column (E) of part VII contributes importantly to Meharry's tax exempt missions of health education, research and health care.
93 c	Dental Services to the public is considered health care and is an exempt function as it relates to Meharry's tax exempt mission of health education, research and clinical services.
93 b	Patient care revenue relates to Meharry's important tax exempt missions of health education, research and clinical care.

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Form: Schedule A
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MEHARRY MEDICAL COLLEGE
62-0488046

Publicize Racially Nondiscriminatory Policy

Explanation/Description

A non-discriminatory policy statement accompanies all solicitations.

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MEHARRY MEDICAL COLLEGE
62-0488046

Financial Assistance

Explanation

The organization receives financial aid from the government for its students.