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Form 990

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable	C Name of organization Vanderbilt University	D Employer identification number 62-0476822
<input type="checkbox"/> Address change		
<input type="checkbox"/> Name change	Doing business as	E Telephone number (615) 343-6601
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) PMB 406310 2301 Vanderbilt Place	Room/suite
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code Nashville, TN 372406310	G Gross receipts \$ 8,531,835,657
	F Name and address of principal officer Nicholas S Zeppos 211 Kirkland 2201 WestEnd Nashville, TN 37240	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.VANDERBILT.EDU

K Form of organization Corporation Trust Association Other ► L Year of formation 1873 M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities and Form 990, Part III, Line 1, Description of Organization Mission Vanderbilt University is a center for scholarly research, informed and creative teaching, and service to the community and society at large. Vanderbilt will uphold the highest standards and be a leader in the quest for new knowledge through scholarship, dissemination of knowledge through teaching and outreach, and creative experimentation of ideas and concepts. In pursuit of these goals, Vanderbilt values most highly the intellectual freedom that supports open inquiry and equality, compassion and excellence in all endeavors.

2 Check this box ► 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	33
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	36,272
6 Total number of volunteers (estimate if necessary)	6	8,900
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,711,564
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,776,409

	Prior Year		Current Year	
8 Contributions and grants (Part VIII, line 1h)	494,500,126		469,664,344	
9 Program service revenue (Part VIII, line 2g)	3,456,017,624		3,702,754,889	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,237,923		290,022,695	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,224,237		41,688,469	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,028,979,910		4,504,130,397	

	Prior Year		Current Year	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	348,108,514		359,294,345	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,272,262,938		2,331,689,301	
16a Professional fundraising fees (Part IX, column (A), line 11e)	609,513		758,550	
b Total fundraising expenses (Part IX, column (D), line 25) ► 32,325,935				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,363,277,544		1,497,891,914	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,984,258,509		4,189,634,110	
19 Revenue less expenses Subtract line 18 from line 12	44,721,401		314,496,287	

	Beginning of Current Year		End of Year	
20 Total assets (Part X, line 16)	7,990,839,279		8,260,062,487	
21 Total liabilities (Part X, line 26)	2,151,245,736		2,293,108,845	
22 Net assets or fund balances Subtract line 21 from line 20	5,839,593,543		5,966,953,642	

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 2016-05-09
	Brett Sweet CFO	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Gwen Spencer	Preparer's signature Gwen Spencer	Date	Check <input type="checkbox"/> if self-employed	PTIN P00641463
	Firm's name ► PricewaterhouseCoopers LLP			Firm's EIN ► 13-4008324	
	Firm's address ► 101 Seaport Boulevard Boston, MA 02210			Phone no (617) 530-5000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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
-

- 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 \$ 706,197,630 including grants of \$ 297,569,683) (Revenue \$ 489,018,248)

See Schedule O - EducationEducation Vanderbilt University offers undergraduate programs in the liberal arts and science, engineering, music, education and human development, as well as a full range of graduate and professional degrees Vanderbilt's ten schools and colleges include College of Arts and Science, Graduate School, Blair School of Music, Divinity School, School of Engineering, Law School, School of Medicine, School of Nursing, Owen Graduate School of Management, and Peabody College (of education and human development). Vanderbilt University has approximately 6,900 undergraduate students, 5,700 graduate and professional students, and more than 4,200 faculty members Vanderbilt University ranked 15th among the nation's best universities and ranked 12th in the "Great Schools at a Great Price" category in an annual survey conducted by U S News & World Report Vanderbilt's Peabody College of education and human development was named the No 2 education school in the nation by U S News & World Report. The special education program has been ranked at No 1 Other Vanderbilt schools with notable rankings include School of Medicine, ranked 14th for research schools of medicine in the nation, Law School ranked 17th, and the Vanderbilt Owen Graduate School of Management ranked 27th Vanderbilt's School of Nursing ranked 11th among the nation's top graduate nursing schools Nursing programs ranking in the top 10 in their respective fields include, midwifery and informatics, psychiatric/mental health/across lifespan, adult/gerontology acute care, and family Expenses \$706,197,630 including grants of \$297,569,683 Revenue \$489,018,248 For more information regarding education at Vanderbilt University, visit <http://www.vanderbilt.edu>

4b (Code) (Expenses \$ 419,002,959 including grants of \$ 48,988,147) (Revenue \$ 248,175,393)

See Schedule O - Academic and Scientific ResearchAcademic and Scientific Research Vanderbilt is an internationally recognized research university. The federal government provides the majority of Vanderbilt University's research funding. Vanderbilt also receives funding from foundations, associations, corporations, and other sources. Vanderbilt University's researchers are at the forefront of posing innovative solutions to some of the most challenging questions facing the world today Expenses \$419,002,959 including grants of \$48,988,147 Revenue \$248,175,393 For more information regarding research at Vanderbilt University, visit <http://research.vanderbilt.edu>

4c (Code) (Expenses \$ 2,379,410,227 including grants of \$ 12,736,515) (Revenue \$ 2,827,803,899)

See Schedule O - Patient CarePatient Care Vanderbilt University Hospitals and Clinics provide quality medical health care regardless of race, creed, sex, national origin, handicap, age, or ability to pay. Although reimbursement for services rendered is critical to the operation and stability of Vanderbilt University Hospitals and Clinics, it is recognized that not all individuals possess the ability to purchase essential medical services, and further that part of Vanderbilt's mission is to serve the community. Therefore, in keeping with Vanderbilt's commitment to serve all members of its community, free care and/or subsidized care, care provided to persons covered by governmental programs at below cost, and health activities and programs to support the community are provided where the need and/or an individual's inability to pay coexists. These activities include wellness programs, community education programs, special programs for the elderly, handicapped, medically underserved, and a variety of broad community support activities. Charity care is also provided through many reduced price services and free programs offered throughout the year based upon activities and services which Vanderbilt believes will serve a bona fide community health need. During the fiscal year, Vanderbilt served 59,026 inpatients and 2,006,731 emergency and outpatient clinic visits. Vanderbilt University Medical Center finished fiscal 2015 in the U S News and World Report annual ranking of America's Best Hospitals named, once again, among the nation's elite providers of health care services. For the fourth consecutive year, Vanderbilt University Medical Center was lauded as both the No 1 hospital in Tennessee and No 1 in the Metro Nashville area. Vanderbilt University Medical Center equaled an all-time best with 12 ranked specialties out of a possible 16 categories. Specialty programs ranking among the top 50 in their respective fields include, urology, nephrology, ear, nose and throat, pulmonology, gastroenterology, diabetes and endocrinology, geriatrics, cardiology and heart surgery, cancer, neurology and neurosurgery, orthopedics, and gynecology. In addition, the Monroe Carell Jr Children's Hospital at Vanderbilt was included among the nation's leaders in pediatric health care in U S News & World Report magazine's Best Children's Hospital ranking. The hospital achieved rankings in a 10 out of 10 specialties. Cancer, neonatology, nephrology, cardiology and heart surgery, gastroenterology, diabetes and endocrinology, pulmonology, neurology and neurosurgery, orthopedics, and urology. There are several Vanderbilt University Medical Center programs unique to the Middle Tennessee region, which include - Vanderbilt-Ingram Cancer Center, the only National Cancer Institute-designated Comprehensive Cancer Center in Tennessee that conducts research and cares for children and adults, also a member of the elite National Comprehensive Cancer Network, a group of the nation's top 21 clinical cancer institutes, - The Only Level 1 (highest level) trauma center in Middle Tennessee, - The Only Level 4 (highest level) Neonatal Intensive Care Unit, as well as a dedicated pediatric emergency department and pediatric trauma program, - The only comprehensive regional adult and pediatric burn center, - The only comprehensive solid organ transplant program in Tennessee, - Tennessee Poison Control Center, and - LifeFlight, an integrated air and ground emergency patient transport system Expenses \$2,379,410,227 including grants of \$12,736,515 Revenue \$2,827,803,899 For more information regarding health care at Vanderbilt University, visit <http://www.mc.vanderbilt.edu>

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses \$ 379,426,831 including grants of \$) (Revenue \$ 168,187,851)

4e Total program service expenses ► 3,884,037,647

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?
- 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
- 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
- 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
- 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
- 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
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 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
- 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
 - 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
 - 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
 - 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
 - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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 XI
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
- 12b** 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
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
 - 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
- 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
- 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
- 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)
- 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
- 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
- 20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4	Yes	
5		No
6		No
7		No
8	Yes	
9	Yes	
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e	Yes	
11f		No
12a		No
12b	Yes	
13	Yes	
14a	Yes	
14b	Yes	
15	Yes	
16		No
17	Yes	
18	Yes	
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

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	Yes	
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	Yes	
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	Yes	
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	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
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	No	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
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	No	
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	No	
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	No	
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	Yes	
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	No	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	
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	No	
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	Yes	
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	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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	Yes	
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	No	
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	Yes	

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 16,169		
1b 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 Yes		
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 36,272		
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 Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a Yes		
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 Yes		
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 Yes		
b BR , CA , CH , IV , DA , FR , GM , GH , IN , ID , JA , LU , MY , MO , MZ , NI , RP , PL , KS , SP , TW , TH , UG , If "Yes," enter the name of the foreign country AE , UK , ZA 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	Yes	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	Yes	No
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	Yes	No
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	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7c	Yes	No
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	Yes	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	Yes	No
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		
9a 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	Yes	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	33	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9		No
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			

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	
	►Dalana Robertson	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee".
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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			

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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	29,635,183	0	2,799,077

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 ►3,567

	Yes	No
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	
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	
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	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
Turner Universal Construction Company 5300 Virginia Way Brentwood, TN 37027	Construction	15,182,653
Brasfield & Gorrie 2636 Elm Hill Pike 200 Nashville, TN 37214	Construction	13,421,872
Air Methods Corporation 7211 South Peoria Englewood, CO 80112	Aircraft Services	10,694,849
Deloitte Consulting LLP PO Box 844717 Dallas, TX 75284	Consulting Services	9,570,230
Messer Construction Co 230 Great Circle Road Suite 210 Nashville, TN 37228	Construction	9,303,554
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 ►318		

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	882,867				
d Related organizations	1d					
e Government grants (contributions)	1e	332,709,616				
f All other contributions, gifts, grants, and similar amounts not included above	1f	136,071,861				
g Noncash contributions included in lines 1a-1f \$		18,046,054				
h Total. Add lines 1a-1f			469,664,344			
Program Service Revenue						
2a Health Care Services		Business Code				
		622110	2,827,803,899	2,825,277,837	2,526,062	
b Tuition and Fees		611310	489,018,248	489,018,248		
c Research & Other Contr		611310	195,930,796	195,930,796		
d Room, Board & Auxiliar		611310	141,848,311	139,682,021	2,166,290	
e Other		611310	48,153,635	48,153,635		
f All other program service revenue						
g Total. Add lines 2a-2f			3,702,754,889			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			3,822,294		-3,885,240	7,707,534
4 Income from investment of tax-exempt bond proceeds			42			42
5 Royalties			6,195,231		325,804	5,869,427
6a Gross rents		(I) Real				
		9,883,117				
b Less rental expenses		(II) Personal				
		4,841,727				
c Rental income or (loss)		5,041,390				
d Net rental income or (loss)			5,041,390			5,041,390
7a Gross amount from sales of assets other than inventory		(I) Securities				
		4,306,051,897	2,638,845			
b Less cost or other basis and sales expenses		(II) Other				
		4,021,042,006	1,448,377			
c Gain or (loss)		285,009,891	1,190,468			
d Net gain or (loss)			286,200,359		6,530,528	279,669,831
8a Gross income from fundraising events (not including \$ 882,867 of contributions reported on line 1c) See Part IV, line 18		a	394,496			
b Less direct expenses	b		373,150			
c Net income or (loss) from fundraising events				21,346		21,346
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 Sale of Business Unit		900099	28,932,028	28,932,028		
b Other		900099	1,498,474	1,450,354	48,120	
c						
d All other revenue						
e Total. Add lines 11a-11d			30,430,502			
12 Total revenue. See Instructions			4,504,130,397	3,728,444,919	7,711,564	298,309,570

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	44,183,122	44,183,122		
2 Grants and other assistance to domestic individuals See Part IV, line 22	297,569,683	297,569,683		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	17,541,540	17,541,540		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,949,379	2,962,291	12,101,509	1,885,579
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,687,888	1,553,879	134,009	
7 Other salaries and wages	1,911,813,478	1,788,729,312	106,424,404	16,659,762
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	91,952,185	86,032,227	5,118,676	801,282
9 Other employee benefits	190,307,726	174,214,677	13,754,792	2,338,257
10 Payroll taxes	118,978,645	111,318,702	6,623,150	1,036,793
11 Fees for services (non-employees)				
a Management	2,536,332	823,972	1,712,360	
b Legal	27,600,695		27,600,695	
c Accounting	861,546		861,546	
d Lobbying	357,019		357,019	
e Professional fundraising services See Part IV, line 17	758,550			758,550
f Investment management fees	13,779,780		13,779,780	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	141,883,127	108,095,628	33,474,888	312,611
12 Advertising and promotion	18,023,862	17,573,080	411,621	39,161
13 Office expenses	132,632,153	129,200,800	1,323,019	2,108,334
14 Information technology	69,628,005	65,749,176	3,389,255	489,574
15 Royalties	2,906,073	2,906,073		
16 Occupancy	202,800,014	183,396,565	17,171,553	2,231,896
17 Travel	36,035,641	33,569,451	1,750,345	715,845
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,966,258	13,032,372	802,044	131,842
20 Interest	59,510,898	59,510,898		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	176,824,765	163,926,927	11,533,512	1,364,326
23 Insurance	12,013,841	11,725,574	287,616	651
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 Other Medical	528,813,496	522,832,134	5,981,362	
b Other	22,929,969	19,035,453	3,593,405	301,111
c Other Programs	20,349,271	14,359,829	4,839,081	1,150,361
d Other Library	14,348,918	14,104,031	244,887	
e All other expenses	90,251	90,251		
25 Total functional expenses. Add lines 1 through 24e	4,189,634,110	3,884,037,647	273,270,528	32,325,935
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	26,417,004	1 27,579,392
2	Savings and temporary cash investments	1,217,954,960	2 1,263,412,990
3	Pledges and grants receivable, net	130,350,166	3 140,607,122
4	Accounts receivable, net	358,287,724	4 345,136,110
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
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
7	Notes and loans receivable, net	13,956,216	7 12,482,674
8	Inventories for sale or use	49,519,332	8 58,972,211
9	Prepaid expenses and deferred charges	35,413,374	9 29,615,079
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,943,797,365	
b	Less accumulated depreciation	10b 2,213,122,944	10c 1,749,988,597 1,730,674,421
11	Investments—publicly traded securities	2,053,714,052	11 2,537,695,347
12	Investments—other securities See Part IV, line 11	2,299,770,603	12 2,063,071,114
13	Investments—program-related See Part IV, line 11	50,491,696	13 46,880,371
14	Intangible assets		14
15	Other assets See Part IV, line 11	4,975,555	15 3,935,656
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,990,839,279	16 8,260,062,487
Liabilities			
17	Accounts payable and accrued expenses	424,049,272	17 420,259,685
18	Grants payable	1,645,691	18 3,260,565
19	Deferred revenue	90,273,296	19 98,019,356
20	Tax-exempt bond liabilities	928,255,524	20 811,415,249
21	Escrow or custodial account liability Complete Part IV of Schedule D	1,957,319	21 1,610,422
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
23	Secured mortgages and notes payable to unrelated third parties	364,874,308	23 423,453,938
24	Unsecured notes and loans payable to unrelated third parties		24
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	340,190,326	25 535,089,630
26	Total liabilities. Add lines 17 through 25	2,151,245,736	26 2,293,108,845
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	3,175,677,603	27 3,270,600,596
28	Temporarily restricted net assets	1,467,482,249	28 1,461,162,045
29	Permanently restricted net assets	1,196,433,691	29 1,235,191,001
	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	5,839,593,543	33 5,966,953,642
34	Total liabilities and net assets/fund balances	7,990,839,279	34 8,260,062,487

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 4,504,130,397
2 Total expenses (must equal Part IX, column (A), line 25)	2 4,189,634,110
3 Revenue less expenses Subtract line 2 from line 1	3 314,496,287
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 5,839,593,543
5 Net unrealized gains (losses) on investments	5 -148,023,083
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 -39,113,105
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10 5,966,953,642

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	2a	No
2b 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	2b	Yes
2c 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	2c	Yes
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?	3a	Yes
3b 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	3b	Yes

Additional Data

Software ID:

Software Version:

EIN: 62-0476822

Name: Vanderbilt University

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	379,426,831	including grants of \$) (Revenue \$	168,187,851)
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Other program services include public service, academic support, institutional support, student services, room and board, and other auxiliary services. Vanderbilt University engages in a variety of public service projects, including, but not limited to supporting HIV care and treatment programs in rural Mozambique and Nigeria, Africa, developing training materials for current and future K-12 school leaders, formulating new approaches to increase health, safety, quality and outcomes, while decreasing total costs, and many other sponsored community health and educational programs.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(1) M Chandler Anthony Trustee	1 00	X					0	0	0
(1) John D Arnold Trustee	1 00	X					0	0	0
(2) Lee M Bass Trustee	1 00	X					0	0	0
(3) Darryl D Berger Trustee	1 00	X					0	0	0
(4) Adolpho A Birch III Trustee	1 00	X					0	0	0
(5) Shirley M Collado Trustee	1 00	X					0	0	0
(6) Daniel M Crown Trustee	1 00	X					0	0	0
(7) Mark F Dalton Chairman	1 00	X					0	0	0
(8) Claiborne P Deming Trustee	1 00	X					0	0	0
(9) Charles H Esserman Trustee	1 00	X					0	0	0
(10) Bruce R Evans Trustee	1 00	X					0	0	0
(11) Joanne F Hayes Trustee	1 00	X					0	0	0
(12) David W Head Trustee	1 00	X					0	0	0
(13) John J Hindle Trustee	1 00	X					0	0	0
(14) Jay C Hoag Trustee	1 00	X					0	0	0
(15) John R Ingram Trustee	1 00	X					0	0	0
(16) Edith Carell Johnson Secretary	1 00	X					0	0	0
(17) Carrol E Kimball Trustee	1 00	X					0	0	0
(18) Leslie C Labruto Trustee	1 00	X					0	0	0
(19) Mark P Mays Trustee	1 00	X					0	0	0
(20) Jackson W Moore Vice-Chairman	1 00	X					0	0	0
(21) Courtney C Pastrick Trustee	1 00	X					0	0	0
(22) David W Patterson MD Trustee	1 00	X					0	0	0
(23) H Ross Perot Jr Trustee	1 00	X					0	0	0
(24) Jeffrey J Rothschild Trustee	1 00	X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
(26) Sidanth Sapru Trustee	1 00	X					0	0	0
(1) Robert C Schiff Jr MD Trustee	1 00	X					0	0	0
(2) Eugene B Shanks Jr Trustee	1 00	X					0	0	0
(3) Richard H Sinkfield Trustee	1 00	X					0	0	0
(4) J Stephen Turner Trustee	1 00	X					0	0	0
(5) Rebecca Webb Wilson Trustee	1 00	X					0	0	0
(6) William M Wilson Trustee	1 00	X					0	0	0
(7) Jon Winkelried Vice-Chairman	1 00	X					0	0	0
(8) Nicholas S Zeppos JD See Schedule O	40 00	X	X				1,352,157	0	221,634
(9) Audrey Jane Anderson See Schedule O	40 00 0 10		X				741,092	0	87,553
(10) Jeffrey R Balser MD PHD See Schedule O	40 00		X				2,573,658	0	608,970
(11) Beth A Fortune MA See Schedule O	40 00		X				397,720	0	38,909
(12) Anders W Hall See Schedule O	40 00 7 40		X				1,783,109	0	721,283
(13) Eric C Kopstain See Schedule O	40 00 1 00		X				501,323	0	31,386
(14) John M Lutz See Schedule O	40 00 2 00		X				848,571	0	134,971
(15) Susie S Stalcup BA See Schedule O	40 00		X				604,837	0	19,905
(16) Brett C Sweet MBA See Schedule O	40 00 6 20		X				1,003,955	0	190,769
(17) Susan Wente PhD See Schedule O	40 00 0 40		X				674,246	0	98,757
(18) David Williams II MA MBA JD LLM See Schedule O	40 00 0 30		X				1,008,515	0	53,328
(19) Charles L Gregory MA MBA MHA See Schedule O	40 00 3 20		X				544,760	0	50,762
(20) John F Manning Jr PHD MBA See Schedule O	40 00 0 10		X				1,173,797	0	35,153
(21) Charles W Pinson MD MBA See Schedule O	40 00 10 00		X				2,122,758	0	42,707
(22) David R Posch See Schedule O	40 00 5 10		X				645,076	0	26,820
(23) Derek Mason See Schedule O	40 00			X			2,399,576	0	157,301
(24) Michael J McNamara MD See Schedule O	40 00			X			1,342,237	0	48,356

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Former		
(51) Kevin E Stallings MS See Schedule O	40 00				X		4,483,671	0	65,469
(1) William W Stead MD See Schedule O	40 00				X		1,756,037	0	25,582
(2) Paul A Thomas MD See Schedule O	40 00				X		1,849,811	0	35,887
(3) Jerry G Fife BS See Schedule O	40 00				X		465,833	0	21,126
(4) Richard C McCarty MS PHD See Schedule O	40 00 2 00				X		722,008	0	47,492
(5) Martin P Sandler MD See Schedule O	40 00 0 30				X		640,436	0	34,957

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**

Vanderbilt University

Employer identification number

62-0476822

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.
- b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.
- c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.
- d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	504,015,837	476,594,262	484,681,246	494,500,126	469,664,344	2,429,455,815
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	504,015,837	476,594,262	484,681,246	494,500,126	469,664,344	2,429,455,815
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)						
6 Public support. Subtract line 5 from line 4						2,429,455,815

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	504,015,837	476,594,262	484,681,246	494,500,126	469,664,344	2,429,455,815
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,844,994	65,659,926	196,756,446	138,255,832	19,467,670	530,984,868
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	30,380,900	26,648,887	36,202,593	4,535,825	30,824,998	128,593,203
11 Total support Add lines 7 through 10						3,089,033,886
12 Gross receipts from related activities, etc (see instructions)					12	16,697,880,989
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 ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	78 650 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	77 880 %
16a 33 1/3% support test—2014. 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 ►✓		
b 33 1/3% support test—2013. 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 ►		
17a 10%-facts-and-circumstances test—2014. 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 ►		
b 10%-facts-and-circumstances test—2013. 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 ►		
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 ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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 ►	
b 33 1/3% support tests—2013. 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 ►	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete **Part I of Schedule L (Form 990)**.
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part II of Schedule L (Form 990)**.
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.
- b** Did the organization have any excess business holdings in the tax year? (Use **Schedule C, Form 4720**, to determine whether the organization had excess business holdings).
- 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**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

- a The organization satisfied the Activities Test Complete **line 2** below
- b The organization is the parent of each of its supported organizations Complete **line 3** below
- c 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.**

	Yes	No
2a		

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		

- b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
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** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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).

Facts And Circumstances Test

Return Reference**Explanation**

Part II Section B Line 10

The total amounts reported on Line 10 columns (a) through (e) are comprised of gross fundraising revenue and other miscellaneous operating revenue

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2014****Open to Public
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

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

If the organization answered "Yes" to 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" to 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" to 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 the organization Vanderbilt University	Employer identification number 62-0476822
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

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.)

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -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?

 Yes 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) 2011	(b) 2012	(c) 2013	(d) 2014	(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	137,299	382,544	388,622	357,019	1,265,484
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					

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Return Reference	Explanation

Part IV **Supplemental Information (continued)**

Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
Vanderbilt University

Employer identification number

62-0476822

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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? Yes 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? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Year |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4 Number of states where property subject to conservation easement is located ► _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
► _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to 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 in Form 990, Part VIII, line 1 ► \$ 140,730

(ii) Assets included in Form 990, Part X ► \$ 6,620,930

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 in 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 <input checked="" type="checkbox"/> Public exhibition | d <input checked="" type="checkbox"/> Loan or exchange programs |
| b <input checked="" type="checkbox"/> Scholarly research | e <input checked="" type="checkbox"/> Other Education |
| c <input checked="" type="checkbox"/> Preservation for future generations | |

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

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

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

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

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

	Amount
1c	
1d	
1e	
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 in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,046,250,379	3,635,343,038	3,360,035,514	3,375,152,628	3,007,607,383
b Contributions	75,832,665	88,751,983	116,470,228	88,007,709	117,059,853
c Net investment earnings, gains, and losses	148,787,412	491,337,590	319,370,422	52,851,982	408,026,551
d Grants or scholarships	75,365,887	69,952,281	60,864,586	58,847,982	30,779,321
e Other expenditures for facilities and programs	89,465,646	87,607,660	89,692,275	89,046,970	121,479,173
f Administrative expenses	12,652,439	11,622,291	9,976,265	8,081,853	5,282,665
g End of year balance	4,093,386,484	4,046,250,379	3,635,343,038	3,360,035,514	3,375,152,628

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

a Board designated or quasi-endowment ► 39 630 %

b Permanent endowment ► 27 460 %

c Temporarily restricted endowment ► 32 910 %

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 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' to 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		65,555,832			65,555,832
b Buildings		2,678,168,216	1,429,729,150		1,248,439,066
c Leasehold improvements		92,726,677	39,504,240		53,222,437
d Equipment		948,302,850	743,889,554		204,413,296
e Other		159,043,790			159,043,790
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					1,730,674,421

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to 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) Limited Partnerships	1,710,057,747	F
(B) Int in Trusts Held by Others	40,154,252	F
(C) Other Investments & Securities	199,300,597	F
(D) Closely-held Equity Interests	2,604,302	C
(E) Allocable to Minority Int	110,954,216	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,063,071,114	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Actuarial Liab-Self Insurance	116,752,687
Gov Adv for Student Loans	22,355,665
Actuarial liab-Annuities Payable	33,757,327
FV of Int Rate Exchg Agreement	174,712,624
State Taxes Payable	80,246
FV of Securities Sold Short	187,431,081
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	535,089,630

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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	Explanation
Part III, Line 4	- Description of Collections Vanderbilt University maintains various collections of art, historical treasures, and other similar assets in departments across the University. Such collections include, but are not limited to, historical drawings, historical scientific instruments, historical furniture, paintings, photography, book collections, and other similar items and artifacts. All such collections further Vanderbilt's exempt purpose by providing historical materials for students and researchers, and by providing cultural, historical, and educational opportunities to Vanderbilt University students and the community at large through exhibits, displays, and loan or exchange programs. Part III, line 5 - Solicitation of Art, etc. Vanderbilt University solicited works of art to be sold at fundraising events in silent auctions. The fair market value of these items can range in value, and in FY15 the fair market value of these items did not meet the thresholds required for Form 8282 to be filed.
Part IV, Line 2b	- Agency funds Agency funds are held by Vanderbilt University, which serves as a custodian or fiscal agent for student groups and other university related organizations.
Part V, Line 4	- Endowment funds Vanderbilt University's endowment funds, as related to Part V, are intended to be used for scholarships, fellowships, endowed academic chair support, and capital and operational support.

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

Schedule D (Form 990) 2014

SCHEDULE E
(Form 990 or 990-EZ)**Schools**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Vanderbilt University

Employer identification number

62-0476822

Part I

- 1 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?
- 2 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?
- 3 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 use Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

- 4 Does the organization maintain the following?

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?

- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions)

Return Reference	Explanation
Schedule E, Part I, Line 3	Vanderbilt University's nondiscrimination policy is widely disseminated through newspapers or broadcast media, various university-related websites, online application portals, orientation sessions, publication in catalogs, application materials and handbooks - See Part II for additional detail
Schedule E, line 3, Summary of Nondiscrimination Policy	In compliance with federal law, including the provisions of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, Executive Order 11246, and the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, Vanderbilt University does not discriminate against individuals on the basis of their race, sex, religion, color, national or ethnic origin, age, disability, or military service, or genetic information in its administration of educational policies, programs, or activities, admissions policies, scholarship and loan programs, athletic or other university-administered programs, or employment. In addition, the university does not discriminate against individuals on the basis of their sexual orientation, gender identity, or gender expression consistent with the university's nondiscrimination policy
Schedule E, line 6, Explanation of Government Financial Aid	Vanderbilt University participates in the following programs: Federal Pell Grants, Federal Supplemental Educational Opportunity Grants (FSEOG), Federal Direct Stafford Subsidized/Unsubsidized Loans, Federal Perkins Loans, Federal Direct Graduate Plus Loans, Federal Direct Parent Loan for Undergraduate Students (PLUS Loans), Federal Work Study Program, Tennessee Student Assistance Awards, and the Tennessee Education Lottery Scholarship Program. Vanderbilt University also receives various federal and state grants and contracts for academic and scientific research

2014

Open to Public
Inspection**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

Name of the organization

Vanderbilt University

Employer identification number

62-0476822

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	28			3,109,928
b Total from continuation sheets to Part I	9	547			1,335,972,896
c Totals (add lines 3a and 3b)	9	575			1,339,082,824

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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.

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 . . . ►

28

3 Enter total number of other organizations or entities

37

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

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

Part IV Foreign Forms

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

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	- Monitoring Use of Grant Funds Vanderbilt University 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. 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 academic departments of the university and describes the monitoring procedures for each area. The full text of Vanderbilt's subrecipient monitoring guidelines are available online at the following web address http://www.vanderbilt.edu/ocga/vupolicies/subrecipient_subrecipientsmonitoringguidelinesfinal.pdf

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 3 and Part II, Line 1	- Accounting method for Reporting Expenses Expenses reported in Schedule F, Part I, Line 3 and Part II, Line 1 are derived from Vanderbilt's books and records, which are maintained on the accrual basis of accounting

Additional Data

Software ID:
Software Version:
EIN: 62-0476822
Name: Vanderbilt University

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean	0	0	Fundraising	N/A	1,876
Europe (Including Iceland and Greenland)	0	0	Fundraising	N/A	8,646
Sub-Saharan Africa	0	0	Fundraising	N/A	857

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America/Caribbean	0	4	Grantmaking	N/A	496,131
East Asia and the Pacific	0	7	Grantmaking	N/A	956,799
Europe	0	10	Grantmaking	N/A	944,780

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa	0	1	Grantmaking	N/A	225,040
North America	0	6	Grantmaking	N/A	475,799
South America	0	11	Grantmaking	N/A	1,692,382

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
South Asia	0	1	Grantmaking	N/A	14,095
Sub-Saharan Africa	0	25	Grantmaking	N/A	12,683,736
Central America and the Caribbean	0	0	Investments	N/A	831,340,623

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
East Asia and the Pacific	0	0	Investments	N/A	82,664,532
Europe (Including Iceland and Greenland)	0	0	Investments	N/A	256,547,709
Middle East and North Africa	0	0	Investments	N/A	2,450

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
North America	0	0	Investments	N/A	27,726,278
South Asia	0	0	Investments	N/A	65,286,223
Sub-Saharan Africa	0	0	Investments	N/A	38,913,148

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America/Caribbean	1	13	Program Services	Education, Health-Care, Research	596,403
East Asia and the Pacific	1	2	Program Services	Education, Health-Care, Research	726,957
Europe	5	9	Program Services	Education, Health-Care, Research	1,717,269

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa	0	0	Program Services	Education, Health-Care, Research	961,579
North America	0	2	Program Services	Education, Health-Care, Research	194,778
Russia/Independent States	0	1	Program Services	Education, Health-Care, Research	29,373

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
South America	0	17	Program Services	Education, Health-Care, Research	774,560
South Asia	0	25	Program Services	Education, Health-Care, Research	382,630
Sub-Saharan Africa	2	441	Program Services	Education, Health-Care, Research	12,258,340

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America/Caribbean	0	0	Send Agents to Seminar	N/A	42,274
East Asia and the Pacific	0	0	Send Agents to Seminar	N/A	166,170
Europe	0	0	Send Agents to Seminar	N/A	814,729

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa	0	0	Send Agents to Seminar	N/A	31,037
North America	0	0	Send Agents to Seminar	N/A	255,482
Russia/Independent States	0	0	Send Agents to Seminar	N/A	11,632

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
South America	0	0	Send Agents to Seminar	N/A	66,481
South Asia	0	0	Send Agents to Seminar	N/A	14,622
Sub-Saharan Africa	0	0	Send Agents to Seminar	N/A	57,404

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Subcontracts-Research	330,213	Wire		N/A	N/A
		Central America and the Caribbean	Subcontracts-Research	39,920	Wire		N/A	N/A
		Central America and the Caribbean	Subcontracts-Research	29,909	Wire		N/A	N/A
		East Asia and the Pacific	Subcontracts-Research	12,865	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Subcontracts-Research	50,446	Wire		N/A	N/A
		East Asia and the Pacific	Subcontracts-Research	370,040	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	325,587	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	153,580	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Subcontracts-Research	28,385	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	115,863	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	20,020	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	65,245	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Subcontracts-Research	97,971	Wire		N/A	N/A
		North America	Subcontracts-Research	145,575	Check		N/A	N/A
		North America	Subcontracts-Research	88,157	Check		N/A	N/A
		South America	Subcontracts-Research	83,098	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Subcontracts-Research	5,039	Wire		N/A	N/A
		South America	Subcontracts-Research	26,213	Wire		N/A	N/A
		South America	Subcontracts-Research	39,485	Wire		N/A	N/A
		South America	Subcontracts-Research	144,655	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Subcontracts-Research	96,089	Wire		N/A	N/A
		East Asia and the Pacific	Subcontracts-Instruction	211,252	Wire		N/A	N/A
		East Asia and the Pacific	Subcontracts-Research	139,647	Wire		N/A	N/A
		East Asia and the Pacific	Subcontracts-Research	97,098	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Subcontracts-Instruction	75,451	Check		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Instruction	63,991	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	49,438	Wire		N/A	N/A
		Europe (Including Iceland and Greenland)	Subcontracts-Research	60,391	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Subcontracts-Instruction	62,280	Wire		N/A	N/A
		Middle East and North Africa	Subcontracts-Instruction	225,040	Wire		N/A	N/A
		North America	Subcontracts-Research	20,264	Check		N/A	N/A
		North America	Subcontracts-Research	32,237	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Subcontracts-Research	91,595	Check		N/A	N/A
		South America	Subcontracts-Research	4,028	Wire		N/A	N/A
		South America	Subcontracts-Research	524,255	Wire		N/A	N/A
		South America	Subcontracts-Research	441,262	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Subcontracts-Research	268,246	Wire		N/A	N/A
		South America	Subcontracts-Instruction	94,638	Wire		N/A	N/A
		South America	Subcontracts-Instruction	61,463	Wire		N/A	N/A
		South Asia	Subcontracts-Research	14,095	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontracts-Research	51,465	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Research	8,461	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Research	8,374	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Research	143,901	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontracts-Research	19,526	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Research	25,200	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Research	29,350	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Instruction	30,892	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontracts-Research	37,343	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Instruction	64,415	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontracts-Research and Patient Care	11,951,386	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	9,299	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontacts-General	52,091	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	26,999	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	8,326	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	32,383	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontacts-General	17,392	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	27,006	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	17,786	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	5,556	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontacts-General	27,158	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	56,525	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	21,224	Wire		N/A	N/A
		Sub-Saharan Africa	Subcontacts-General	5,889	Wire		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Subcontacts-General	5,792	Wire		N/A	N/A

2014

Open to Public
Inspection**SCHEDULE G**
(Form 990 or 990-EZ)**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue ServiceName of the organization
Vanderbilt University

Employer identification number

62-0476822

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 checked="" 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1	Call Center	Yes	No	925,405	412,666	512,739
RuffaloCody LLC 65 Kirkwood North Road SW Cedar Rapids, IA 52404						
2 Grenzebach Glier and Associates 401 N Michigan Avenue Suite 2800 Chicago, IL 60611	Consulting Services Related to Fundraising Programs		No	0	345,884	0
3						
4						
5						
6						
7						
8						
9						
10						
Total				925,405	758,550	512,739

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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>Rascal Flatts - Behind the Music</u> (event type)	(b) Event #2 <u>Vanderbilt University Dance Maratho</u> (event type)	(c) Other events <u>13</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . .	239,750	196,391	841,222	1,277,363
	2 Less Contributions . . .	176,800	137,534	568,533	882,867
	3 Gross income (line 1 minus line 2) . . .	62,950	58,857	272,689	394,496
Direct Expenses	4 Cash prizes . . .				
	5 Noncash prizes . . .			31,321	31,321
	6 Rent/facility costs . . .	37,096		7,763	44,859
	7 Food and beverages . . .	24,730	61	32,496	57,287
	8 Entertainment . . .		2,060	45,420	47,480
	9 Other direct expenses . . .	660	21,289	170,254	192,203
	10 Direct expense summary Add lines 4 through 9 in column (d)				(373,150)
	11 Net income summary Subtract line 10 from line 3, column (d)				21,346

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 activities conducted in
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a** The organization's facility
- b** An outside facility
- 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 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).

Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	- RuffaloCody The total amount paid to RuffaloCody for Fiscal Year 2015 was \$432,097 which includes professional fundraising fees of \$412,666 and fundraising expenses of \$19,431. The contract between Vanderbilt University and RuffaloCody calls for the reimbursement of fundraising expenses incurred by RuffaloCody, such as printing and postage, which are invoiced separately from telemarketing services fees. Schedule G, Part I, Line 2b, Column (v) - Grenzebach Glier and Associates The total amount paid to Grenzebach Glier and Associates for Fiscal Year 2014 was \$373,778, which includes professional fundraising fees of \$345,884 and expenses of \$27,894. The contract between Vanderbilt University and Grenzebach Glier and Associates calls for the reimbursement of travel related fundraising expenses incurred by Grenzebach Glier and Associates, such as airfare and hotel, which are invoiced as incurred. Grenzebach Glier and Associates provide consulting services for Vanderbilt University's overall fundraising program. They do not raise funds for Vanderbilt or help raise funds for a specific purpose.

**SCHEDULE H
(Form 990)****Hospitals**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection****Name of the organization**
Vanderbilt University**Employer identification number**

62-0476822

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 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
- Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities
- Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care
- 100% 150% 200% Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
- 200% 250% 300% 350% 400% 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)			102,423,571		102,423,571	2 440 %
b Medicaid (from Worksheet 3, column a)			430,290,274	326,509,739	103,780,535	2 480 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			532,713,845	326,509,739	206,204,106	4 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,121,299	646,186	4,475,113	0 110 %
f Health professions education (from Worksheet 5)			122,872,479	31,553,601	91,318,878	2 180 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			483,347,599	356,193,044	127,154,555	3 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			611,341,377	388,392,831	222,948,546	5 320 %
k Total Add lines 7d and 7j			1,144,055,222	714,902,570	429,152,652	10 240 %

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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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
- 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** 18,706,751
- 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** 358,012
- 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** 364,145,399
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 433,527,721
- 7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** -69,382,322
- 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
- 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

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 Ambulatory Surgery Center of Cool Springs LLC	Ambulatory Surgery Center	51 020 %	0 %	13 260 %
2 Vanderbilt Imaging Services LLC	Radiology Services	66 670 %	0 %	33 330 %
3 New Light Imaging LLC	Outpatient Diagnostic Imaging	66 670 %	0 %	33 330 %
4 One Hundred Oaks Imaging LLC	Outpatient Diagnostic Imaging	80 000 %	0 %	20 000 %
5 Williamson Imaging LLC	Outpatient Diagnostic Imaging	53 340 %	0 %	26 660 %
6 VIP Midsouth LLC	Pediatric Clinics	45 180 %	0 %	54 820 %
7 Springfield VIP Realty LLC	Own Real Estate Used as Medical Facility	49 000 %	0 %	51 000 %
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

2

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

See Additional Data Table

Other (describe)

Facility reporting group

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)

Vanderbilt University Hospitals

Name of hospital facility or letter of facility reporting group**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1 No	
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 No	
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)	3 Yes	
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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
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 Yes	
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 Yes	
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 No	
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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) http://www.vanderbilthealth.com/main/38766		
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 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) http://www.vanderbilthealth.com/main/38766		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b No	
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 No	
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b No	
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)

Vanderbilt University Hospitals

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
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	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>250 000000000000%</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 discount			
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	Yes	
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	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.vanderbilthealth.com/financialassistance/46618</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://www.vanderbilthealth.com/financialassistance/46619</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://www.vanderbilthealth.com/financialassistance/46619</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> Other (describe in Section C)			

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V Facility Information (continued)

Vanderbilt University Hospitals

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f 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?

If "No," indicate why

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

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?

If "Yes," explain in Section C

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)

Vanderbilt Stallworth Rehab Hospital

Name of hospital facility or letter of facility reporting group**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**

2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1 No	
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 No	
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)	3 Yes	
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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
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 Yes	
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 Yes	
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 No	
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)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) See Part V		
b <input checked="" type="checkbox"/> Other website (list url) http://vanderbilthealth.com/main/38766		
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 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) http://www.vanderbilthealth.com/main/38766		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b No	
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 No	
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b No	
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)

Vanderbilt Stallworth Rehab Hospital

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
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	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>400 000000000000%</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 discount		
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	Yes
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	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	No
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input 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 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 type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Vanderbilt Stallworth Rehab Hospital

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)		

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f 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? If "No," indicate why	21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
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? If "Yes," explain in Section C	24	No

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
See Additional Data Table	

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? **14**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and 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 CHNAs 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

Form and Line Reference	Explanation
Part I, Line 7	Costing Methodology - Charity Care 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

Form and Line Reference	Explanation
Form 990, Schedule H, Part I, Line 7 (k), 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 27.24%

Form and Line Reference	Explanation
Part III, Line 2	Costing Methodology - Bad Debt Expense Lines 2 & 3 The costing methodology used to calculate bad debt expense reported in Part III, Lines 2 and 3 was based on an overall cost-to-charge ratio for all patient populations Discounts and payments on accounts considered as bad debt offset the total bad debt expense recorded Process to determine amount of bad debt attributable to individuals eligible for financial assistance - The accounts that have not been paid are first reviewed under a presumptive charity policy For those accounts that do not meet presumptive eligibility criteria, it is estimated that 3% of the balances are attributable to individuals who would qualify for financial assistance This estimate is based on experience of patient accounting management as well as a methodical review of outstanding patient accounts

Form and Line Reference	Explanation
Part III, Line 4	Audited Financial Statements The audited financial statements of Vanderbilt University disclose the consolidated amount of bad debt expense, the preponderant portion of which is attributable to its hospitals and clinics. This information is contained in Footnote 3, Accounts Receivable, on page 22 of the audited financial statements.

Form and Line Reference	Explanation
Part III, Line 8	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 FY15, such shortfalls amounted to \$69,382,322.

Form and Line Reference	Explanation
Part III, Line 9b	Collection Practices Although Vanderbilt University's policies do not contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance, in practice, if a patient qualifies for a 100% charity care write off, the account is closed and no further collection efforts are made. If a patient qualifies for a partial charity care write off, the account is reduced for the applicable charity discount and normal collection efforts are made. The extraordinary collection actions that may be taken, after reasonable efforts are made to ensure a patient is not eligible for financial assistance on the remaining balance, include - A Lien - Attachment or seizure of a bank account or other personal property - Commencement of a civil action against an individual - Wage garnishment

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 2	<p>Needs Assessment Vanderbilt continually assesses the health care needs of the communities it serves. The Vanderbilt Patient and Family Advisory Council is a committee made up of community volunteers which partners with Vanderbilt's health care team and leadership to assess needs and evaluate services and programs. The Council serves as a vital link between the hospital and the community. Vanderbilt also performed an internal survey of community health related program managers regarding perceptions of community health needs for children and adults. To make use of the data and assessments, Vanderbilt formed an internal committee of program managers and hospital leaders which meets regularly. Vanderbilt and Vanderbilt Stallworth Rehabilitation Hospital have also formed an advisory committee which meets to continually assess the needs of the community and drive improvements in care and processes for the communities they serve. Vanderbilt 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. Vanderbilt carefully reviews the many health care needs assessments published by these local groups (Alignment Nashville, Saint Thomas Health, Nashville Area Chamber of Commerce, Metro Social Services, Healthy Nashville, and the TN Department of Health, among others) to help gauge the needs and resources within the community. In addition, Vanderbilt has developed partnerships with the state department of health to stay abreast of important community health care needs.</p>

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 3, Facility 1	Patient Education of Eligibility for Assistance Patients are notified of potential assistance under Federal, State or local government programs or under the organization's charity care policy via signage posted in the patient care registration points including hospitals, emergency departments, and clinics, brochures available at registration points, and language included on all statements mailed to patients advising them we have a financial assistance program if they need help paying their medical bills Pre-Admitting, Registration, or Billing personnel may refer uninsured or low income patients to financial counseling personnel to discuss qualifications for free or discounted care Form 990, Schedule H, Part VI, Line 3 Facility 2 Patient Education of Eligibility for Assistance A summary of the Vanderbilt Stallworth Rehabilitation Hospital policy is posted in the main elevator to the patient care units

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 4, Facility 1	Community Information The Vanderbilt University Medical Center (VUMC), located in Nashville, Tennessee, serves Tennessee, northern Alabama and southern Kentucky. Three hospitals comprise the Vanderbilt Hospital System: the Vanderbilt University Hospital (adult care), the Monroe Carell, Jr Children's Hospital at Vanderbilt and the Vanderbilt Psychiatric Hospital. Annually, the Vanderbilt University Hospitals (excludes Vanderbilt Health Services, LLC and subsidiaries) have approximately 59,026 discharges. Annually, VUMC also provides approximately 1.89 million outpatient visits, including 121,663 to the emergency departments of the three hospitals. Vanderbilt University Hospitals provide critical and often unique health care resources to the community and provide broad access to care. The majority of Vanderbilt's patients live in four Tennessee counties: Davidson, Williamson, Rutherford and Montgomery.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 4, Facility 2	Community Information The Vanderbilt Stallworth Rehabilitation Hospital (Stallworth), is located in Nashville, Tennessee, serves middle Tennessee, southern Kentucky and the northern parts of Mississippi, Alabama and Georgia. This 80-bed hospital is a joint venture between Vanderbilt University Medical Center and HealthSouth and offers comprehensive acute rehabilitation services. Annually, Stallworth has approximately 1,467 discharges. The majority of Stallworth's patients live in four Tennessee counties Davidson, Montgomery, Rutherford and Williamson.

Form and Line Reference	Explanation
Form 990, Schedule H, Part VI, Line 5	Promotion of Community Health In addition to information provided in Part V, Line 11, Part VI, Line 6 and Vanderbilt University's publicly available CHNA and Implementation Strategy, for more information on how Vanderbilt promotes the health of the community please see "Vanderbilt University Medical Center Facts 2014-2015" as found at http://www.mc.vanderbilt.edu/documents/main/files/VanderbiltFactBook2014-2015-web.pdf "Vanderbilt in Tennessee County by County" as found at http://www.vanderbilt.edu/cngr/map/ "Vanderbilt University Vital Stats 2015" as found at http://www.vanderbilt.edu/vitalstats/2015/

Additional Data

Software ID:

Software Version:

EIN: 62-0476822

Name: Vanderbilt University

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, 12l, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals	Part V, Section B, Line 5 Community Health Needs Assessment Facility 1 The following describes the methodologies Vanderbilt University Hospitals used to take into account input from persons who represent the community -Online and paper surveys were used to seek the views of health care consumers and community leaders to identify gaps in services and health priorities in their communities The survey was completed by 2,303 people -Fourteen focus groups were conducted across the four counties that primarily represent the community served In each county there was a focus group of community leaders from various sectors including education, government, healthcare, faith-based organizations, and business

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt Stallworth Rehab Hospital	Part V, Section B, Line 5 Community Health Needs Assessment Facility 2 The following describes the methodologies Vanderbilt Stallworth Rehabilitation Hospital used to take into account input from persons who represent the community - Online and paper surveys were used to seek the views of health care consumers and community leaders to identify gaps in services and health priorities in their communities. The survey was completed by 2,303 people - Fourteen focus groups were conducted across the four counties that primarily represent the community served In each county there was a focus group of community leaders from various sectors including education, government, healthcare, faith-based organizations, and business

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals	Part V, Section B, Line 6a Community Health Needs Assessment Facility 1 Vanderbilt University Hospitals and Clinics conducted a community health needs assessment in partnership with its affiliated hospital Vanderbilt Stallworth Rehabilitation Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt Stallworth Rehab Hospital	Part V, Section B, Line 6a Community Health Needs Assessment Facility 2 Vanderbilt Stallworth Rehabilitation Hospital conducted a health needs assessment in partnership with affiliated Vanderbilt University Hospitals

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals	Part V, Section B, Line 11 Facility 1 Vanderbilt University Medical Center is addressing the significant needs identified in its most recently conducted CHNA through programs listed in the tax year 2012 Implementation Strategy Examples of programs include complex care management teams for pediatric and adult patients with complex medical, social and economic needs, a street psychiatry program that works with several local non-profits to provide comprehensive psychiatric services and basic medical care to unsheltered individuals experiencing homelessness, and an expanded partial hospitalization program for adolescents 13 to 17 years at Vanderbilt Behavioral Health Other initiatives include support for school health clinics, a primary care clinic at Monroe Carell Jr Children's Hospital at Vanderbilt that serves as a medical home for primarily Medicaid but also uninsured patients, and primary, subspecialty and urgent care, including laboratory and pharmacy services, provided free-of-charge to uninsured Spanish and English-speakers through the Shade Tree Clinic

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt Stallworth Rehab Hospital	Part V, Section B, Line 11 Facility 2 Vanderbilt Stallworth Rehabilitation Hospital is addressing the significant needs identified in its most recently conducted CHNA through programs listed in the tax year 2012 Implementation Strategy Examples of ways in which Vanderbilt Stallworth Rehabilitation Hospital is addressing the significant needs include specialized training for case managers and discharge planners from hospitals and other referring facilities, support/advisory groups for many types of patients and caregivers open to communities impacted by brain injury, stroke and trauma, and close collaboration with and support for the Trauma Survivors Network, which provides a host of free resources to help patients and families cope with the challenges of trauma recovery Through ongoing partnerships and engagement of key stakeholders, Stallworth continues to collaborate with Vanderbilt to meet the needs identified in the most recent CHNA

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals	Part V, Section B, Line 16i Facility 1 Patients are notified of potential assistance under Federal, State or local government programs or under the organization's charity care policy via signage posted in the patient care registration points including hospitals, emergency departments, and clinics, brochures available at registration points, and language included on all statements mailed to patients advising them we have a financial assistance program if they need help paying their medical bills. Pre-Admitting, Registration, or Billing personnel may refer uninsured or low income patients to financial counseling personnel to discuss qualifications for free or discounted care

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt Stallworth Rehab Hospital	Part V, Section B, Line 16i Facility 2 Although Vanderbilt Stallworth Rehabilitation Hospital's policies do not contain measures to publicize the policy, Stallworth did make the policy available to its community. A summary of the policy is posted in the main elevator to the patient care units. 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.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals	Part V, Section B, Line 22d Charges to Individuals Eligible for Assistance Under the FAP Facility 1 Individuals without insurance are extended a 60% discount off gross charges as required by Tennessee Code Annotated 68-11-262 - Limit of Amount of Charges for Services to an Uninsured Patient In addition, based on income level, a discount is offered to individuals who meet eligibility criteria for financial assistance Gross charges are reduced by 100%, 80% or 70% depending on the individual's income level as a percent of the federal poverty guidelines

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt Stallworth Rehab Hospital	Part V, Section B, Line 22d Charges to Individuals Eligible for Assistance Under the FAP Facility 2 Individuals without insurance are extended a 40% discount off gross charges which extends the discount required by Tennessee Code Annotated 68-11-262 - Limit of Amount of Charges for Services to an Uninsured Patient In addition, based on income level, a discount is offered to individuals who meet eligibility criteria for financial assistance Gross charges are reduced by 100%, 75% or 50% depending on the individual's income level

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Schedule H, Part V, Section B, Line 7(a), Facility 2	Community Health Needs Assessment - Web Address The Vanderbilt Stallworth Rehabilitation Hospital Community Health Needs Assessment is accessible to the public via the following web address http://www.vanderbiltstallworthrehab.com/en/our-approach/committed-to-quality

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 16	Financial Assistance Policy Website Availability

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals Part V, Section B, line 16a website	http://www.vanderbilthealth.com/financialassistance/46618

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals Part V, Section B, line 16b website	http://www.vanderbilthealth.com/financialassistance/46619

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Vanderbilt University Hospitals Part V, Section B, line 16c website	http://www.vanderbilthealth.com/financialassistance/46618

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

Name and address	Type of Facility (describe)
Ambulatory Surgery Ctr of Cool Springs 2009 Mallory Lane Suite 100 Franklin, TN 37067	Ambulatory Surgery Treatment Center
SCA Nashville Surgery Center 1161 21st Ave South D-3300 Nashville, TN 37232	Ambulatory Surgery Treatment Center
Vanderbilt-Maury Radiation Oncology 1003 Reserve Boulevard Spring Hill, TN 37174	Ambulatory Surgery Treatment Center
Vanderbilt Williamson Cancer Ctr 2107 Edward Curd Lane Franklin, TN 37067	Ambulatory Surgery Treatment Center
One Hundred Oaks Imaging 719 Thompson Lane Nashville, TN 37204	Ambulatory Surgery Treatment Center
Vanderbilt Health & Williamson Medical C 134 Pewitt Drive Brentwood, TN 37027	Ambulatory Surgery Treatment Center
Spring Hill Imaging Center 5421 Main Street Spring Hill, TN 37174	Ambulatory Surgery Treatment Center
Cool Springs Imaging 2009 Mallory Lane Suite 150 Franklin, TN 37067	Ambulatory Surgery Treatment Center
Vanderbilt Health & Williamson Medical C 919 Murfreesboro Pike Franklin, TN 37064	Ambulatory Surgery Treatment Center
Vanderbilt Gateway Cancer Center 375 Alfred Thun Road Clarksville, TN 37040	Ambulatory Surgery Treatment Center
Belle Meade Imaging 4525 Harding Road Suite 102 Nashville, TN 37232	Ambulatory Surgery Treatment Center
Hillsboro Imaging 1909 Acklen Avenue Nashville, TN 37212	Ambulatory Surgery Treatment Center
Vanderbilt Health & Williamson Medical C 1834 West McEwen Dr Suite B Franklin, TN 37067	Ambulatory Surgery Treatment Center
Vanderbilt Health & Williamson Medical C 3098 Campbell Station Pkwy Spring Hill, TN 37174	Ambulatory Surgery Treatment Center

**Schedule I
(Form 990)**

OMB No 1545-0047

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

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Vanderbilt University

Employer identification number

62-0476822

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" to 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 238
- 3** Enter total number of other organizations listed in the line 1 table ► 25

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

Return Reference	Explanation
Part I, Line 2	Subrecipient grants - Vanderbilt University 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. 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 academic departments of the University and describes the monitoring procedures for each area. The full text of Vanderbilt's subrecipient policy is available online at the following web address http://www.vanderbilt.edu/ocga/vupolicies/subrecipient/SubrecipientMonitoringGuidelinesfinal.pdf . Other Assistance - Assistance offered from institutional funds by Vanderbilt to our students is awarded on the basis of merit and/or financial need. Such assistance helps students and their families support the cost of attendance which includes tuition, mandatory fees, room & board, books, other course materials/supplies, and allowances for personal/miscellaneous and travel expenses. Merit-based awards are competitively awarded in recognition of academic achievement, leadership, commitment to community service, contributions to society, and other forms of accomplishment. Need-based assistance is awarded on the basis of documented financial need, resulting from a need analysis evaluation accomplished in accordance with relevant and applicable federal, state, and/or institutional programs, policies, and eligibility requirements. Financial Aid - The units responsible for administering student financial aid at Vanderbilt regularly initiate system-generated reviews, as well as other cross-checks on an ad hoc basis. Results from these reviews, along with recurring management reports, are regularly evaluated. Subsequently, follow-up corrective actions are taken when appropriate and potentially include award revisions or cancellations. These provisions are designed to help ensure that student assistance funds are awarded to eligible recipients, in accordance with applicable federal, state, institutional, and other program legislation, as well as relevant internal University policies and operational guidelines/criteria.

Additional Data**Software ID:****Software Version:****EIN:** 62-0476822**Name:** Vanderbilt University**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ABT Associates Inc 4550 Montgomery Avenue Suite 800N Bethesda, MD 208145341	04-2347643	N/A	95,039		Not applicable	Not applicable	Research
Acoustic Neuroma Association 600 Peachtree Parkway Cumming, GA 30041	23-2170836	501(c)(3)	10,000		Not applicable	Not applicable	Contribution
Adventure Science Center 800 Fort Negley Blvd Nashville, TN 37203	62-0479192	501(c)(3)	6,320		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501(c)(3)	127,028		Not applicable	Not applicable	Research
American Association of Endocrine Surgeons 11300 W Olympic Blvd Los Angeles, CA 90064	27-2484289	501(c)(3)	12,500		Not applicable	Not applicable	Contribution
American Association of Kidney Patients 2701 N Ricky Point Dr Tampa, FL 33607	11-2306416	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
American Cancer Society 2000 Charlotte Avenue Nashville, TN 37203	13-1788491	501(c)(3)	15,000		Not applicable	Not applicable	Contribution
American Heart Association 1101 Northchase Parkway Suite 1 Marietta, GA 30067	13-5613797	501(c)(3)	175,000		Not applicable	Not applicable	Contribution
American Liver Foundation Broadway Suite 2700 New York, NY 10006	36-2883000	501(c)(3)	8,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
American Psychiatric Foundation 1000 Wilson Boulevard Arlington, VA 22209	13-0433740	501(c)(6)	6,300		Not applicable	Not applicable	Contribution
Arizona State University Box 873503 Tempe, AZ 852873503	86-0196696	GOVT	381,314		Not applicable	Not applicable	Research
Atlanta Research and Education 1902 Clairmont Road Decatur, GA 30033	58-1857346	501(c)(3)	15,098		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Auburn University 208 M White Smith Hall Auburn University, AL 368495110	63-6000724	501(c)(3)	63,636		Not applicable	Not applicable	Research
Aurora Health Care Inc PO Box 341880 Milwaukee, WI 532341881	39-1442285	501(c)(3)	11,936		Not applicable	Not applicable	Research
Austin Peay University PO Box 4635 Clarksville, TN 370444635	62-0646576	GOVT	53,636		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Baylor College of Medicine P O Box 301207 Dallas, TX 753031207	74-1613878	501(c)(3)	160,935		Not applicable	Not applicable	Research
Baylor Research Institute PO Box 846275 Dallas, TX 75284	75-1921898	501(c)(3)	65,252		Not applicable	Not applicable	Research
Baystate Medical Center Inc PO Box 414168 Boston, MA 022414168	04-2790311	501(c)(3)	99,924		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Beech Creek Ministries Inc 3101 Curtis Street Nashville, TN 37218	36-4651466	501(c)(3)	24,250		Not applicable	Not applicable	Research
Belmont University 1900 Belmont Blvd Nashville, TN 37212	62-0465076	501(c)(3)	5,734		Not applicable	Not applicable	Research
Berea College CPO 2204 101 Chestnut Street Berea, KY 40404	61-0444650	501(c)(3)	78,650		Not applicable	Not applicable	Research

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Bethlehem Centers of Nashville 1417 Charlotte Avenue Nashville, TN 37203	62-0843073	501(c)(3)	15,000		Not applicable	Not applicable	Research
Biomedical Research Foundation of South TXPO Box 40512 San Antonio, TX 782291512	74-2522436	501(c)(3)	16,300		Not applicable	Not applicable	Research
BloodCenter of Wisconsin Inc Box 78961 Milwaukee, WI 532780961	39-0807235	501(c)(3)	164,541		Not applicable	Not applicable	Research

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Boeing IDSPO Box 3707 Seattle, WA 981242207	91-0425694	N/A	65,385		Not applicable	Not applicable	Research
Boston Medical CenterGrants Administration/Res Finance Boston, MA 02118	04-3314093	501(c)(3)	58,356		Not applicable	Not applicable	Instruction
Boston UniversityPO Box 28763 New York, NY 100878763	04-2103547	501(c)(3)	9,271		Not applicable	Not applicable	Research

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Boys and Girls Clubs of Middle TN1704 Charlotte Ave Nashville, TN 37203	62-0540402	501(c)(3)	25,500		Not applicable	Not applicable	Research
Brigham and Women's Hospital Inc 221 Longwood Avenue Boston, MA 02115	04-2312909	501(c)(3)	592,534		Not applicable	Not applicable	Research
Carnegie-Mellon University 5000 Forbes Avenue Pittsburgh, PA 152133890	25-0969449	501(c)(3)	120,671		Not applicable	Not applicable	Research

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Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106-7037	34-1018992	501(c)(3)	592,302		Not applicable	Not applicable	Research
Center for Biomedical Research LLC 1415 Old Weisgarber Road Knoxville, TN 37909	27-0952972	N/A	13,329		Not applicable	Not applicable	Research
Central American Medical Outreach Inc 322 Westwood Avenue Orrville, OH 44667	34-1740695	501(c)(3)	56,070		Not applicable	Not applicable	Research

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CFD Research Corporation 601 Genome Way Suite 2301 Huntsville, AL 35806	63-9044385	501(c)(3)	417,419		Not applicable	Not applicable	Research
Chattanooga State Community College 4501 Amnicola Highway Chattanooga, TN 37406	62-0725362	GOVT	10,067		Not applicable	Not applicable	Research
Children's Healthcare of Atlanta 1687 Tullie Circle NE Atlanta, GA 30329	58-2367819	501(c)(3)	23,264		Not applicable	Not applicable	Instruction

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Children's Hospital of Boston Research Finance Boston, MA 022414413	04-2774441	501(c)(3)	41,881		Not applicable	Not applicable	Research
Childrens Hospital of Los Angeles 4650 Sunset Boulevard Los Angeles, CA 90027	95-1690977	501(c)(3)	389,362		Not applicable	Not applicable	Research
Childrens Hospital of Philadelphia Lockbox 1457 Philadelphia, PA 191781457	23-1352166	501(c)(3)	291,441		Not applicable	Not applicable	Research

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Childrens Research Institute 111 Michigan Avenue Northwest Washington, DC 20010	31-6056230	N/A	19,604		Not applicable	Not applicable	Research
Claremont Graduate University 150 East Tenth Street Harper Hall 152 Claremont, CA 91711	95-1664100	501(c)(3)	673,187		Not applicable	Not applicable	Public Service, Research
Cleveland Clinic PO Box 931531 Cleveland, OH 441935006	34-0714585	501(c)(3)	686,617		Not applicable	Not applicable	Research

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Columbia University PO Box 29789 New York, NY 10087-9789	13-5598093	501(c)(3)	572,386		Not applicable	Not applicable	Research
Community-Campus Partnerships for Health Attn Faye Ziegeweid Seattle, WA 98195	94-3285533	501(c)(3)	6,000		Not applicable	Not applicable	Research
Cooper Health System Executive Campus Cherry Hill, NJ 08002	21-0634462	501(c)(3)	10,001		Not applicable	Not applicable	Research

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Dana Farber Cancer Institute Inc 450 Brookline Avenue Boston, MA 022155450	04-2263040	501(c)(3)	249,070		Not applicable	Not applicable	Research
Dartmouth College 11 Rope Ferry Road Hanover, NH 037551404	02-0222111	501(c)(3)	132,010		Not applicable	Not applicable	Research
David Lipscomb University One University Park Drive Nashville, TN 37204	62-0485733	501(c)(3)	159,248		Not applicable	Not applicable	Instruction

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Delaware State University Administration Building Room 307 Dover, DE 199012202	51-0305893	501(c)(3)	27,899		Not applicable	Not applicable	Public Service
Denver Health and Hospital Authority Post Office Box 17093 Denver, CO 802170093	84-1343242	GOVT	23,001		Not applicable	Not applicable	Research
Dimagi Inc 585 Massachusetts Ave Cambridge, MA 02139	83-0343298	N/A	9,422		Not applicable	Not applicable	Research

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Duke University PO Box 602651 Charlotte, NC 28260	56-0532129	501(c)(3)	239,423		Not applicable	Not applicable	Research
East Tennessee University ORSP Box 70565 Johnson City, TN 376141707	62-6021046	GOVT	7,668		Not applicable	Not applicable	Instruction
Education Development Center Inc 55 Chapel Street Newton, MA 02458	04-2241718	501(c)(3)	766,537		Not applicable	Not applicable	Research

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Emory University PO Box 935084 Atlanta, GA 31193	58-0566256	501(c)(3)	914,633		Not applicable	Not applicable	Research, Contribution
Erlanger Health System 910 Blackford St Chattanooga, TN 37403	62-6000101	501(c)(3)	14,878		Not applicable	Not applicable	Research
Essentia Institute of Rural Health 502 East Second Street Duluth, MN 55805	27-1291124	501(c)(3)	10,130		Not applicable	Not applicable	Research

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Expaticore Services LLC 485C Route 1 South Iselin, NJ 08830	30-0126318	N/A	986,453		Not applicable	Not applicable	Research
FACET Innovations LLC 1314 NE 43rd Street Suite 207 Seattle, WA 98105	20-0155627	N/A	73,992		Not applicable	Not applicable	Research
Filament Games LLC 2010 Eastwood Drive Suite 104 Madison, WI 53704	41-2188923	N/A	31,875		Not applicable	Not applicable	Research

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Fisk University 1000 17th Ave N Nashville, TN 37208	62-0202000	501(c)(3)	530,191		Not applicable	Not applicable	Research
Florida Atlantic University PO Box 198660 Atlanta, GA 30384-8660	65-0385507	501(c)(3)	157,392		Not applicable	Not applicable	Research
Florida State University 874 Traditions Way PO Box 3064166 Tallahassee, FL 32306-4166	59-6001138	501(c)(3)	97,463		Not applicable	Not applicable	Public Service, Research

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Fred Hutchinson Cancer Research Center 1100 Fairview Avenue N Seattle, WA 981091024	23-7156071	501(c)(3)	27,345		Not applicable	Not applicable	Research
General Health System 8490 Picardy Avenue Baton Rouge, LA 70809	72-0475545	501(c)(3)	20,000		Not applicable	Not applicable	Research
George Washington University 45155 Research Place Ashburn, VA 20147	53-0196584	501(c)(3)	126,988		Not applicable	Not applicable	Research

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Georgia Institute of Technology 505 Tenth Street NW Atlanta, GA 303320420	58-0603146	501(c)(3)	158,846		Not applicable	Not applicable	Research
Georgia State University Office Sponsored Prop Awards Atlanta, GA 303023999	58-6033185	501(c)(3)	112,803		Not applicable	Not applicable	Research
Georgia State University ResearchPO Box 3999 Atlanta, GA 303023999	58-1845423	501(c)(3)	126,684		Not applicable	Not applicable	Research

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Gilda's Club Nashville 1707 Division Street Nashville, TN 37203	61-1614190	501(c)(3)	12,000		Not applicable	Not applicable	Contribution
Greenway Health Inc PO Box 203658 Dallas, TX 753203658	58-2412516	N/A	204,400		Not applicable	Not applicable	Research
H Lee Moffitt Cancer Center and Research Institute PO Box 742801 Atlanta, GA 303742801	59-2451713	501(c)(3)	271,156		Not applicable	Not applicable	Research

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Harvard University PO Box 415649 Boston, MA 022415649	04-2103580	501(c)(3)	543,513		Not applicable	Not applicable	Research
Haskins Laboratories 300 George Street New Haven, CT 065116695	13-1628174	501(c)(3)	17,651		Not applicable	Not applicable	Research
Health Research TX LLC 5 Neshaminy Interplex Plaza Feasterville Trevose, PA 19053	27-1776538	N/A	126,477		Not applicable	Not applicable	Research

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Healthpartners Institute for Education PO Box 1524 Minneapolis, MN 554401524	41-1670163	501(c)(3)	15,029		Not applicable	Not applicable	Research
Hearts for Hearing Foundation 3525 NW 56th Street Oklahoma City, OK 73112	58-2670613	501(c)(3)	64,178		Not applicable	Not applicable	Research
Heritage Foundation PO Box 723 Franklin, TN 37065	23-7042596	501(c)(3)	15,468		Not applicable	Not applicable	Contribution

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Hobart & William Smith Colleges 300 Pulteney Street Geneva, NY 14456	16-0743040	501(c)(3)	5,330		Not applicable	Not applicable	Research
Hospital For Special Surgery 535 East 70th St New York, NY 10021	13-1624135	501(c)(3)	7,747		Not applicable	Not applicable	Instruction
Hospital Hospitality House 214 Reidhurst Ave Nashville, TN 37203	62-0909363	501(c)(3)	25,000		Not applicable	Not applicable	Contribution

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Howard University 576 W Street NW Washington, DC 20059	53-0204707	501(c)(3)	25,453		Not applicable	Not applicable	Research
Hudson Alpha Institute for Biotechnology 601 Genome Way Huntsville, AL 35806	43-2059317	501(c)(3)	110,902		Not applicable	Not applicable	Instruction
Humanities Tennessee 306 Gay St Ste 306 Nashville, TN 37201	62-0933337	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

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IBEX Preclinical Research Inc 1072 RSI Drive Logan, UT 84321	20-0756707	N/A	84,276		Not applicable	Not applicable	Research
Icahn School of Medicine at Mount Sinai One Gustave L Levy Place New York, NY 10029	13-6171197	501(c)(3)	132,437		Not applicable	Not applicable	Research
IHC Health Services Inc PO Box 57828 Salt Lake City, UT 84157-0828	94-2854057	501(c)(3)	17,883		Not applicable	Not applicable	Research

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Indiana University PO Box 1847 Bloomington, IN 474021847	35-6001673	501(c)(3)	65,889		Not applicable	Not applicable	Research
Institute for Broadening Participation 281 Main Street Damariscotta, ME 04543	20-1891162	501(c)(3)	9,572		Not applicable	Not applicable	Public Service
Institute for Cancer Research 604 Cottman Avenue Cheltenham, PA 19012	23-6296135	501(c)(3)	42,567		Not applicable	Not applicable	Research

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International Epidemiology Institute 1455 Research Blvd Rockville, MD 20850	52-1882011	N/A	2,314,596		Not applicable	Not applicable	Research
Inverness Research Associates PO Box 313 Inverness, CA 94937	68-0303342	N/A	25,000		Not applicable	Not applicable	Research
J Craig Venter Institute 9704 Medical Center Drive Rockville, MD 20850	52-1842938	501(c)(3)	62,314		Not applicable	Not applicable	Research

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Jackson Laboratory 610 Main Street Bar Harbor, ME 04609	01-0211513	501(c)(3)	69,652		Not applicable	Not applicable	Instruction
Jackson Madison County General Hospital 620 Skyline Drive Jackson, TN 38301	62-6010402	501(c)(3)	11,767		Not applicable	Not applicable	Research
Johns Hopkins University 12529 Collections Center Drive Chicago, IL 60693	52-0595110	501(c)(3)	359,341		Not applicable	Not applicable	Research

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Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501(c)(3)	41,942		Not applicable	Not applicable	Research
Junior League of Nashville 2202 Crestmoor Road Nashville, TN 37215	62-0476815	501(c)(3)	20,000		Not applicable	Not applicable	Contribution
Juvenile Diabetes Research Fdn 105 Westpark Drive Ste 415 Brentwood, TN 37027	23-1907729	501(c)(3)	25,000		Not applicable	Not applicable	Contribution

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Kaiser Foundation Research Institute 1800 Harrison Street Oakland, CA 946123433	94-1105628	501(c)(3)	12,151		Not applicable	Not applicable	Research
Kestrel Institute 3260 Hillview Avenue Palo Alto, CA 943041220	94-2750021	501(c)(3)	50,973		Not applicable	Not applicable	Research
Legacy Research Institute 1919 NW Lovejoy Portland, OR 97209	93-0386823	501(c)(3)	17,328		Not applicable	Not applicable	Research

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Leland Stanford Junior University 651 Serra Street Room 260 Stanford, CA 943054125	94-1156365	501(c)(3)	221,669		Not applicable	Not applicable	Research
Louisiana State University 433 Bolivar Street New Orleans, LA 70112	72-6000848	501(c)(3)	27,389		Not applicable	Not applicable	Research
LSU Health Sciences Center New Orleans 433 Bolivar Street New Orleans, LA 70112	72-6087770	501(c)(3)	76,736		Not applicable	Not applicable	Research

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March of Dimes 98 North Star Drive Suite D Jackson, TN 38305	13-1846366	501(c)(3)	15,500		Not applicable	Not applicable	Contribution
Massachusetts General Hospital Bank of America PO Box 3829 Boston, MA 022413829	04-2697983	501(c)(3)	644,719		Not applicable	Not applicable	Research
Massachusetts Institute of Technology 77 Massachusetts Avenue Room E19-604 Cambridge, MA 021394307	04-2103594	501(c)(3)	385,712		Not applicable	Not applicable	Research

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Matthew Walker Comprehensive Health1035 14th Avenue North Nashville, TN 37208	62-1035426	501(c)(3)	14,958		Not applicable	Not applicable	Instruction
Mayo Clinic RochesterPO Box 860334 Minneapolis, MN 554860334	41-6011702	501(c)(3)	111,500		Not applicable	Not applicable	Research
Mayo Clinic ScottsdalePO Box 860334 Minneapolis, MN 554860334	86-0800150	501(c)(3)	6,000		Not applicable	Not applicable	Research

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Medical College of Wisconsin Inc 9200 W Wisconsin Ave Milwaukee, WI 53226	39-0806261	501(c)(3)	142,393		Not applicable	Not applicable	Research
Medical University of South Carolina 19 Hagood Ave Charleston, SC 29425	57-6000722	GOVT	175,821		Not applicable	Not applicable	Research
Meharry Medical College 1005 DB Todd Blvd Nashville, TN 37208	62-0488046	501(c)(3)	1,401,796		Not applicable	Not applicable	Research, Contribution

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Memorial Sloan - Kettering Cancer Center PO Box 27084 New York, NY 100878763	13-1924236	501(c)(3)	41,616		Not applicable	Not applicable	Instruction
Mental Health America of MD TN295 Plus Park Blvd Nashville, TN 37217	62-0637710	501(c)(3)	11,500		Not applicable	Not applicable	Contribution
Metro Board of Parks & Recreation 2801 Tucker Road Nashville, TN 37218	62-0694743	Metro Nashville Govt	50,544		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Metro Public Health Department 2500 Charlotte Ave Nashville, TN 372094129	62-0694743	Metro Nashville Govt	34,615		Not applicable	Not applicable	Research
Metropolitan Government of Nashville 222 Third Avenue N Nashville, TN 37201	62-0694743	Metro Nashville Govt	72,237		Not applicable	Not applicable	Research
Metropolitan Nashville Public Schools 2601 Bransford Ave Nashville, TN 37210	62-0717138	Metro Nashville Govt	34,590	3,500	Cost	Books	Research, Contribution

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Michigan State University CGA 301 Administration Bldg East Lansing, MI 488241046	38-6005984	501(c)(3)	186,723		Not applicable	Not applicable	Research
Middle Tennessee Research Institute 1310 24th Avenue S Nashville, TN 37212	62-1387860	501(c)(3)	11,642		Not applicable	Not applicable	Research
Middle Tennessee State University 1301 East Main Street MGB Bldg Murfreesboro, TN 371320001	62-6005794	501(c)(3)	113,867		Not applicable	Not applicable	Research, Instruction

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Moves & Grooves Inc 5252 Hickory Hollow Pkwy Antioch, TN 37013	68-0516440	501(c)(3)	33,000		Not applicable	Not applicable	Research
Nashville Downtown Partnership 150 4th Ave North Ste G-150 Nashville, TN 37219	62-1774641	N/A	5,375		Not applicable	Not applicable	Contribution
Nashville Neurosurgery Group 330 22nd Ave N Nashville, TN 37204	20-8765191	N/A	15,683		Not applicable	Not applicable	Research

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Nashville Public Library Foundation 615 Church Street Nashville, TN 37219	62-1681766	501(c)(3)	59,732		Not applicable	Not applicable	Research, Contribution
Nashville Symphony Orchestra! Symphony Place Nashville, TN 37201	62-0550979	501(c)(3)	25,000		Not applicable	Not applicable	Contribution
National Alliance on Mental Illness Davidson County 1101 Kermit Drive Nashville, TN 37217	45-3016459	501(c)(3)	7,365		Not applicable	Not applicable	Contribution

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National Disease Research Interchange 8 Penn Center Philadelphia, PA 19103	23-2213205	501(c)(3)	94,706		Not applicable	Not applicable	Research
National Jewish Health 1400 Jackson Street Denver, CO 80206	74-2044647	501(c)(3)	8,890		Not applicable	Not applicable	Research
National Opinion Research Center 55 E Monroe 20th Floor Chicago, IL 60603	36-2167808	501(c)(3)	211,602		Not applicable	Not applicable	Research

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North Carolina State UniversityOCG Campus Box 7214 Raleigh, NC 276957214	56-6000756	GOVT	257,419		Not applicable	Not applicable	Research
NW Arkansas Education Service Cooperative4 N Double Spring Rd Farmington, AR 727302522	71-0615858	N/A	122,423		Not applicable	Not applicable	Research
Northwestern University ASRSP 619 Clark Street Room 217 Evanston, IL 602081112	36-2167817	501(c)(3)	249,805		Not applicable	Not applicable	Research

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Oakland University 529 Wilson Hall Rochester, MI 48309	38-1714400	GOVT	69,881		Not applicable	Not applicable	Research
Ohio State Univ Research Foundation 1960 Kenny Road Columbus, OH 432101063	31-6401599	501(c)(3)	80,852		Not applicable	Not applicable	Research
Ohio State University 1960 Kenny Rd Columbus, OH 43210	31-6025986	501(c)(3)	160,394		Not applicable	Not applicable	Research

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Oregon Health & Science University 2525 SW 1st Ave Suite 125 Portland, OR 97201	93-1176109	501(c)(3)	393,753		Not applicable	Not applicable	Research
Oregon State University 312 Kerr Administration Bldg Corvallis, OR 973312140	48-1278540	501(c)(3)	144,080		Not applicable	Not applicable	Research
Palo Alto Research Center Inc 3333 Coyote Hill Road Palo Alto, CA 943041314	06-1568182	N/A	1,302,463		Not applicable	Not applicable	Research

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Palo Alto Veterans Institute for Post Office Box V-38 Palo Alto, CA 94304	77-0207331	501(c)(3)	90,333		Not applicable	Not applicable	Research
Pencil Foundation 421 Great Circle Road Suite 100A Nashville, TN 37228	58-1475675	501(c)(3)	11,000		Not applicable	Not applicable	Research
Pennsylvania State University 227 West Beaver Ave State College, PA 168014819	24-6000376	501(c)(3)	668,457		Not applicable	Not applicable	Research

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Piedmont Respiratory Research Foundation PO Box 10302 Greensboro, NC 27404	52-2379416	501(c)(3)	27,766		Not applicable	Not applicable	Instruction
Purdue University Network PI Chicago, IL 606731235	35-6002041	501(c)(3)	111,383		Not applicable	Not applicable	Research
Rand Corporation 1776 Main Street PO Box 2138 Santa Monica, CA 904072138	95-1958142	501(c)(3)	73,932		Not applicable	Not applicable	Research, Instruction

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Regents of the University of California Accounting Office Irvine, CA 926971050	94-6036494	501(c)(3)	52,705		Not applicable	Not applicable	Research
Regents of the University of California Berkeley 2150 Shattuck Ave Ste 313 Berkeley, CA 947045940	94-6002123	501(c)(3)	180,780		Not applicable	Not applicable	Research
Regents of the Univ of Colorado Boulder 3100 Marine Street Boulder, CO 80309	84-6000555	501(c)(3)	46,558		Not applicable	Not applicable	Research

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Research Foundation for Attn Accounts Receivable Dept Albany, NY 12204	14-1410842	501(c)(3)	36,951		Not applicable	Not applicable	Research
Research Foundation for State University PO Box 9 Albany, NY 122010009	14-1368361	501(c)(3)	11,434		Not applicable	Not applicable	Research
Research Institute at Nationwide Children's Research 700 Childrens Drive Columbus, OH 43205	31-6056230	N/A	180,270		Not applicable	Not applicable	Research

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Research Triangle Institute PO Box 900002 Raleigh, NC 276759000	56-0686338	501(c)(3)	30,275		Not applicable	Not applicable	Research
Rhode Island Hospital 593 Eddy Street Providence, RI 02093	05-0258954	501(c)(3)	5,858		Not applicable	Not applicable	Research
Risk Assessment Corporation 417 Till Road Neeses, SC 29107	57-0701628	501(c)(3)	218,003		Not applicable	Not applicable	Research

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Ronald McDonald House Charities of Nashville 2144 Fairfax Ave Nashville, TN 37212	62-1310717	501(c)(3)	8,200		Not applicable	Not applicable	Contribution
Rush University Medical Center Fund Accounting Chicago, IL 606123244	36-2174823	501(c)(3)	102,777		Not applicable	Not applicable	Research
Rutgers University 65 Davidson Rd Room 306 Piscataway, NJ 088545602	22-6001086	501(c)(3)	1,029,047		Not applicable	Not applicable	Research

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Scott and White Hospital Attn Becky Jones Temple, TX 76508	74-1166904	501(c)(3)	15,029		Not applicable	Not applicable	Research
Scripps Research Institute 10550 North Torrey Pines Road La Jolla, CA 920371000	33-0435954	501(c)(3)	100,551		Not applicable	Not applicable	Research
Seattle Children's Hospital PO Box 24728 Seattle, WA 981240728	91-0564748	501(c)(3)	60,812		Not applicable	Not applicable	Research

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Securboration Inc 1050 West NASA Blvd Suite 155 Melbourne, FL 32901	59-3729686	N/A	152,852		Not applicable	Not applicable	Research
Select Physicians Alliance PL5 Tampa General Cir Tampa, FL 33606	27-3337174	N/A	41,244		Not applicable	Not applicable	Research
Shepherd Center Inc 2020 Peachtree Road NW Atlanta, GA 30309	51-0141601	501(c)(3)	100,000		Not applicable	Not applicable	Research

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Sickle Cell Foundation of Tennessee PO Box 242046 Memphis, TN 38124	26-3954703	501(c)(3)	54,052		Not applicable	Not applicable	Instruction
Sloan Kettering Institute for Cancer Research 633 Third Avenue 3rd Floor New York, NY 10017	13-1624182	N/A	66,055		Not applicable	Not applicable	Research
Social and Scientific Systems Inc 8757 Georgia Avenue Silver Spring, MD 20910	52-1114970	N/A	249,975		Not applicable	Not applicable	Instruction

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SRI International 333 Ravenswood Avenue Menlo Park, CA 94025	94-1160950	501(c)(3)	240,765		Not applicable	Not applicable	Research
St Judes Childrens Research Hospital PO Box 1000 Memphis, TN 381480949	62-0646012	501(c)(3)	34,380		Not applicable	Not applicable	Instruction
St Lukes Roosevelt Hospital 555 West 57th Street New York, NY 10019	13-2997301	501(c)(3)	36,446		Not applicable	Not applicable	Instruction

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St Thomas Midtown Hospital 2000 Church St Nashville, TN 37236	62-1869474	501(c)(3)	8,221		Not applicable	Not applicable	Instruction
Stanford University PO Box 44253 San Francisco, CA 941444253	94-1156365	501(c)(3)	534,814		Not applicable	Not applicable	Research
STEM Innovations 6355 Daleview Road Cincinnati, OH 45247	40-5131052	N/A	35,379		Not applicable	Not applicable	Research

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Susan G KomenWest End Ave Nashville, TN 37203	84-1689067	501(c)(3)	6,000		Not applicable	Not applicable	Contribution
Syracuse UniversityBursar Operations Syracuse, NY 132441140	15-0532081	501(c)(3)	144,346		Not applicable	Not applicable	Instruction
T J Martell Foundation15 Music Square West Suite C Nashville, TN 37203	51-0180178	501(c)(3)	75,000		Not applicable	Not applicable	Contribution

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Temple University 1852 N 10th Street Philadelphia, PA 19122	23-1365971	501(c)(3)	132,664		Not applicable	Not applicable	Research
Tennessee Academy of Family Physicians 212 Overlook Circle Brentwood, TN 37207	62-1397653	501(c)(3)	12,000		Not applicable	Not applicable	Contribution
Tennessee Disability Coalition 955 Woodland Street Nashville, TN 37206	62-1447320	501(c)(3)	10,994		Not applicable	Not applicable	Instruction

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TN Emergency Medical Services for Children 2007 Terrace PI Nashville, TN 37203	20-2802786	501(c)(3)	11,500		Not applicable	Not applicable	Contribution
Tennessee Kidney Foundation 95 White Bridge Road Ste 300 Nashville, TN 37205	27-0812507	501(c)(3)	8,000		Not applicable	Not applicable	Contribution
Tennessee Medical Foundation 216 Centerview Drive Suite 304 Brentwood, TN 37027	62-0541813	501(c)(3)	7,500		Not applicable	Not applicable	Contribution

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Tennessee Performing Arts CenterPO Box 190660 Nashville, TN 37219	58-1320590	501(c)(3)	15,000		Not applicable	Not applicable	Contribution
Tennessee State University 3500 John Merritt Blvd Nashville, TN 372091561	62-0786119	501(c)(3)	123,649		Not applicable	Not applicable	Research, Instruction
Tennessee Technological University ORGS Box 5012 Cookeville, TN 385050001	62-0646806	501(c)(3)	21,821		Not applicable	Not applicable	Instruction

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Texas A&M AgriLife Research 400 Harvey Mitchell Pkwy S College Station, TX 77845	74-6000541	GOVT	51,042		Not applicable	Not applicable	Research
Texas A&M University 400 Harvey Mitchell Parkway South College Station, TX 77845	74-6000531	GOVT	21,519		Not applicable	Not applicable	Research
The Community Fdn Of Middle TN Inc 3833 Cleghorn Ave Nashville, TN 37215	62-1471789	501(c)(3)	7,750		Not applicable	Not applicable	Contribution

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The Conservancy For The Parthenon And Centennial Park PO Box 196340 Nashville, TN 372196340	58-1609026	501(c)(3)	10,000		Not applicable	Not applicable	Contribution
The Foundation of the National Student Nurses Association 45 Main Street Suite 606 Brooklyn, NY 11201	13-3123125	501(c)(3)	7,500		Not applicable	Not applicable	Contribution
The Governor's Foundation for Health 511 Union St 720 Nashville, TN 37219	45-3635908	501(c)(3)	27,000		Not applicable	Not applicable	Contribution

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Tougaloo College 500 West County Line Road Tougaloo, MS 39174	64-0303093	501(c)(3)	76,574		Not applicable	Not applicable	Research
Translational Genomics Research Inst 445 North Fifth Street Phoenix, AZ 85004	75-3065445	501(c)(3)	216,887		Not applicable	Not applicable	Research
TSSAA-Tennessee Secondary School Athletic Association 3333 Lebanon Road Hermitage, TN 37076	62-0555481	501(c)(3)	8,250		Not applicable	Not applicable	Contribution

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US Army Inst of Surgical Res 3400 Rawley E Chamber Ave Ft Sam Houston, TX 782346315	30-0440374	GOVT	132,704		Not applicable	Not applicable	Research
United Way of the Mid South 209 Gothic Court Suite 107 Franklin, TN 37067	62-6049469	501(c)(3)	7,000		Not applicable	Not applicable	Contribution
University of Alabama 1720 2nd Avenue South Birmingham, AL 35294	63-6001138	501(c)(3)	7,235		Not applicable	Not applicable	Research

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University of Alabama at Birmingham 1720 7th Avenue South Birmingham, AL 352940017	63-6005396	501(c)(3)	72,598		Not applicable	Not applicable	Research, Instruction
University of Arizona PO Box 3308 Tucson, AZ 857223308	86-6004791	501(c)(3)	341,794		Not applicable	Not applicable	Research
University of Arkansas 4301 W Markham Street Little Rock, AR 72205	71-0236904	501(c)(3)	23,376		Not applicable	Not applicable	Research

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University of Arkansas for Medical Sciences 4301 West Markham Little Rock, AR 72205	71-6046242	501(c)(3)	9,978		Not applicable	Not applicable	Research
University of California - Los Angeles Box 951406 11000 Kinross Bldg Ste 102 Los Angeles, CA 90095	95-6006143	501(c)(3)	427,670		Not applicable	Not applicable	Research
Univ of California - Riverside 200 Univ Office Building Riverside, CA 92521	95-6006142	501(c)(3)	19,457		Not applicable	Not applicable	Research

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Univ of CA Hastings College of Law200 McAllister Street San Francisco, CA 94102	94-2581680	501(c)(3)	5,900		Not applicable	Not applicable	Research
University of California Irvine Biological Sciences 3 Suite 1400 Irvine, CA 926971050	95-2226406	501(c)(3)	242,710		Not applicable	Not applicable	Research
University of California San Diego9500 Gilman Dr MC0009 La Jolla, CA 920930009	95-6006144	501(c)(3)	128,727		Not applicable	Not applicable	Research

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University of California San Francisco 3333 California St San Francisco, CA 94143-0962	94-6036493	501(c)(3)	333,732		Not applicable	Not applicable	Research
University of Chicago 6054 S Drexel Ave Chicago, IL 60637	36-2177139	501(c)(3)	222,471		Not applicable	Not applicable	Public Service
University of Cincinnati PO Box 932641 Cleveland, OH 44193	31-6000989	501(c)(3)	124,832		Not applicable	Not applicable	Research

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University of Colorado Office of Grants and Contracts Denver, CO 802910238	84-6000555	501(c)(3)	356,637		Not applicable	Not applicable	Research
University of Connecticut Whitney Road Extension Storrs Mansfield, CT 06269	06-0772160	501(c)(3)	35,106		Not applicable	Not applicable	Research
University of Delaware Hullihen Hall Newark, DE 19716	51-3000297	501(c)(3)	14,991		Not applicable	Not applicable	Research

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University of Florida 1149 S Newell Dr Gainesville, FL 32611	59-6002052	501(c)(3)	271,843		Not applicable	Not applicable	Research
University of Hawaii 2440 Campus Road Box 368 Honolulu, HI 96822	99-6000354	GOVT	28,727		Not applicable	Not applicable	Research
University of Illinois Grants and Contracts Springfield, IL 627084610	37-6000511	501(c)(3)	93,331		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Kentucky Research P O Box 931113 Cleveland, OH 44193	61-6033693	501(c)(3)	118,212		Not applicable	Not applicable	Research
University of Louisville 300 East Market St Suite 300 Louisville, KY 402021959	61-1014882	501(c)(3)	10,982		Not applicable	Not applicable	Research
University of Maryland 4101 Chesapeake Building College Park, MD 207423141	52-6002033	501(c)(3)	749,738		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Massachusetts - Worcester 55 Lake Avenue North Worcester, MA 01605	04-3167352	501(c)(3)	358,158		Not applicable	Not applicable	Research
University of Memphis Administration Bldg Room 315 Memphis, TN 38152	62-0648618	501(c)(3)	27,306		Not applicable	Not applicable	Instruction, Research
University of Miami P O Box 405803 Atlanta, GA 30384-5803	59-0624458	501(c)(3)	128,080		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Michigan Box 223131 Pittsburgh, PA 152512131	38-6006309	501(c)(3)	185,281		Not applicable	Not applicable	Research
University of Minnesota 200 Oak Street SE Suite 450 Minneapolis, MN 554552070	41-6007513	501(c)(3)	593,170		Not applicable	Not applicable	Public Service
University of Missouri-Columbia 310 Jesse Hall Columbia, MO 65211	43-6003859	501(c)(3)	118,829		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Norte Dame Office of Research Notre Dame, IN 46556	35-0868188	501(c)(3)	226,276		Not applicable	Not applicable	Research
Univ of North Carolina Charlotte 9201 University City Blvd Charlotte, NC 28223	56-0791228	501(c)(3)	85,987		Not applicable	Not applicable	Instruction
Univ of North Carolina- Chapel Hill 104 Airport Dr Ste 2200 Chapel Hill, NC 275991350	56-6001393	501(c)(3)	857,683		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of North Dakota 264 Centennial Drive Grand Forks, ND 582027306	45-6002491	501(c)(3)	19,341		Not applicable	Not applicable	Research
University of North Florida UNF Drive Jacksonville, FL 32224	59-2976169	GOVT	64,269		Not applicable	Not applicable	Research
University of Pennsylvania PO Box 785541 Philadelphia, PA 191785541	23-1352685	501(c)(3)	552,447		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Pittsburgh PO Box 371220 Pittsburgh, PA 152517220	25-0965591	501(c)(3)	496,824		Not applicable	Not applicable	Research
University of South Carolina 901 Sumter Street Columbia, SC 29208	57-6001153	501(c)(3)	29,320		Not applicable	Not applicable	Research
University of South Florida 4202 E Fowler Ave Tampa, FL 336209951	59-0879015	GOVT	107,956		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Southern California File No 52095 Los Angeles, CA 900742095	95-1642394	501(c)(3)	147,115		Not applicable	Not applicable	Research
University of Tennessee Andy Holt Tower Knoxville, TN 379960100	62-6001636	501(c)(3)	1,201,165		Not applicable	Not applicable	Research, Public Service, Instruction
University of Texas at Austin PO Box 7159 Austin, TX 787137159	74-6000203	501(c)(3)	68,902		Not applicable	Not applicable	Public Service

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Texas Dallas 800 W Campbell Road Richardson, TX 750803021	75-1305566	501(c)(3)	55,773		Not applicable	Not applicable	Public Service
University of Texas Health Science Center 7703 Floyd Curl Drive MSC 7828 San Antonio, TX 782293900	74-1586031	501(c)(3)	28,953		Not applicable	Not applicable	Research, Public Service
University of Texas Medical Branch PO Box 660120 Dallas, TX 75266	74-6000949	501(c)(3)	433,984		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Texas Southwestern Medical PO Box 841765 Dallas, TX 752841765	75-6002868	501(c)(3)	640,691		Not applicable	Not applicable	Research
University of Utah 201 South Presidents Circle Salt Lake City, UT 841129020	87-6000525	501(c)(3)	44,343		Not applicable	Not applicable	Research
University of Vermont PO Box 1389 Williston, VT 054951389	37-6047339	501(c)(3)	209,301		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of Virginia OSP PO Box 400195 Charlottesville, VA 229044195	54-6001796	501(c)(3)	44,245		Not applicable	Not applicable	Research
University of Washington OSP Box 359472 Seattle, WA 98195	91-6001537	501(c)(3)	450,360		Not applicable	Not applicable	Research
University of Wisconsin-Madison 21 North Park Street Suite 6401 Madison, WI 53715	39-6006492	501(c)(3)	984,605		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Urban Housing Solutions Inc 822 Woodland Street Nashville, TN 37206	62-1466422	501(c)(3)	29,154		Not applicable	Not applicable	Research
Vaccine and Gene Therapy Institute of 9801 SW Discovery Way Port Saint Lucie, FL 34987	36-4631835	501(c)(3)	112,852		Not applicable	Not applicable	Research
Virginia Commonwealth University 730 East Broad Street Richmond, VA 23284	54-6001758	501(c)(3)	36,565		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Virginia Polytechnic Institute 460 Turner Street Suite 360 Blacksburg, VA 24060	54-6001805	501(c)(3)	75,066		Not applicable	Not applicable	Research
Wake Forest University Health Sciences Sponsored Programs Winston Salem, NC 27157	56-0532138	501(c)(3)	31,440		Not applicable	Not applicable	Research
Washington State University 342 French Administration Building Pullman, WA 991641039	91-6001108	501(c)(3)	75,123		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Washington University 700 Rosedale Avenue Saint Louis, MO 631121408	43-0653611	501(c)(3)	1,070,488		Not applicable	Not applicable	Research, Instruction
Weill Medical College 575 Lexington Ave 9th Floor New York, NY 10022	13-1623978	501(c)(3)	1,357,299		Not applicable	Not applicable	Instruction
Williamson County Fair Association Inc 1007 Mooreland Blvd Brentwood, TN 37027	81-0644815	501(c)(3)	10,000		Not applicable	Not applicable	Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Williamson Medical Center Fdn4321 Carothers Pkwy Franklin, TN 37067	62-1501534	501(c)(3)	267,633		Not applicable	Not applicable	Research, Contribution
Williamson Inc5005 Meridian Boulevard Franklin, TN 37067	20-2574549	501(c)(3)	26,000		Not applicable	Not applicable	Contribution
Womens Center PCPO Box 110075 Nashville, TN 372220075	62-1484565	N/A	31,638		Not applicable	Not applicable	Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Women's Survivors Alliance PO Box 222 Brentwood, TN 37204	45-4592126	501(c)(3)	5,700		Not applicable	Not applicable	Contribution
Y M C A Of Middle Tennessee 1021 Russell Street Nashville, TN 37206	62-0476243	501(c)(3)	42,500		Not applicable	Not applicable	Research
Y W C A of Nashville & Middle Tennessee 1608 Woodmont Blvd Nashville, TN 37215	62-0475702	501(c)(3)	13,750		Not applicable	Not applicable	Research, Contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
Yale University 47 College Street Suite 203 New Haven, CT 065208047	06-0646973	501(c)(3)	289,874		Not applicable	Not applicable	Research
York County Community College 12 College Drive Wells, ME 04073	22-3451600	501(c)(3)	15,689		Not applicable	Not applicable	Instruction

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
Patient Assistance	145	197,792		N/A	N/A
Patient Assistance	268		46,940	FMV	Healthcare, Medical Supplies, Medicine
Patient Assistance	475		95,130	FMV	Outreach Programs
Patient Assistance	150		6,200	FMV	Car Seats, Home Safety Kits, Pack and Plays
Patient Assistance	15000		1,500,000	FMV	Pharmaceuticals
Reading Program	94		22,217	FMV	Books
Research	1	7,975		N/A	N/A
Student Financial Assistance	6746	295,693,429		N/A	N/A

**Schedule J
(Form 990)****Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**2014****Open to Public Inspection**Name of the organization
Vanderbilt University

Employer identification number

62-0476822

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

- b** If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in 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 in 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed in 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," to line 5a or 5b, describe in Part III

- 6** For persons listed in 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," to line 6a or 6b, describe in Part III

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

- 8** Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8	Yes	
9	Yes	

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 in 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 are not 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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	Explanation
Part I, Line 1a	<p>Vanderbilt excludes the benefits from taxable income when a documented business purpose is served. First-class or charter travel - Travelers should fly via commercial airline and work to obtain the lowest fare possible. If an airline provides business class or first class seating and the length of an individual flight segment is more than four hours, the traveler may petition his/her vice Chancellor and with this written approval purchase a business or first class ticket. In cases where it is not possible to fly commercial due to scheduling commitments, and the travel is of the highest importance, travelers may request that the Chancellor approve a charter flight, after weighing the benefits of the trip against the cost of the charter. The Board of trust has approved the first class travel or charter for the Chancellor when necessitated by his schedule. Per Vanderbilt's athletics travel policy, the Vice Chancellor for University Affairs and Athletics can approve non-student travel on team charter flights, when there are extra seats, without requiring reimbursement to the university since the charter fee is not determined by the number of actual passengers. Five officers, two highest compensated employees and one trustee received first-class or charter travel benefits that were not included in taxable compensation. Travel for companion - One officer and one highest compensated employee received travel for companion benefits that were not included in taxable compensation. One officer received travel for companion benefits that were included in taxable compensation. Tax indemnification and gross-up payments - Two former officers and one highest compensated employee received tax indemnification and/or gross-up payment benefits that were included in taxable income. Housing allowance or residence for personal use - One highest compensated employee received a housing allowance or a residence for personal use that was included in taxable compensation. Health or social club dues or initiation fees - One highest compensated employee, one key employee and two officers received health or social club dues or initiation fees benefits that were included in taxable compensation. One officer and one key employee received health or social club dues or initiation fees benefits that were not included in taxable compensation.</p>
Part I, Line 4b	<p>Certain individuals listed in Form 990, Schedule J, Part II, participate in nonqualified deferred compensation plans. Amounts contributed to the plans include fixed %s of annual bonus payments, and fixed dollar amounts. Contributions to the plan vest when individuals complete their contract term or continue employment to a designated date. Current year accruals of compensation associated with these plans are included in the amounts reported for such individuals 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). Four payouts were made under these plans to participating individuals in 2014 - Jeff Balser - \$1,300,000 - John Manning - \$ 500,000 - Charles W Pinson - \$ 900,000 - Kevin Stallings - \$1,073,245</p>
Part I, Line 7	<p>Chancellor Nicholas S Zeppos achieved various incentive goals where judgment was determined by the Board of Trust. Total incentive compensation earned from these measures was \$70,125 and is included in his 2014 W-2. The following individuals achieved various incentive goals where judgment was determined by the Chancellor or the Board of Trust. Total incentive compensation earned from these measures during 2014 for each individual follows, and is included in their respective 2014 W-2s. Former Vice-Chancellor for Administration - Jerry Fife - \$2,604, Provost and Vice Chancellor for Academic Affairs, and Current Professor of Psychology - Richard C McCarty - \$14,591, Vice Chancellor for Finance and Chief Financial Officer - Brett C Sweet - \$56,808, Vice Chancellor for Athletics and University Affairs and Athletics Director - David Williams, II - \$20,744,</p>
Part I, Line 8	<p>Explanation Certain individuals are, from time to time, serving under the provisions of their initial contract to serve as officers of the university, which principally establishes their compensation, responsibilities and duties</p>

Additional Data

Software ID:
Software Version:
EIN: 62-0476822
Name: Vanderbilt University

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Nicholas S Zeppos JD, See Schedule O	(i) 947,489 (ii) 0	374,000 0	30,668 0	195,867 0	25,767 0	1,573,791 0	0 0
Audrey Jane Anderson, See Schedule O	(i) 580,058 (ii) 0	149,292 0	11,742 0	64,943 0	22,610 0	828,645 0	0 0
Jeffrey R Balser MD PHD, See Schedule O	(i) 1,259,090 (ii) 0	0 0	1,314,568 0	555,818 0	53,152 0	3,182,628 0	1,300,000 0
Beth A Fortune MA, See Schedule O	(i) 362,044 (ii) 0	24,148 0	11,528 0	29,344 0	9,565 0	436,629 0	0 0
Anders W Hall, See Schedule O	(i) 703,902 (ii) 0	1,066,667 0	12,540 0	708,951 0	12,332 0	2,504,392 0	0 0
Eric C Kopstain, See Schedule O	(i) 362,165 (ii) 0	128,080 0	11,078 0	12,844 0	18,542 0	532,709 0	0 0
John M Lutz, See Schedule O	(i) 696,829 (ii) 0	140,000 0	11,742 0	109,618 0	25,353 0	983,542 0	0 0
Susie S Stalcup BA, See Schedule O	(i) 544,087 (ii) 0	46,686 0	14,064 0	12,844 0	7,061 0	624,742 0	0 0
Brett C Sweet MBA, See Schedule O	(i) 780,928 (ii) 0	211,808 0	11,219 0	138,955 0	51,814 0	1,194,724 0	0 0
Susan Wente PhD, See Schedule O	(i) 549,874 (ii) 0	112,630 0	11,742 0	30,344 0	68,413 0	773,003 0	0 0
David Williams II MA MBA JD LLM, See Schedule O	(i) 828,467 (ii) 0	160,392 0	19,656 0	28,390 0	24,938 0	1,061,843 0	0 0
Charles L Gregory MA MBA MHA, See Schedule O	(i) 498,390 (ii) 0	33,080 0	13,290 0	30,344 0	20,418 0	595,522 0	0 0
John F Manning Jr PHD MBA, See Schedule O	(i) 593,846 (ii) 0	67,129 0	512,822 0	12,597 0	22,556 0	1,208,950 0	450,000 0
Charles W Pinson MD MBA, See Schedule O	(i) 1,138,265 (ii) 0	69,949 0	914,544 0	30,164 0	12,543 0	2,165,465 0	810,000 0
David R Posch, See Schedule O	(i) 591,615 (ii) 0	38,917 0	14,544 0	12,844 0	13,976 0	671,896 0	0 0
Derek Mason, See Schedule O	(i) 2,381,056 (ii) 0	0 0	18,520 0	130,344 0	26,957 0	2,556,877 0	0 0
Michael J McNamara MD, See Schedule O	(i) 918,169 (ii) 0	401,567 0	22,501 0	12,664 0	35,692 0	1,390,593 0	0 0
Kevin E Stallings MS, See Schedule O	(i) 2,002,562 (ii) 0	1,396,515 0	1,084,594 0	33,779 0	31,690 0	4,549,140 0	677,767 0
William W Stead MD, See Schedule O	(i) 665,817 (ii) 0	1,074,897 0	15,323 0	12,664 0	12,918 0	1,781,619 0	0 0
Paul A Thomas MD, See Schedule O	(i) 1,562,910 (ii) 0	272,837 0	14,064 0	12,664 0	23,223 0	1,885,698 0	0 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jerry G Fife BS, See Schedule O	(i) 216,648 (II) 0	236,981 0	12,204 0	20,471 0	655 0	486,959 0	0 0
Richard C McCarty MS PHD, See Schedule O	(i) 575,630 (II) 0	126,359 0	20,019 0	30,344 0	17,148 0	769,500 0	0 0
Martin P Sandler MD, See Schedule O	(i) 600,226 (II) 0	23,481 0	16,729 0	24,664 0	10,293 0	675,393 0	0 0

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**

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

► Attach to Form 990.

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Vanderbilt University

Employer identification number

62-0476822

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HEFB Vanderbilt Univ Series 2012D&E	62-6139016	VariousNu	11-29-2012	169,603,023	See Part VI		X		X		X
B	HEFB Vanderbilt Univ Series 2012AB&C	62-6139016	VariousNu	03-29-2012	180,230,953	See Part VI		X		X		X
C	HEFB Vanderbilt Univ Series 2009A&B	62-6139016	VariousNu	04-01-2009	328,850,840	See Part VI		X		X		X
D	HEFB Vanderbilt Univ Series 2008A&B	62-6139016	VariousNu	04-23-2008	274,405,009	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	11,675,000	91,360,000		101,900,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	169,603,023	180,231,110	328,896,899	275,052,312
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds			2,245,733	1,774,403
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			100,365,419	
11	Other spent proceeds	169,603,023	180,231,110	226,285,747	273,277,909
12	Other unspent proceeds				
13	Year of substantial completion			2011	
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

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?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X		
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?	X		X		X		X		
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X		
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?	X		X		X		X		
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 %	0 070 %		0 %		0 %	
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 %	0 %		0 %		0 %	
6 Total of lines 4 and 5			0 %	0 070 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X	
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?	X		X		X			X	
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			0 040 %	0 020 %		0 180 %			
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X			
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?	X		X		X			X	

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?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X			X		X
b Exception to rebate?	X		X		X		X	
c No rebate due?		X		X		X		X
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?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Form 990, Schedule K, Part I, Column (a), All Rows	Full Issuer Name The Health and Educational Facilities Board of Metropolitan Government of Nashville and Davidson County, TN (HEFB)

Return Reference	Explanation
Form 990, Schedule K, Part I, Column (f)	<p>Description of Purpose 1st group (Series 2012D&E, 2012A,B&C, 2009A&B & 2008A&B) Row A - To refund a portion of series 2000A bonds (issued on January 20, 2005), a portion of the series 2005A bonds (issued on January 20, 2005), and a portion of tax-exempt commercial paper Row B - To refund series 2000B bonds (issued on May 16, 2000), series 2003A bonds (issued on May 29, 2003), a portion of the series 2005A bonds (issued on January 20, 2005), and the series 2001A&B bonds (both issued January 1, 2001) Row C - To refund tax-exempt commercial paper (issued on June 28, 2007) used to finance various capital projects, refund series 2005 B-1 & B-2 bonds (both issued on January 20, 2005), finance various capital improvements, to pay for costs associated with issuance of bonds Row D - To refund tax-exempt commercial paper (issued on June 28, 2007) used to finance capital projects of the University and Hospitals, to pay for costs associated with issuance of bonds 2nd group (CP Program 5) Row A - To refund series 2005B bonds (issued on January 20, 2005 and June 28, 2007), to finance various capital projects and improvements</p>

Return Reference	Explanation
Form 990, Schedule K, Part II, Line 3,	Proceeds Differences between Part I, Column (e) and Part II, Line 3 is investment earnings

Return Reference	Explanation
Form 990, Schedule K, Part III, Lines 4, 5, & 6	Private Business Use Vanderbilt University is reporting private business use percentages on a net basis Reporting on a net basis means that private business use has been allocated to the equity portion of any debt-financed buildings and equipment where private business use has occurred In Vanderbilt's case, equity has substantially exceeded relatively minor private business use, resulting in zero reported amounts on a net basis

Return Reference	Explanation
Form 990, Schedule K, Part III, Line 8a - 8c	Sale or Disposition of Bond-Financed Property Vanderbilt University calculates the percentage of sale or disposition of bond-financed property by using all disposed property in the numerator without considering if the property was sold to a private organization or disposed of in the regular course of business. This provides for a more conservative calculation. The assets that have been disposed of consist of small equipment. No bond-financed buildings or large equipment have been sold. It is not Vanderbilt's policy to sell any bond-financed assets to a nongovernmental person other than a 501(c)(3) organization.

Return Reference	Explanation
Form 990, Schedule K, Part III, Line 8b	<p>Percentage of Bond-Financed Property 1st group (Series 2012D&E, 2012A,B&C, 2009A&B) Column A - Since a portion of series 2012D&E bonds refinanced series 2005A&B bonds, the portion of series 2005A&B bonds that have been disposed of is allocated to series 2012D&E bonds Column B - Since a portion of series 2012A,B&C bonds refinanced series 2005A&B bonds, the portion of series 2005A&B bonds that have been disposed of is allocated to series 2012A,B&C bonds Column C - Since a portion of series 2009A&B bonds refinanced series 2005A&B bonds, the portion of series 2005A&B bonds that have been disposed of is allocated to series 2009A&B bonds 2nd group (CP Program 5) Column A - Since a portion of the CP Program 5 bonds refinanced the series 2005A&B bonds, the portion of series 2005A&B bonds that have been disposed of is allocated to the CP Program 5 bonds</p>

**Schedule K
(Form 990)****Supplemental Information on Tax Exempt Bonds****2014**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ► Attach to Form 990.
 ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
Vanderbilt UniversityEmployer identification number
62-0476822**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) Pool financing	
						Yes	No	Yes	No	Yes	No
A HEFB Vanderbilt Univ CP Program 5	62-6139016	VariousNu	03-29-2010	177,740,000	See Part VI		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	87,740,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	177,740,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds	177,740,000			
12 Other unspent proceeds				
13 Year of substantial completion				

	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X							
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
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?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
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 %					
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 %					
6 Total of lines 4 and 5			0 %					
7 Does the bond issue meet the private security or payment test?		X						
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?	X							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			0 090 %					
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
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?	X							

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?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
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?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization
Vanderbilt University

Employer identification number

62-0476822

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

2 Enter the amount of tax incurred by 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

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) See Part V				

Part IV Business Transactions Involving Interested Persons.

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 Part V					No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part III	(a) Name of interested person Education assistance provided to nine interested persons(b) Relationship between interested person and the organization Employees, dependents, family members(c) Amount of assistance \$353,864(d) Type of assistance Merit-based and need-based scholarships and awards(e) Purpose of assistance Scholarships and awards to assist individuals fund education costs(a) Name interested person Tuition assistance provided to One interested persons(b) Relationship between interested person and the organization Employees and qualifying dependents of eligible employees(c) Amount of assistance \$29,938(d) Type of assistance Tuition assistance(e) Purpose of assistance Tuition to assist individuals fund education costs
Schedule L, Part IV	(a) Name of Person Stacey McCarty(b) Relationship between interested person and Organization Family member of former officer Richard McCarty(c) Amount of transaction \$57,497(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Barbara E Wilson-Engelhardt, MD(b) Relationship between interested person and Organization Family member of trustee William M Wilson(c) Amount of transaction \$131,884(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Hava Fife, APRN-BC(b) Relationship between interested person and Organization Family member of former officer Jerry Fife(c) Amount of transaction \$105,866(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Gail P Carr-Williams, JD(b) Relationship between interested person and Organization Family member of current officer David Williams, II(c) Amount of transaction \$134,008(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Glynis Sacks-Sandler, M D (b) Relationship between interested person and Organization Family member of former key employee Martin Sandler(c) Amount of transaction \$466,290(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Kim Sandler(b) Relationship between interested person and Organization Family member of former key employee Martin Sandler(c) Amount of transaction \$117,170(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Carla Sandler-Wilson(b)Relationship between interested person and Organization Family member of former key employee Martin Sandler(c) Amount of transaction \$69,243(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Andrea Birch(b)Relationship between interested person and Organization Family member of trustee Adolpho A Birch, III(c) Amount of transaction \$451,835(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No(a) Name of Person Gary Robert Kimball III(b) Relationship between interested person and Organization Family member of trustee Carroll E Kimball (c) Amount of transaction \$149,551(d) Description of transaction Employment at Vanderbilt(e) Sharing of Organization revenues? = No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

Open to Public
InspectionName of the organization
Vanderbilt University

Employer identification number

62-0476822

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	X	26	268,795	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		122,079	Various
5 Clothing and household goods	X		40,615	Selling Price
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	339	14,576,931	Market Quote
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	X	86	15,929	Various
19 Food inventory	X	117	16,292	Cost
20 Drugs and medical supplies	X	40	43,437	Cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Software)	X	1	2,930,813	FMV
26 Other ► (Other & Auction)	X	55	31,163	Cost
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		8

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 is not required to be used for exempt purposes for the entire holding period?

30a Yes No

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

31 Yes

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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	Explanation
Part I, Column (b)	Explanation - Number of contributions or items contributed Vanderbilt University reports the number of contributions received throughout the year for each type of property listed Schedule M, Part I, Line 26 - Types of property, other This line includes donor out-of-pocket expenses for hosting Vanderbilt events

SCHEDULE O
(Form 990 or 990-EZ)Department of the 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.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2014****Open to Public
Inspection**Name of the organization
Vanderbilt University**Employer identification number**

62-0476822

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	-Number of Voting Members of the Governing Body John D Arnold resigned from the Vanderbilt University Board of Trust in November 2014 As such, a discrepancy exists between the number of voting members listed on Part VI, Line 1a, 33, from the number of trustees listed on Part VII, Column A, 34

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	- Modified the composition of the Audit Committee and language relating to Audit Committee procedures, - Modified language relating to Compensation Committee procedures and modified responsibilities, - Modified the composition of the Executive Committee, and - Modified the composition and responsibilities of the Governance and Board Affairs Committee

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	- Complete Copy of Form 990 to Governing Body. The Form 990 is prepared by Vanderbilt University and provided to PricewaterhouseCoopers, Vanderbilt University's independent accounting firm for review. After review by PricewaterhouseCoopers, Vanderbilt University provides a draft copy of the Form 990 and all required schedules for review to all General Officers, which includes the Chancellor and Chief Financial Officer. Once this review process is complete, all trustees are 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 Trust for review via Boardbooks prior to the filing of the return.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>- Conflict of Interest Vanderbilt University requires that for any faculty or staff member disclosing a potential conflict of interest, the conflict be reviewed by the individual's manager, as well as by the conflict of interest and commitment management office or Vanderbilt University Medical Center faculty affairs office, and the reported conflict be managed, reduced, or eliminated. The manager is required to respond that any recommended management plan has been implemented or that the reported conflict no longer exists. For those conflicts in which Vanderbilt may have an institutional interest, those in which human subject research is performed, or those deemed unmanageable, the University Conflicts Committee reviews and determines appropriate actions. The University Conflicts Committee members are appointed by the chancellor and are made up of a faculty member representing each of the university schools, the vice chancellor for administration, the director of technology transfer, the director of the institutional review board, the assistant vice chancellor of internal audit, and the heads of research for both the university and medical center. The University Conflicts Committee is chaired by the vice chancellor for university affairs and athletics, general counsel, and secretary of the university. The University Conflicts Committee reports bi-annually to the Audit Committee of the Board of Trust. The matters brought before the committee and the resulting actions. Board of Trust members and senior executive management of the university also must complete annual conflict of interest disclosures and management plans are developed to manage, reduce, or eliminate any potential conflicts of interest. Trustees are notified of their plans and the plans are thoroughly discussed with them to ensure compliance. Those with disclosed potential conflict of interest are presented to the Audit Committee of the board of trust, 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. Additionally, all members of the Vanderbilt community are required to disclose potential conflicts as they arise throughout the year. The same process noted above occurs for these disclosures.</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>- Determining Compensation To ensure that Vanderbilt 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 trustees, officers, or key employees, and is in compliance with the intermediate sanctions provisions with respect to the general officers, Vanderbilt's Board of Trust has designated a Compensation Committee made up of outside, independent, board members to review and recommend to the Executive Committee of the Board of Trust the total compensation annually for the general officers. The committee utilizes an outside consulting firm to provide expert information regarding industry-wide compensation norms and compliance with all Internal Revenue Service rules concerning executive compensation, including the Internal Revenue Code provision related to intermediate sanctions, deferred compensation, and private inurement. The Compensation Committee reviews the executive compensation philosophy and affirms that it is in line with the Board's expectation. The compensation of the general officers is disclosed in the annual Form 990, which is available to the public in accordance with regulations sections 301.6104(d)-1 through 3. Each year the total compensation review and recommendations are recorded in the minutes of the Compensation Committee meetings. The approval of the recommendations is recorded in the Executive Committee meetings. The full Board is informed annually of the total compensation of the general officers during private session.</p>

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>- Policies Available to Public - Vanderbilt University makes its governing documents available to the public through its Board of Trust website located at http://www.vanderbilt.edu/boardoftrust - Vanderbilt University makes its conflict of interest policy available to the public through its Compliance Program website located at http://www.vanderbilt.edu/compliance and Vanderbilt University Medical Center's Office of Compliance and Corporate Integrity website located at http://www.mc.vanderbilt.edu/compliance - Vanderbilt University makes its financial statements available to the public through its website located at http://finance.vanderbilt.edu/report/</p>

Return Reference	Explanation
Form 990, Part VII, Section A, Column (A)	<p>Continuation of Titles - Nicholas S Zeppos, JD - Chancellor - Audrey Jane Anderson - Vice Chancellor, General Counsel and University Secretary - Jeffrey R Balser, MD, PHD - Vice Chancellor for Health Affairs, Dean, School of Medicine - Beth A Fortune, MA - Vice Chancellor for Public Affairs - Anders W Hall - Vice Chancellor for Investments and Chief Investment Officer - Eric C Kopstain - Vice Chancellor for Administration (effective July 1, 2014) - John M Lutz - Vice Chancellor for Information Technology - Susie S Stalcup, BA - Vice Chancellor for Development and Alumni Relations - Brett C Sweet, MBA - Vice Chancellor for Finance and Chief Financial Officer - Susan Wente, PHD - Provost and Vice Chancellor for Academic Affairs (effective July 1, 2014), Professor of Cell and Development Biology - David Williams, II, MA, MBA, JD, LLM - Vice Chancellor for Athletics and University Affairs and Athletics Director - Charles L Gregory, MA, MBA, MHA - Assistant Vice Chancellor and CEO, Monroe Carell, Jr Children's Hospital at Vanderbilt, Chief Business Development Officer - John F Manning, Jr , PHD, MBA - Associate Vice Chancellor for Health Affairs and Chief Administrative Officer, Vanderbilt University Medical Center, Senior Associate Dean for Operations and Administration, School of Medicine - Charles W Prnson, MD, MBA - Deputy Vice Chancellor for Health Affairs, Senior Associate Dean for Clinical Affairs - David Posch - CEO, Vanderbilt University Hospital - Derek Mason - Head Football Coach - Michael J McNamara, MD - Associate Professor of Clinical Orthopaedic Surgery and Rehabilitation - Kevin E Stallings, MS - Head Men's Basketball Coach - William W Stead, MD - Associate Vice-Chancellor for Health Affairs and Chief Strategy Officer, Vanderbilt University Medical Center, McKesson Foundation Professor of Biomedical Information Professor of Medicine - Paul A Thomas, MD - Associate Professor of Clinical Orthopaedic Surgery - Jerry G Fife, BS - Former Officer (Vice Chancellor for Administration), Terminated status as an officer effective July 1, 2014 - Richard C McCarty, MS, PHD - Former Officer (Provost and Vice Chancellor for Academic Affairs), Terminated status as an officer effective July 1, 2014, Current Professor of Psychology - Martin P Sandler, MD - Former Key Employee (Associate Vice Chancellor for Hospital Affairs), Terminated status as a key employee in June 2009, Professor of Radiology and Radiological Sciences</p>

Return Reference	Explanation
Form 990, Part IX, Line 24e, All Other Functional Expenses	Bad Debts Program service expenses 90,251 Management and general expenses 0 Fundraising expenses 0 Total expenses 90,251 Total Other Expenses of Form 990, Part IX, Line 24e Col A 90,251

Return Reference	Explanation
Form 990, Part XI, line 9	Change in net assets related to noncontrolling interests -39,113,105

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2014

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Vanderbilt UniversityEmployer identification number
62-0476822**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
See Additional Data Table					

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) VU Real Estate Holdings Inc 2100 West End Ste 750 Nashville, TN 37203 58-2018307	Title Holding	TN	501(C)(2)	N/A	VU	Yes
(2) Vanderbilt Student Communications Inc 2301 Vanderbilt Place Nashville, TN 37235 23-7030713	Support Org	TN	501(c)(3)	11-A-I	VU	Yes
(3) Ingram Charitable Fund Inc 4400 Harding Road 9th Floor Nashville, TN 37203 58-1916504	Support Org	TN	501(c)(3)	11D-III-O	N/A	No
(4) Vanderbilt Home Care Services Inc 2120 Belcourt Avenue Nashville, TN 37212 62-1404948	Home Health	TN	501(c)(3)	9	VHS	Yes
(5) Vanderbilt Global Inc 2100 West End Ste 750 Nashville, TN 37203 46-0888454	Support Org	DE	501(c)(3)	11-A-I	VGH	Yes

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
See Additional Data Table										

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?
See Additional Data Table								

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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
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See Additional Data Table

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			

Part VII Supplemental Information

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

Return Reference	Explanation
Form 990, Schedule R, Part V, Column C	The amounts reported are derived from the books and records of Vanderbilt University, which are maintained on an accrual basis in accordance with U.S. Generally Accepted Accounting Principles. Valuation of the amounts reported in Schedule R, Part V, Column C is consistent with the valuation reflected in the University's consolidated audited financial statements.

Additional Data

Software ID:
Software Version:
EIN: 62-0476822
Name: Vanderbilt University

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
Dore Capital LLC 2100 West End Ave Suite 1000 Nashville, TN 37203 26-4337602	Investment	DE	0	0	VU
Dore Capital Real Estate LLC 2100 West End Ave Suite 1000 Nashville, TN 37203 26-4581498	Investment	DE	0	0	VU
Vanderbilt Global Holdings LLC 2100 West End Ave Suite 750 Nashville, TN 37203 46-3504785	Holding Company	TN	243	243,358	VU
Vanderbilt Health Services LLC 2100 West End Ave Suite 750 Nashville, TN 37203 62-1176354	Holding Company	TN	771,120	3,563,981	VU
Friends in Global Health LLC 2100 West End Ave Suite 750 Nashville, TN 37203 26-0170070	Public Health	TN	11,953,876	0	VHS
Vanderbilt-Wilson Radiation Oncology LLC 2100 West End Ave Suite 750 Nashville, TN 37203 26-1241612	Inactive	TN	0	0	VHS
Vanderbilt Health Affiliated Network LLC 2100 West End Ave Suite 750 Nashville, TN 37203 46-1571024	Clinical Network	TN	11,709,018	8,734,997	VHS
Star V Partners LLC 2100 West End Ave Suite 1000 Nashville, TN 37203	Investment	TN	3,463,142	386,871,741	VU

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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
Dore Capital LP 2100 West End Ste 1000 Nashville, TN 37203 26-4337679	Investments	DE	VU	Excluded	6,202,339	147,944,742	Yes		Yes	60 000 %
Dore Capital Real Estate LP 2100 West End Ste 1000 Nashville, TN 37203 26-4581574	Investments	DE	VU	Unrelated	355,354	69,523,172	Yes		Yes	69 460 %
Ambulatory Surgery Center of Cool Springs LLC 40 Burton Hills Blvd Ste 500 Nashville, TN 37215 62-1809227	Ambulatory Surgery	TN	VHS	Related	2,267,873	2,749,283		No		No 51 020 %
New Light Imaging LLC 4525 Harding Road Suite 102 Nashville, TN 37205 14-1895171	Management Services	TN	VHS	Related	619,218	196,595		No		No 66 670 %
One Hundred Oaks Imaging LLC 4525 Harding Road Suite 102 Nashville, TN 37205 26-3762022	Diagnostic Imaging	TN	VIS	Related	1,797,826	1,546,654		No		No 80 000 %
Springfield VIP Realty LLC 3319 West End Ave Ste 700 Nashville, TN 37203 26-1237360	Real Estate	TN	VU	Excluded	10,914	436,640		No		Yes 49 000 %
Vanderbilt Gateway Cancer Center GP 3319 West End Ave Ste 700 Nashville, TN 37203 20-3844791	Oncology Services	DE	VHS	Related	647,202	1,739,808		No		Yes 50 000 %
Vanderbilt Imaging Services LLC (VIS) 1909 Acklen Avenue Nashville, TN 37212 62-1787098	Radiology Services	TN	VHS	Related	5,531,281	2,106,542		No		No 66 670 %
Vanderbilt Stallworth Rehabilitation Hospital LP 3660 Grandview Parkway Ste 200 Birmingham, AL 35243 63-1077470	Rehab Services	TN	VHS	Related	864,251	6,936,359		No		No 50 000 %
Williamson Imaging LLC 2009 Mallory Lane Suite 150 Franklin, TN 37067 62-1855535	Diag Imaging	TN	VIS	Related	2,102,350	1,133,020		No		No 53 340 %
Investec Institutional Pan African Fund LLC 666 5th Avenue 15th Floor New York, NY 10103 26-2188279	Investments	DE	VU	Excluded	-192,161			No		No
Vanderbilt - Maury Radiation Oncology LLC 1031 22nd Ave South Suite B-1034 Nashville, TN 37232 46-0757412	Oncology Services	TN	VHS	Related	-288,270	1,952,125		No		Yes 40 000 %
Vanderbilt Health and Williamson Medical Center Clinics and Services 3319 West End Ave Ste 700 Nashville, TN 37203 62-1864145	Walk-in Clinics	TN	VHS	Related	694,012	2,087,585		No		No 51 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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							
Vanderbilt Legends Club Inc 1500 Legends Club Lane Franklin, TN 37069 62-1429615	Golf Club	TN	VU	C	6,984,037	13,201,457	100 000 %	Yes
Commodore Scottish Patron II LP 50 Lothian Road Festival Square Edinburgh, Scotland UK	Investments	UK	VU	C	-159,326	8,265,634	100 000 %	Yes
Callao Partners LTD Appleby Trust (Cayman) LTD Clifton House 75 Fort Street PO George Town KY1-1108 CJ	Investments	CJ	VU	C		2,500,000	64 900 %	Yes
Emergent Pro Alia Fund Sub Fund Emergent African Land Fund 20 Boulevard Emmanuel Servais L-2535 LU 98-0600835	Investments	LU	VU	C			79 600 %	Yes
Vanderbilt Integrated Providers (VIP) 3319 West End Ave Suite 700 Nashville, TN 37203 62-1650124	Practices	TN	VHS	C	2,208,409	2,611,966	100 000 %	Yes
Pacific Harbor Special Holdings Ltd PO Box 957 Offshore Incorporations Tortola, British Virgin Is VI	Investments	VI	VU	C	-6,784,625	70,460,981	100 000 %	Yes
Vision Borda Da Serra Fund Intertrust Corporate Svcs Cayman George Town KY1-9005 CJ	Investments	CJ	VU	C			65 250 %	Yes
Vision Sao Domingos Fund Intertrust Corporate Svcs Cayman George Town KY1-9005 CJ	Investments	CJ	VU	C			52 230 %	Yes
								No
Charitable Remainder Trust (70)	Charitable Trust	TN	VU	T				Yes
Perpetual Trusts (6)	Charitable Trust	TN	VU	T				Yes
Charitable Lead Trusts (1)	Charitable Trust	TN	VU	T				Yes

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
One Hundred Oaks Imaging LLC	A	176,334	Fair Market Value
VU Real Estate Holdings Inc	A	381,153	Fair Market Value
Vanderbilt Health and Williamson Medical Center Clinics and Services LLC	A	338,905	Fair Market Value
Vanderbilt Home Care Services Inc	A	224,966	Fair Market Value
Vanderbilt Legends Club Inc	A	523,187	Fair Market Value
Vanderbilt Stallworth Rehabilitation Hospital LP	A	135,000	Fair Market Value
Vanderbilt Student Communications Inc	A	56,355	Fair Market Value
Vanderbilt Maury Radiation Oncology LLC	B	200,000	Fair Market Value
Lead Trust (1)	C	90,295	Fair Market Value
Vanderbilt Legends Club Inc	C	125,058	Fair Market Value
VU Real Estate Holdings Inc	D	5,297,016	Fair Market Value
Vanderbilt Legends Club Inc	D	7,845,370	Fair Market Value
Vanderbilt Home Care Services Inc	J	105,245	Fair Market Value
VU Real Estate Holdings Inc	K	507,296	Fair Market Value
Vanderbilt Stallworth Rehabilitation Hospital LP	J	386,313	Fair Market Value
Vanderbilt Gateway Cancer Center GP	L	1,011,574	Fair Market Value
Vanderbilt Global Inc	L	140,000	Fair Market Value
Vanderbilt Home Care Services Inc	L	396,357	Fair Market Value
Vanderbilt Maury Radiation Oncology LLC	L	477,480	Fair Market Value
Vanderbilt Home Care Services Inc	M	1,945,217	Fair Market Value
New Light Imaging LLC	O	384,497	Fair Market Value
Vanderbilt Gateway Cancer Center GP	O	79,309	Fair Market Value
Vanderbilt Health and Williamson Medical Center Clinics and Services LLC	O	7,003,999	Fair Market Value
Vanderbilt Imaging Services LLC	O	387,803	Fair Market Value
Vanderbilt Integrated Providers	O	153,226	Fair Market Value

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Vanderbilt Maury Radiation Oncology LLC	O	86,648	Fair Market Value
Vanderbilt Integrated Providers	P	79,391	Fair Market Value
Vanderbilt Legends Club Inc	P	141,422	Fair Market Value
New Light Imaging LLC	Q	310,254	Fair Market Value
One Hundred Oaks Imaging LLC	Q	222,374	Fair Market Value
VU Real Estate Holdings Inc	Q	386,288	Fair Market Value
Vanderbilt Gateway Cancer Center GP	Q	96,571	Fair Market Value
Vanderbilt Health and Williamson Medical Center Clinics and Services LLC	Q	2,655,945	Fair Market Value
Vanderbilt Imaging Services LLC	Q	124,577	Fair Market Value
Vanderbilt Stallworth Rehabilitation Hospital LP	Q	2,121,286	Fair Market Value
Charitable Remainder Trust (6)	S	4,176,848	Fair Market Value
Perpetual Trusts (6)	S	656,825	Fair Market Value
New Light Imaging LLC	S	532,941	Fair Market Value
One Hundred Oaks Imaging LLC	S	796,891	Fair Market Value
VU Real Estate Holdings Inc	S	109,533	Fair Market Value
Vanderbilt Home Care Services Inc	S	2,511,119	Fair Market Value
Vanderbilt Imaging Services LLC	S	4,782,163	Fair Market Value
Vanderbilt Stallworth Rehabilitation Hospital LP	S	1,311,517	Fair Market Value