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B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization Vanderbilt University co Office of Financial Affairs	
	Number and street (or P O box if mail is not delivered to street address) STATION B 356310	Room/suite
	City or town, state or country, and ZIP + 4 NASHVILLE, TN 372356310	

D Employer identification number
62-0476822

E Telephone number
(615) 343-6601

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ☐

H and I are not applicable to section 527 organizations

H(a)	Is this a group return for affiliates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H(b)	If "Yes" enter number of affiliates	▶ _____	
H(c)	Are all affiliates included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(If "No," attach a list See instructions)		
H(d)	Is this a separate return filed by an organization covered by a group ruling?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I	Group Exemption Number ▶ _____		
M	Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)		

Organization type (check only one) ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **4,482,987,599**

21112130





Exp=1735


Stress Management


Part II

Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)  (cash \$ <u>216,789,725</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here  <input checked="" type="checkbox"/>	22	216,789,725	216,789,725		
23	Specific assistance to individuals (attach schedule) 	23	0	0		
24	Benefits paid to or for members (attach schedule) 	24	0	0		
25	Compensation of officers, directors, etc	25	12,519,350	0	12,519,350	0
26	Other salaries and wages	26	1,143,391,014	1,082,666,775	49,860,008	10,864,231
27	Pension plan contributions	27	56,135,410	53,153,850	2,448,126	533,434
28	Other employee benefits	28	128,599,695	122,423,135	4,332,108	1,844,452
29	Payroll taxes	29	56,527,720	51,345,160	4,274,099	908,461
30	Professional fundraising fees	30	811,670	0	0	811,670
31	Accounting fees	31	494,155	155,309	338,846	0
32	Legal fees	32	3,629,311	2,808,204	821,107	0
33	Supplies	33	297,675,043	283,364,783	13,472,071	838,189
34	Telephone	34	15,552,099	14,367,920	936,395	247,784
35	Postage and shipping	35	5,875,135	5,065,063	294,107	515,965
36	Occupancy	36	242,290,960	236,654,692	4,435,594	1,200,674
37	Equipment rental and maintenance	37	104,911,134	100,192,577	4,310,928	407,629
38	Printing and publications	38	17,032,191	15,052,992	604,880	1,374,319
39	Travel	39	19,872,326	18,187,379	759,874	925,073
40	Conferences, conventions, and meetings	40	16,034,058	13,305,711	2,515,670	212,677
41	Interest	41	26,474,181	26,474,181	0	0
42	Depreciation, depletion, etc (attach schedule)	42	120,268,852	120,268,852	0	0
43	Other expenses not covered above (itemize)					
a	PROFESSIONAL SERVICES AND	43a				
b	CONTRACTS	43b	73,839,176	70,056,296	3,305,035	477,845
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,558,723,205	2,432,332,604	105,228,198	21,162,403

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

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

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

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

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


<p>What is the organization's primary exempt purpose? ► PRIMARY EXEMPT PURPOSE Education, Research, Patient Care</p> <p>STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS Vanderbilt University is a center for scholarly research, informed and creative teaching, and service to the community and society at large. Vanderbilt is recognized internationally as one of the premier research and teaching universities, and its academic programs rank among the finest in the world. Vanderbilt's students - approximately 6,400 undergraduate and more than 5,100 graduate and professional students - and more than 2,600 full time faculty and 17,500 staff members work together to support multidisciplinary study, academic research, and public service. Vanderbilt's academic enterprise comprises interdisciplinary programs and centers, as well as ten schools and colleges - 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.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses</p> <p>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a SEE STATEMENT 16-17</p>	
<p>(Grants and allocations \$ 216,789,725) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/></p>	2,432,332,604
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	2,432,332,604

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	217,697,197	46	511,573,154
	47a	Accounts receivable	399,385,346		
	b	Less allowance for doubtful accounts	141,818,067	230,261,727	47c257,567,279
	48a	Pledges receivable	88,065,494		
	b	Less allowance for doubtful accounts	7,457,852	84,381,306	48c80,607,642
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)	1,338,428	50	755,148
	51a	Other notes and loans receivable (attach schedule)	38,368,519		
	b	Less allowance for doubtful accounts	3,907,737	35,117,161	51c34,460,782
	52	Inventories for sale or use	24,123,222	52	28,053,360
	53	Prepaid expenses and deferred charges	55,994,456	53	81,892,962
	54	Investments—securities (attach schedule) . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,180,332,990	54	3,270,218,514
	55a	Investments—land, buildings, and equipment basis			
	b	Less accumulated depreciation (attach schedule)		55c	
56	Investments—other (attach schedule)	49,749,211	56	49,015,154	
57a	Land, buildings, and equipment basis	2,563,082,545			
b	Less accumulated depreciation (attach schedule)	1,105,923,920	1,365,177,196	57c1,457,158,625	
58	Other assets (describe <input type="checkbox"/>)	324,756,789	58	271,353,481	
59	Total assets (must equal line 74) Add lines 45 through 58	5,568,929,683	59	6,042,656,101	
Liabilities	60	Accounts payable and accrued expenses	397,963,560	60	353,725,294
	61	Grants payable		61	
	62	Deferred revenue	48,091,062	62	52,067,201
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)	780,399,218	64a	761,786,767
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/>)	455,044,541	65	549,331,983
	66	Total liabilities Add lines 60 through 65	1,681,498,381	66	1,716,911,245
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	3,044,385,688	67	3,445,161,749
	68	Temporarily restricted	175,043,335	68	155,754,747
	69	Permanently restricted	668,002,279	69	724,828,360
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,887,431,302	73	4,325,744,856
	74	Total liabilities and net assets / fund balances Add lines 66 and 73	5,568,929,683	74	6,042,656,101


Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)


a	Total revenue, gains, and other support per audited financial statements	a	2,866,358,146
b	Amounts included on line a but not on line 12		
1	Net unrealized gains on investments	b1	109,395,203
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) 	b4	-72,492,451
	Add lines b1 through b4	b	36,902,752
c	Subtract line b from line a	c	2,829,455,394
d	Amounts included on line 12, but not on line a		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	36,902,752
e	Total revenue (line 12) Add lines c and d ▶	e	2,829,455,394

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return


a	Total expenses and losses per audited financial statements	a	2,428,044,592
b	Amounts included on line a but not on line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on line 20	b2	
3	Losses reported on line 20	b3	
4	Other (specify) 	b4	12,988,138
	Add lines b1 through b4	b	12,988,138
c	Subtract line b from line a	c	2,415,056,454
d	Amounts included on line 17, but not on line a:		
1	Investment expenses not included on line 6b	d1	
2	Other (specify) _____	d2	143,666,751
	Add lines d1 and d2	d	143,666,751
e	Total expenses (line 17) Add lines c and d ▶	e	2,558,723,205

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 44					
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .				75b	Yes
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 				75c	Yes
Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization					
d Does the organization have a written conflict of interest policy?				75d	Yes

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
HARRIS D RILEY JR STATION B 356310 NASHVILLE,TN 372356310	0	2,163	6,288	0
JOE B WYATT STATION B 356310 NASHVILLE,TN 372356310	0	241,946	25,075	0
JEFF CARR STATION B 356310 NASHVILLE,TN 372356310	0	72,000	6,644	8,044

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

Part VIOther Information (continued)

YesNo

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

No

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III).

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

Yes

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

Yes

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88

Yes

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0

b

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89b

No

c

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

0

d

Enter: Amount of tax on line 89c, above, reimbursed by the organization

0

90a

List the states with which a copy of this return is filed CA

b

Number of employees employed in the pay period that includes March 12, 2005 (See instructions).

90b

20,985

91a

The books are in care of BETTY PRICE Telephone no (615) 343-6601

STATION B 356310

Located at

NASHVILLE, TN

ZIP + 4

372356310

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

Yes

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

91c

Yes

c

At any time during the calendar year, did the organization maintain an office outside of the United States?

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

92

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	See Additional Data Table					
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities	525990	7,090,809	14	60,960,589	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property			16	6,987,116	
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	247,468,763	
101	Net income or (loss) from special events . .			01	-423,373	
102	Gross profit or (loss) from sales of inventory					8,397,926
103	Other revenue a See Additional Data Table					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E)) . . .		16,105,979		320,405,436	2,084,526,055
105	Total (add line 104, columns (B), (D), and (E))					2,421,037,470

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	ALL ACTIVITIES REPORTED IN COLUMN (E) OF PART VII CONTRIBUTE
102	IMPORTANTLY TO VANDERBILT'S TAX-EXEMPT MISSIONS OF
103	EDUCATION, RESEARCH, AND PATIENT CARE -- SEE STATEMENT 16-17

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

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

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

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

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

Please Sign Here

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

Signature of officer

2007-05-11

Date

BETTY L PRICE ASSOC V/c FINANCE/controller

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

MONICA HAYES

Date 2007-05-11

Check if self-employed ☒

Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4

KPMG LLP

301 N Elm Street Suite 700

Greensboro, NC 27401

EIN

Phone no

(336) 275-3394

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization
Vanderbilt University
co Office of Financial Affairs

Employer identification number

62-0476822

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSEPH SMITH STATION B 356310 NASHVILLE,TN 372356310	DEPT CHAIR/ PROF 40	1,183,676	33,594	8,917
LLOYD KING STATION B 356310 NASHVILLE,TN 372356310	PROFESSOR 40	975,461	28,527	0
KEVIN STALLINGS STATION B 356310 NASHVILLE,TN 372356310	COACH 40	941,418	121,336	4,651
JOHN BROCK III STATION B 356310 NASHVILLE,TN 372356310	PROFESSOR 40	1,073,032	28,572	18,122
NORMAN B URMY STATION B 356310 NASHVILLE,TN 372356310	EXECUTIVE DIRECTOR 40	656,642	901,427	314
Total number of other employees paid over \$50,000 ▶	7,342			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DONALD BLAIR PARTNERS ARCHITECTS 224 CENTRE STREET NEW YORK,NY 10013	ARCHITECTURAL	3,693,589
D C I LAB INC - NASHVILLE 2917 FOSTER CREIGHTON NASHVILLE,TN 37204	LABORATORY TESTING	3,009,762
EARL SWENSSON ASSOCIATES INC 2100 WEST END SUITE 1200 NASHVILLE,TN 37203	ARCHITECTURAL	2,814,053
STREET DIXON RICK ARCHITECTURE PLC 107 KENNER AVE NASHVILLE,TN 37205	ARCHITECTURAL	1,567,457
ERNST YOUNG LLP PO BOX 91251 CHICAGO,IL 60693	ACCTG & AUDITING	1,257,665
Total number of others receiving over \$50,000 for professional services ▶	99	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
TURNER UNIVERSAL CONSTRUCTION CO PO BOX 6048 HUNTSVILLE,AL 35806	CONSTRUCTION	46,049,859
AMERICAN CONSTRUCTORS INC PO BOX 120129 NASHVILLE,TN 37212	CONSTRUCTION	16,325,064
CENTEX CONSTRUCTION 2305 PIERCE AVE NASHVILLE,TN 37212	CONSTRUCTION	10,705,471
THE PARENT COMPANY INC 241 WILSON PIKE CIRCLE BRENTWOOD,TN 37027	CONSTRUCTION	6,630,648
RCG - NORTHEAST ALABAMA KIDNEY CLIN PO BOX 404230 ATLANTA,GA 30384	DIALYSIS CLINIC MGT	6,550,335
Total number of other contractors receiving over \$50,000 for other services ▶	209	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No	
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 327,332 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
	2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
	a	Sale, exchange, or leasing property?	2a	Yes
	b	Lending of money or other extension of credit?	2b	Yes
	c	Furnishing of goods, services, or facilities?	2c	Yes
	d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes
	e	Transfer of any part of its income or assets?	2e	No
	3a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	Yes
	b	Do you have a section 403(b) annuity plan for your employees?	3b	Yes
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	No	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	No	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	No	

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5	<input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6	<input checked="" type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7	<input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8	<input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
10	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a	<input type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b	<input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12	<input type="checkbox"/> 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 charitable, etc , 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) (Also complete the Support Schedule in Part IV-A)
13	<input type="checkbox"/> An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
Provide the following information about the supported organizations (see page 5 of the instructions)	
(a) Name(s) of supported organization(s)	(b) Line number from above
14	<input type="checkbox"/> An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)


Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.


Calendar year (or fiscal year beginning in)		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	
b	Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	
d	Add Amounts from column (e) for lines 18 19 22 26b				26d	
e	Public support (line 26c minus line 26d total)				26e	
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	
27	Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2004) (2003) (2002) (2001)					
b	For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2004) (2003) (2002) (2001)					
c	Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d	Add Line 27a total and line 27b total				27d	
e	Public support (line 27c total minus line 27d total)				27e	
f	Total support for section 509(a)(2) test Enter amount from line 23, column (e)				27f	
g	Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h	Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28	Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					


Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
		29	Yes	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		Yes	
		30	Yes	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) THE UNIVERSITY'S NONDISCRIMINATION POLICY, AS ADOPTED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, IS WIDELY DISSEMINATED TO PROSPECTIVE STUDENTS THROUGH PUBLICATIONS IN CATALOGUES, APPLICATION MATERIALS, HANDBOOKS, ETC COPIES WILL BE MADE AVAILABLE ON REQUEST IN COMPLIANCE WITH FEDERAL LAW, INCLUDING THE PROVISIONS OF TITLE IX OF EDUCATION AMENDMENTS OF 1972, SECTION 503 OF THE REHABILITATION ACT OF 1973, AND THE AMERICANS WITH DISABILITIES ACT OF 1990, VANDERBILT UNIVERSITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, COLOR, NATIONAL OR ETHNIC ORIGIN, AGE, DISABILITY OR MILITARY SERVICE IN ITS ADMINISTRATION OF EDUCATIONAL POLICIES, PROGRAMS, OR ACTIVITIES, ITS ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, ATHLETIC AND OTHER UNIVERSITY-ADMINISTERED PROGRAMS, OR EMPLOYMENT		Yes	
32	Does the organization maintain the following	32a	Yes	
	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 racially nondiscriminatory basis?	32b	Yes	
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	Yes	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
	a Students' rights or privileges?	33a		No
	b Admissions policies?	33b		No
	c Employment of faculty or administrative staff?	33c		No
	d Scholarships or other financial assistance?	33d		No
	e Educational policies?	33e		No
	f Use of facilities?	33f		No
	g Athletic programs?	33g		No
	h Other extracurricular activities?	33h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency? 	34a	Yes	
	b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		No
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	Yes	


Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	327,332
38	Total lobbying expenditures (add lines 36 and 37)	38	327,332
39	Other exempt purpose expenditures	39	2,550,851,150
40	Total exempt purpose expenditures (add lines 38 and 39)	40	2,551,178,482
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	327,332	176,523	212,178	275,583	991,616
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures	0	0		0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash		No
(ii) Other assets		No
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		No
(ii) Purchases of assets from a noncharitable exempt organization		No
(iii) Rental of facilities, equipment, or other assets		No
(iv) Reimbursement arrangements		No
(v) Loans or loan guarantees		No
(vi) Performance of services or membership or fundraising solicitations		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

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

b If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 62-0476822
Name: Vanderbilt University
co Office of Financial Affairs

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
GORDON GEE STATION B 356310 NASHVILLE,TN 372356310	CHANCELLOR 40	925,192	905,167	97,037
HARRY JACOBSON STATION B 356310 NASHVILLE,TN 372356310	V/C HEALTH AFFAIRS 40	1,104,865	1,087,364	52,214
WILLIAM SPITZ STATION B 356310 NASHVILLE,TN 372356310	V/C INVEST/TREAS 40	2,970,611	1,232,273	22,787
MICHAEL SCHOENFELD STATION B 356310 NASHVILLE,TN 372356310	V/C PUBLIC AFFAIRS 40	494,591	112,145	4,924
LAUREN BRISKY STATION B 356310 NASHVILLE,TN 372356310	V/C ADMIN/CFO 40	687,960	361,968	609
DAVID WILLIAMS STATION B 356310 NASHVILLE,TN 372356310	V/C,SECR,GEN COUNSEL 40	650,848	412,363	10,704
NICHOLAS ZEPPUS STATION B 356310 NASHVILLE,TN 372356310	V/C ACADEMIC/PROVOST 40	741,860	243,397	38,311
MARTHA R INGRAM STATION B 356310 NASHVILLE,TN 372356310	CHAIRMAN 1	0	0	0
DENNIS C BOTTORFF STATION B 356310 NASHVILLE,TN 372356310	VICE-CHAIRMAN 1	0	0	0
DARRYL D BERGER STATION B 356310 NASHVILLE,TN 372356310	VICE-CHAIRMAN 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM W BAIN JR STATION B 356310 NASHVILLE,TN 372356310	SECRETARY 1	0	0	0
MARY BETH ADDERLEY STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
MICHAEL L AINSLIE STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
CAMILLA D BERGERON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
MONROE J CARELL JR STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
SHERYLL D CASHIN STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
THOMAS F CONE STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
CECIL D CONLEE STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
CARRIE A COLVIN STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
MARK F DALTON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM W FEATHERINGILL STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
JOHN R HALL STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
L HALL HARDAWAY JR STATION B 356310 NASHVILLE,TN 37235	TRUSTEE 1	0	0	0
H RODES HART STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
JOANNE F HAYES STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
JOHN R INGRAM STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
ORRIN H INGRAM STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
J HICKS LANIER STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
REV EDWARD A MALLOY C S C STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
RON D FORD STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JACKSON W MOORE STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
NANCY P MULFORD STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
EDWARD G NELSON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
FREDERICK B RENTSCHLER STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
CATHERINE B REYNOLDS STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
KENNETH L ROBERTS STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
JOE L ROBY STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
EUGENE B SHANKS JR STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
MARISSA N SHRUM STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
RICHARD H SINKFIELD STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CAL TURNER STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
EUGENE H VAUGHAN STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
LEVI WATKINS JR M D STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
HEATHER M SOUDER STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
W RIDLEY WILLS II STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
J LAWRENCE WILSON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
REBECCA W WILSON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
WILLIAM M WILSON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
ALICE JI STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0
SHARON M MUNGER STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE 1	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MIRIAM M COWDEN STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
DUDLEY B WHITE STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
FRANK A GODCHAUX III STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
DELBERT MANN STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
ALYNE Q MASSEY STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
JUDSON G RANDOLPH M D STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
JOHN W RICH STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
THOMAS B WALKER JR STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
JAMES A WEBB JR STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
DAVID K WILSON STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
VANDERBILT STUDENT COMMUNICATIONS INC	X	
VU REAL ESTATE HOLDINGS INC	X	
VANDERBILT LEGENDS CLUB INC		
ZTIPS INC		
VADERBILT HEALTH SERVICES INC	X	
VADERBILT-WILLIAMSON CANCER CENTER LLC		
VUCH DONATION LLC		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NELSON C ANDREWS STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
BROWNLEE O CURREY JR STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
ANDREW B BENEDICT JR STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
LEWIS M BRANSCOMB STATION B 356310 NASHVILLE,TN 372356310	TRUSTEE EMERITI 1	0	0	0
HARRIS D RILEY JR STATION B 356310 NASHVILLE,TN 372356310	0 0	2,163	6,288	0
JOE B WYATT STATION B 356310 NASHVILLE,TN 372356310	0 0	241,946	25,075	0
JEFF CARR STATION B 356310 NASHVILLE,TN 372356310	0 0	72,000	6,644	8,044

Form 990, Part VII, Line 103 - Other revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a PATENTS/ROYALTIES			15	5,412,341	
b MEDICAL CENTER					
c OTHER					7,947,946
d MEDICAL SCHOOL					6,063,258
e PROFESSIONAL &					
f TECH SERVICES	541511	147,500			973,996
g EDUCATIONAL SALES					
h & SERVICES					5,391,002
i UNIV SERVICE					1,905,517
j OTHER	511140	15,640			2,926,616

Form 990, Part VII, Line 93 - Program service revenue:

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a TUITION & FEES					316,176,928
b ROOM & BOARD					43,624,386
c AUXILIARY	611710	331,893			22,198,787
d ENTERPRISES					
e HEALTH CARE	621500	8,520,137			1,566,953,860
f SERVICES	446110				
g PROGRAM INCOME					1,884,632
h COST RECOVERY --					100,081,201
i RESEARCH					

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
VANDERBILT LEGENDS CLUB INC 1500 LEGENDS CLUB LANE FRANKLIN, TN37069 62-1429615	10	GOLF COURSE	3,112,959	16,201,494
VANDERBILT CARDIOLOGY SERVICES 4230 HARDING ROAD SUITE 900 NASHVILLE, TN37205 62-1749420	05	LAB FACILITY	0	2,724
ZTIPS INC 2100 WEST END AVE SUITE 750 NASHVILLE, TN37203 62-1865562	10	INVST HOLDIN	53	630
VANDERBILT-WILLIAMSON CANCER CENTER LLC 2107 EDWARD CURD LN FRANKLIN, TN37067 62-1864145	10	HEALTHCARE	3,609,887	5,337,303
STINSON CAPITAL PARTNERS II LP 909 MONTGOMERY ST SUITE 400 SAN FRANCISCO, CA94133 94-3264850	09568	INVESTMENTS	15,613,649	136,946,135
VUCH DONATION LLC 2100 WEST END AVE SUITE 750 NASHVILLE, TN37203 62-0476822	10	HOLDING CO	0	1

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ALTERNATIVE FIXED INCOME FUND 1250 E HALLENDALE BEACH BLVD STE HALLENDALE, FL33009 65-0769632	0 9736	INVESTMENTS	4,217,994	13,994,791
VANDERBILT-GATEWAY CANCER CTR 3319 WEST END AVE SUITE 700 NASHVILLE, TN37203 20-0769431	0 5	HEALTHCARE	3,655,259	7,371,609

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172
2005
Attachment Sequence No. **67**

Name(s) shown on return Vanderbilt University co O ffice of Financial Affairs	Business or activity to which this form relates	Identifying number 62-0476822
-------------------------------------------------------------------------------------	-------------------------------------------------	--------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$105,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$420,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	105,000

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2005	17	37,014
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr	22	37,014
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution:See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☒ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year (see instructions)					
43 Amortization of costs that began before your 2005 tax year				43	2,263
44 Total. Add amounts in column (f) See the instructions for where to report				44	2,263

TY 2005 Cash Grants Paid Schedule

Name: Vanderbilt University
 co Office of Financial Affairs
EIN: 62-0476822

Class of Activity	Recipient's name	Address	Amount	Relationship
	UNDERGRADUATE STUDENTS	STATION B 356310 NASHVILLE, TN 372356310	94,770,393	
	GRADUATE STUDENTS	STATION B 356310 NASHVILLE, TN 372356310	56,499,050	
	PROFESSIONAL STUDENTS	STATION B 356310 NASHVILLE, TN 372356310	25,125,285	
	GRANT SUBCONTRACTS	STATION B 356310 NASHVILLE, TN 372356310	40,394,997	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2005 Compensation

Schedule

Name:

Vanderbilt University
co Office of Financial Affairs

EIN:

62-0476822

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
LLOYD KING	ambulsurgctr of cool springs llc	62-1809227		20,000	0	0	

TY 2005 Gain/Loss from Sale of Public Securities Schedule

Name: Vanderbilt University
co Office of Financial Affairs

EIN: 62-0476822

Gross Sales Price: 1,879,503,511

Basis: 1,632,034,748

Sales Expenses:

Total (net): 249,886,907

TY 2005 General Explanation Attachment

Name: Vanderbilt University
 co Office of Financial Affairs
EIN: 62-0476822

Identifier	Return Reference	Explanation
Fixed Assets	Federal Form 990, Part II, Line 42 and Part IV, Line 57 a & b	FIXED ASSETS LAND \$ 49,650,711 BUILDINGS AND IMPROVEMENTS \$ 1,810,769,648 MOVEABLE EQUIPMENT \$ 585,484,082 CONSTRUCTION IN PROGRESS \$ 117,178,104 ----- TOTAL FIXED ASSETS \$ 2,563,082,545 LESS ACC DEPRECIATION \$(1,105,923,920) ----- NET FIXED ASSETS \$ 1,457,158,625 ----- PLANT AND EQUIPMENT ARE STATED AT COST OR ESTIMATED FAIR MARKET VALUE IF ACQUIRED BY GIFT, LESS ACCUMULATED DEPRECIATION, COMPUTED ON A STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIVES OF THE BUILDING AND EQUIPMENT EQUIPMENT IS REMOVED FROM THE ACCOUNTING RECORDS AT THE TIME OF DISPOSAL DEPRECIATION EXPENSE FOR THE FISCAL YEAR ENDED 06/30/2006 WAS \$120,268,852

Identifier	Return Reference	Explanation
Other Notes & Loans Receivable	Federal Form 990, Part IV, Line 51 a & b	STUDENT LOAN RECEIVABLE \$ 38,368,519 LESS ALLOWANCE FOR DOUBTFUL ACCOUNTS \$ (3,907,737) ----- \$ 34,460,782 -----

Identifier	Return Reference	Explanation
Tax Exempt Bond Liabilities	Federal Form 990, Part IV, Line 64a	LONG-TERM DEBT CONSISTS OF BONDS AND NOTES PAYABLE WITH SCHEDULED FINAL MATURITY DATES AT LEAST ONE YEAR AFTER THE ORIGINAL ISSUANCE DATE OUTSTANDING LONG-TERM DEBT AS OF JUNE 30 WERE AS FOLLOWS YEARS REMAINING AVERAGE UNTIL INTEREST OUTSTANDING MATURITY RATE PRINCIPAL FIXED RATE LONG-TERM DEBT 1996 SERIES A 3 5 7% 3,265,000 1997 SERIES A 13 5 4% 23,635,000 1998 SERIES A 10 5 6% 19,700,000 1998 SERIES B 23 5 0% 34,280,000 1998 SERIES C 9 5 0% 17,805,000 2001 SERIES A 10 4 9% 13,655,000 2001 SERIES B 17 5 1% 54,015,000 2005 SERIES B 38 3 2% 277,750,000 ----- TOTAL FIXED RATE LONG-TERM DEBT \$444,105,000 ===== HUD BONDS 3 3 0% \$ 385,000 ===== NOTE PAYABLE 3 7 3% \$ 8,407,631 ===== OTHER LONG-TERM DEBT 13 3 0% \$ 227,567 ===== CAPITAL LEASES 3 3 5% \$ 1,766,610 ===== UNAMORTIZED PREMIUM \$ 12,434,959 ===== VARIABLE RATE LONG-TERM DEBT 2000 SERIES A 25 3 1% 62,000,000 2000 SERIES B 25 3 1% 62,000,000 2002 SERIES A 27 3 1% 21,370,000 2003 SERIES A 13 3 1% 35,790,000 2005 SERIES A 38 3 0% 113,300,000 ----- TOTAL VARIABLE RATE LONG-TERM DEBT \$294,460,000 ===== TOTAL LONG-TERM DEBT \$761,786,767 ===== PRINCIPAL PAYMENTS AND SCHEDULED SINKING FUND REQUIREMENTS ON LONG-TERM DEBT DUE IN SUBSEQUENT FISCAL YEARS ENDING JUNE 30 ARE AS FOLLOWS (IN MILLIONS) 2007 \$ 15 5 2008 \$ 16 5 2009 \$ 24 5 2010 \$ 16 5 2011 \$ 17 3 THEREAFTER \$ 657 3 UNDER CERTAIN CIRCUMSTANCES, VARIABLE-RATE BOND OBLIGATIONS MAY BE CONVERTED TO A FIXED-RATE STRUCTURE WHILE THESE BONDS ARE IN A VARIABLE-RATE MODE, THEY ARE SUBJECT TO OPTIONAL AND MANDATORY TENDER THE UNIVERSITY HAS AGREEMENTS WITH REMARKETING AGENTS TO RE-MARKET ANY BONDS SO TENDERED TRUST INDENTURES FOR CERTAIN BOND ISSUES CONTAIN COVENANTS AND RESTRICTIONS INVOLVING THE ISSURANCE OF ADDITIONAL DEBT, MAINTENANCE OF A SPECIFIED DEBT SERVICE COVERAGE RATIO, AND THE MAINTENANCE OF LIQUIDITY FACILITIES THE UNIVERSITY HAS COMPLIED WITH APPLICABLE COVENANTS

Identifier	Return Reference	Explanation
FAMILY & BUSINESS RELATIONSHIPS	form 990, PART V-A, QUESTION 75B	<p>Family Relationships Trustee H Rodes Hart is a brother-in-law to Board Chairman Martha R Ingram, and an uncle to Trustees John R Ingram and Orrin H Ingram Board Chairman Martha R Ingram is the mother of Trustees Orrin H Ingram and John R Ingram Trustee Jackson W Moore is a brother-in-law to Trustee Rebecca W Wilson Business Relationships Board Chariman Martha R Ingram, Trustees Dennis C Bottorff, John R Ingram, and Vice-Chancellor Harry R Jacobson, MD serve as directors for Ingram Industries, Inc Vice-Chancellor William T Spitz serves as a member of the Ingram Industries Retirement, Thrift Plan and Insurance Companies Investment Committees Board Chairman Martha R Ingram, Trustees John R Ingram and Orrin H Ingram serve as directors for Ingram Charitable Fund, Inc Trustee J Hicks Lanier serves as Chairman of the Board for Oxford Industries, Inc , of w hich Trustee Cecil D Conlee is also a director Trustee Dennis C Bottorff serves as Chairman of Council Ventures, of w hich Vice-Chancellor William T Spitz is a member of the Investment Committee Trustee Monroe J Carell, Jr serves as the Executive Chairman of the Board of Directors of Central Parking Corporation, of w hich Trustee Edw ard G Nelson is also a director Central Parking Corporation is the parent company of a subsidiary corporation w hich operates certain parking lots in New Orleans in w hich Trustee Darryl D Berger has an ow nership interest Trustees H Rodes Hart and Edw ard G Nelson serve as directors for Franklin Industries, Inc , for w hich Vice-Chancellor William T Spitz serves as a consultant Vice-Chancellor/Provost Nicholas S Zeppos serves as Trust Protector for certain trusts for Trustee Monroe J Carell, Jr , his wife, children and grandchildren Ernst & Young LLP audits Regions Financial Corp , of w hich Trustee Jackson W Moore is Chairman/CEO Ernst & Young LLP audits the Tudor Group, of w hich Trustee Mark F Dalton is President, as w ell as prepares his personal tax returns Ernst & Young LLP audits Oxford Industries Inc , of w hich Trustee J Hicks Lanier is Chairman of the Board and Trustee Cecil D Conlee is a director Ernst & Young LLP audits the company ow ned by Trustee Ron D Ford</p>

Identifier	Return Reference	Explanation
gross profit from sale of inventory	form 990, part I, line 10	sales cost of sales net ----- university press \$522,482 \$206,480 \$316,002 dining services \$11,479,813 \$4,948,214 \$6,531,599 hospital cafeteria \$3,161,781 \$1,611,456 \$1,550,325 ----- Totals \$15,164,076 \$6,766,150 \$8,397,926

Identifier	Return Reference	Explanation
compensation provided by a related organization	form 990, part v-a, line 75c	lloyd king received compensation from ambulatory surgery center of cool springs, llc as director of the gi lab ambulatory surgery center of cool springs, llc is owned 50% by vanderbilt health services, inc , an exempt organization controlled 100% by vanderbilt university see statement 35 for details

TY 2005 Individual Assistance Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Class of Activity	Amount
-------------------	--------

TY 2005 Investments - Other Schedule

Name: Vanderbilt University
 co Office of Financial Affairs
EIN: 62-0476822

Description	Book Value	Cost/FMV
INTEREST IN TRUSTS HELD BY	42,936,080	
OTHERS		
MORTGAGES	6,079,074	

TY 2005 Investments - Securities Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Description	Book Value	Cost/FMV
SHORT-TERM SECURITIES	81,358,222	
BONDS	351,083,023	
SECURITIES	975,571,836	
PARTNERSHIP INVESTMENTS	1,636,125,083	
REAL ESTATE, NET	190,012,385	
OTHER	36,067,965	

TY 2005 Member Benefits Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Type of Benefit	Amount
-----------------	--------

TY 2005 Non Cash Grants Paid Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

TY 2005 Officer Compensation Schedule

Name: Vanderbilt University
 co Office of Financial Affairs
EIN: 62-0476822

GORDON GEE

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	925,192	905,167	97,037
Fundraising			

HARRY JACOBSON

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	1,104,865	1,087,364	52,214
Fundraising			

WILLIAM SPITZ

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	2,970,611	1,232,273	22,787
Fundraising			

MICHAEL SCHOENFELD

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	494,591	112,145	4,924
Fundraising			

LAUREN BRISKY

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	687,960	361,968	609
Fundraising			

DAVID WILLIAMS

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	650,848	412,363	10,704
Fundraising			

NICHOLAS ZEPPPOS

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	741,860	243,397	38,311
Fundraising			

HARRIS D RILEY JR

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	2,163	6,288	
Fundraising			

JOE B WYATT

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	241,946	25,075	
Fundraising			

JEFF CARR

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	72,000	6,644	8,044
Fundraising			

TY 2005 Other Assets Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Description	Beginning of Year Amount	End of Year Amount
COLLATERAL UNDER SECURITY		
LENDING AGREEMENTS	324,756,789	271,353,481

TY 2005 Other Changes in Net Assets Schedule

Name: Vanderbilt University
co Office of Financial Affairs

EIN: 62-0476822

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	109,395,203
UNREALIZED GAIN ON CONTRIBUTIONS	6,934,491
UNREALIZED MARKET VALUE ADJUSTMENTS FOR	68,791,207
ACCOUNTING PRINCIPLE	17,539,536

TY 2005 Other Expenses Included Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Description	Amount
RENT EXPENSE	12,988,138

TY 2005 Other Expenses
Not Included Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Description	Amount
FINANCIAL AID EXPENSE	143,666,751

TY 2005 Other Liabilities Schedule

Name: Vanderbilt University
co Office of Financial Affairs

EIN: 62-0476822

Description	Beginning of Year Amount	End of Year Amount
SECURITIES LENDING PAYABLE	324,756,789	271,353,481
ACTUARIAL LIABILITY OF	38,542,015	39,745,782
ANNUITIES PAYABLE		
GOVERNMENT ADVANCES FOR	15,781,586	16,006,368
STUDENT LOANS		
COMMERCIAL PAPER	5,500,000	144,830,000
ACTUARIAL LIABILITY FOR SELF-	70,464,151	77,396,352
INSURANCE		

TY 2005 Other Receivables
from Officers Schedule

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Travel Advance to Officers:

Item No.	1
Borrower's Name	MICHAEL SCHOENFELD V C PUBLIC AFF
Borrower's Title	
Original Amount of Loan	800000
Balance Due	755148
Date of Note	2002-09
Maturity Date	2012-08
Repayment Terms	30-YR AMORT DUE IN 10 YRS, MONTHLY PRINCIPAL & INT
Interest Rate	5.625
Security Provided by Borrower	LIEN ON PROPERTY/ SALARY
Purpose of Loan	PURCHASE OF PRIMARY RESIDENCE
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Borrower's Name	NICHOLAS ZEPPPOS V C ACADEMIC AFFA
Borrower's Title	
Original Amount of Loan	625000
Balance Due	0
Date of Note	2002-06
Maturity Date	2022-05
Repayment Terms	20-YR AMORT DUE IN 20 YRS, MONTHLY PRINCIPAL & INT
Interest Rate	6.125
Security Provided by Borrower	LIEN ON PROPERTY / SALARY
Purpose of Loan	PURCHASE OF PRIMARY RESIDENCE
Description of Lender Consideration	
Consideration FMV	

TY 2005 Other Revenues Included Schedule

Name: Vanderbilt University
co Office of Financial Affairs

EIN: 62-0476822

Description	Amount
FINANCIAL AID EXPENSE	-143,666,751
IN ACCOUNTING PRINCIPLE	-17,539,536
CONTRIBUTION RECEIVABLE	6,934,491
FOR INTEREST RATE SWAP	68,791,207
RENT EXPENSE	12,988,138

TY 2005 Special Events Schedule

Name: Vanderbilt University
co Office of Financial Affairs

EIN: 62-0476822

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
MAX IT OUT	124,599	43,685	124,599	119,304	5,295
CHILDREN'S MIRACLE NETWORK					
TELETHON	0	1,038,595	0	233,728	-233,728
IROQUOIS STEEPLECHASE	1,195,197	693,532	1,195,197	1,390,137	-194,940

TY 2005 Scholarship Award Statement

Name: Vanderbilt University
co Office of Financial Affairs

EIN: 62-0476822

Statement: GENERALLY SCHOLARSHIPS AND FELLOWSHIPS ARE AWARDED TO VANDERBILT UNIVERSITY STUDENTS BY AN INDEPENDENT COMMITTEE BASED ON NEED, ACADEMIC ABILITY, OR OTHER CRITERIA AS REQUIRED UNDER THE SCHOLARSHIP OR FELLOWSHIP PROGRAM.

TY 2005 Self Dealing Statement

Name: Vanderbilt University
co Office of Financial Affairs
EIN: 62-0476822

Line Number	Explanation
2a	INGRAM INDUSTRIES INC., OF WHICH CHAIRMAN MARTHA R. INGRAM, AND TRUSTEES ORRIN H. INGRAM, JOHN R. INGRAM, DENNIS C. BOTTORFF, AND VICE-CHANCELLOR HARRY R. JACOBSON, MD ARE DIRECTORS, PURCHASED 13,130,973 SHARES OF INGRAM INDUSTRIES INC. CLASS B COMMON STOCK FROM VANDERBILT UNIVERSITY. THESE SHARES WERE PREVIOUSLY DONATED TO VANDERBILT UNIVERSITY BY INGRAM CHARITABLE FUND, INC. INGRAM INDUSTRIES INC. IS A PRIVATELY OWNED CORPORATION, AND THE DONATED VALUE AND REDEMPTION PRICE OF THE STOCK WAS BASED ON THE APPLICABLE QUATER-END BOOK VALUE PER SHARE.

Line Number	Explanation
2b	IN ACCORDANCE WITH THE UNIVERSITY'S HUMAN RESOURCE POLICIES, CERTAIN OFFICERS HAVE REAL ESTATE LOANS SECURED BY REAL ESTATE AND THE EMPLOYEE'S SALARY. SEE STATEMENT 18 OF FORM 990, PART IV, LINE 50. VANDERBILT UNIVERSITY AND TYNE, LLC, AN ENTITY OWNED BY TRUSTEE MONROE J. CARELL, JR., JOINTLY OWN A ONE-EIGHTH INTEREST IN TANGIBLE PROPERTY PURCHASED FROM AN INDEPENDENT THIRD PARTY. THE PURCHASE OF THIS PROPERTY WAS INITIALLY PAID FOR BY TYNE, LLC, AND VANDERBILT UNIVERSITY IS REPAYING ITS SHARE OF THE COST PLUS INTEREST.

Line Number	Explanation
2c	<p>CENTRAL PARKING SYSTEM OF TENNESSEE, INC., OF WHICH TRUSTEE MONROE J. CARELL, JR. IS CHAIRMAN OF THE BOARD OF DIRECTORS, HAS A CONTRACT TO MANAGE AND OPERATE FOR VANDERBILT THE PARKING FACILITIES AND SERVICES OF THE VANDERBILT UNIVERSITY MEDICAL CENTER. MR. CARELL IS ALSO EXECUTIVE CHAIRMAN OF THE BOARD OF DIRECTORS OF CENTRAL PARKING CORPORATION, THE PARENT COMPANY OF CENTRAL PARKING SYSTEM OF TENNESSEE, INC. TRUSTEE EDWARD G. NELSON IS A DIRECTOR OF CENTRAL PARKING CORPORATION. HARDAWAY CONSTRUCTION CORPORATION, OF WHICH TRUSTEE L. HALL HARDAWAY, JR. IS THE INDIRECT MAJORITY OWNER, PERFORMED WORK AS A GENERAL CONTRACTOR PURSUANT TO A CONTRACT TO BUILD THE COMMONS DINING CENTER FOR THE UNIVERSITY. VANDERBILT UNIVERSITY'S ENDOWMENT IS AN INVESTOR IN THE TUDOR BVI GLOBAL FUND, WHICH IS MANAGED BY TUDOR INVESTMENT CORP., OF WHICH TRUSTEE MARK F. DALTON IS PRESIDENT AND VICE-CHAIRMAN. VANDERBILT UNIVERSITY'S ENDOWMENT OWNS LESS THAN 1% OF THE FUND. TUDOR IS PAID FEES BY THE FUND, SO VANDERBILT UNIVERSITY INDIRECTLY PAYS FEES TO TUDOR. RENAL CARE GROUP, OF WHICH VICE-CHANCELLOR HARRY R. JACOBSON, MD WAS A DIRECTOR, FOUNDER, AND SHAREHOLDER, MANAGED THE VANDERBILT DIALYSIS UNIT THROUGH MARCH 2006, AT WHICH TIME RENAL CARE WAS ACQUIRED BY ANOTHER PROVIDER. KINETIC CONCEPTS, A MEDICAL EQUIPMENT COMPANY, OF WHICH VICE-CHANCELLOR HARRY R. JACOBSON, MD IS A DIRECTOR, CONDUCTS BUSINESS WITH VANDERBILT UNIVERSITY. VANDERBILT UNIVERSITY PROVIDES HOUSING AND HOUSHOLD ASSISTANCE TO CHANCELLOR GORDON GEE AS A CONDITION OF EMPLOYMENT. THE VALUE OF THE PERSONAL USE PORTION OF THESE BENEFITS IS REPORTED IN FORM 990, PART V-A, COLUMN E (EXPENSE ACCOUNT AND OTHER ALLOWANCES).</p>

Line Number	Explanation
2d	SEE PART V, FORM 990 FOR OFFICER AND TRUSTEE COMPENSATION. FAMILY MEMBERS OF CERTAIN OFFICERS AND TRUSTEES ARE EMPLOYED BY VANDERBILT UNIVERSITY IN VARIOUS CAPACITIES, AND ARE PROVIDED REASONABLE COMPENSATION COMMENSURATE WITH THEIR QUALIFICATIONS AND JOB DUTIES.