



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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
C/O OFFICE OF ACCOUNTING**

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

BOX 6310, STATION B

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

NASHVILLE, TN 37235

D Employer identification number

62-0476822

E Telephone number

(615) 343-6601

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

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

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

G Web site ▶ **WWW.VANDERBILT.EDU**

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

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,759,053,779.**

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	210,557,571.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	156,295,981.	
	d Total (add lines 1a through 1c) (cash \$ 237,283,450. noncash \$ 129,570,102.)	1d	366,853,552.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	124,222,398.	
	3 Membership dues and assessments	3	85,220.	
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	26,947,862.	
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	1,028,727.	
7 Other investment income (describe ▶ ENDOWMENT INCOME)	7	96,075,200.		
Revenue	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	<76,362,398.>	
	9 Special events and activities (attach schedule)	9a		
	a Gross revenue (not including reported on line 1a) of contributions	9b		
	b Less direct expenses other than fundraising expenses	9c		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9d	<76,362,398.>	
	10 a Gross sales of inventory, less returns and allowances	10a	15,069,501.	
	b Less cost of goods sold	10b	6,040,493.	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	9,029,008.	
	11 Other revenue (from Part VII, line 103)	11	87,132,126.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	175,301,328.		
Net Assets	13 Program services (from line 44, column (B))	13	156,252,539.	
	14 Management and general (from line 44, column (C))	14	64,811,887.	
	15 Fundraising (from line 44, column (D))	15	16,969,582.	
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	164,430,659.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	108,706,427.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	317,889,687.	
	20 Other changes in net assets or fund balances (attach explanation)	20	<160,608,283.>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	312,699,502.	

SEE STATEMENT 2

VANDERBILT UNIVERSITY
C/O OFFICE OF ACCOUNTING

62-0476822

Page 2

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.

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>105,825,005</u> noncash \$	22 105,825,005.	105,825,005.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 4,900,906.	0.	4,900,906.	0.
26	Other salaries and wages	26 762,439,125.	718,586,037.	35,115,453.	8,737,635.
27	Pension plan contributions	27 36,753,391.	36,753,391.		
28	Other employee benefits	28 71,592,804.	65,199,753.	5,056,875.	1,336,176.
29	Payroll taxes	29 51,247,329.	48,098,513.	2,490,700.	658,116.
30	Professional fundraising fees	30 601,497.			601,497.
31	Accounting fees	31 337,860.	61,890.	275,970.	
32	Legal fees	32 3,253,898.	1,394,791.	1,859,107.	
33	Supplies	33 24,200,304.	19,136,834.	4,356,189.	707,281.
34	Telephone	34 12,029,033.	11,165,439.	643,153.	220,441.
35	Postage and shipping	35 5,126,733.	4,488,284.	223,871.	414,578.
36	Occupancy	36 273,582,250.	271,352,798.	1,735,744.	493,708.
37	Equipment rental and maintenance	37 70,032,163.	67,936,065.	1,791,996.	304,102.
38	Printing and publications	38 17,428,709.	15,808,955.	361,812.	1,257,942.
39	Travel	39 13,720,949.	12,654,447.	567,371.	499,131.
40	Conferences, conventions, and meetings	40 13,538,196.	12,526,781.	615,282.	396,133.
41	Interest	41 15,470,157.	15,470,157.		
42	Depreciation, depletion, etc (attach schedule)	42 80,680,458.	80,680,458.		
43	Other expenses not covered above (itemize)				
a	AMORTIZATION	43a 4,259,800.	4,259,800.		
b	PROFESSIONAL SERVICES	43b			
c	AND CONTRACTS	43c 77,286,292.	71,125,992.	4,817,458.	1,342,842.
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D) carry these totals to lines 13-15	44 1644306859.	1562525390.	64,811,887.	16,969,582.

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

What is the organization's primary exempt purpose?

EDUCATION, RESEARCH AND HEALTH CARE

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a	HOSPITAL - 36,452 INPATIENT VISITS, 746 LICENSED BEDS, 758,932 OUTPATIENT AND EMERGENCY ROOM VISITS. PROVIDES HEALTH CARE SERVICES THROUGH THE VANDERBILT CLINIC AND VANDERBILT UNIVERSITY HOSPITAL.	(Grants and allocations \$	831,264,247.
b	SEE STATEMENT 3	(Grants and allocations \$ 105,825,005.)	315,439,999.
c	SEE STATEMENT 4	(Grants and allocations \$	188,819,377.
d	PUBLIC SERVICE - EXPENDITURES FOR EDUCATIONAL AND OTHER ACTIVITIES DESIGNED PRIMARILY TO SERVE THE GENERAL PUBLIC.	(Grants and allocations \$	17,105,276.
e	Other program services (attach schedule) STATEMENT 6	(Grants and allocations \$	209,896,491.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		1562525390.

Part IV Balance Sheets**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	503,454,132.	46	429,107,623.
	47 a Accounts receivable	47a 308,312,742.		
	b Less allowance for doubtful accounts	47b 102,812,000.	192,723,176.	47c 205,500,742.
	48 a Pledges receivable	48a 130,587,105.		
	b Less allowance for doubtful accounts	48b 3,105,000.	123,642,182.	48c 127,482,105.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a 36,500,760.		
	b Less allowance for doubtful accounts STMT 7	51b 3,100,000.	33,785,655.	51c 33,400,760.
	52 Inventories for sale or use		14,422,450.	52 15,743,700.
	53 Prepaid expenses and deferred charges		53,977,156.	53 51,639,817.
	54 Investments - securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		2529324158.	54 2368286717.
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other	SEE STATEMENT 9	69,511,469.	56	62,318,049.
57 a Land, buildings, and equipment basis	57a 1896282463.			
b Less accumulated depreciation	57b 797,967,677.	901,650,632.	57c 1098314786.	
58 Other assets (describe ▶ ACCRUED INVESTMENT INCOME)		9,137,085.	58	7,979,874.
59 Total assets (add lines 45 through 58) (must equal line 74)		4431628144.	59	4399774173.
Liabilities	60 Accounts payable and accrued expenses	345,135,836.	60	363,956,999.
	61 Grants payable		61	
	62 Deferred revenue	33,079,921.	62	29,861,389.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
65 Other liabilities (describe ▶ SEE STATEMENT 10)		874,515,512.	65	878,960,766.
66 Total liabilities (add lines 60 through 65)		1252731268.	66	1272779153.
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	2555740465.	67	2394817939.
	68 Temporarily restricted	143,740,750.	68	213,519,238.
	69 Permanently restricted	479,415,661.	69	518,657,843.
	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)	3178896876.	73	3126995020.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4431628144.	74	4399774173.

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a	a Total expenses and losses per audited financial statements	▶ a
	1507058872.		1558960728.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$ <164703583.>		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify) \$	
STMT 11 \$ 4,095,300.			
Add amounts on lines (1) through (4) ▶ b	<160608283.>	Add amounts on lines (1) through (4) ▶ b	0.
c Line a minus line b ▶ c	1667667155.	c Line a minus line b ▶ c	1558960728.
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)	
STMT 12 \$85,346,131.		STMT 13 \$85,346,131.	
Add amounts on lines (1) and (2) ▶ d	85,346,131.	Add amounts on lines (1) and (2) ▶ d	85,346,131.
e Total revenue per line 12, Form 990 (line c plus line d) ▶ e	1753013286.	e Total expenses per line 17, Form 990 (line c plus line d) ▶ e	1644306859.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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	(E) Expense account and other allowances
GORDON GEE 211 KIRKLAND HALL NASHVILLE, TN 37240	CHANCELLOR 40	720,720.	131,303.	62,239.
HARRY JACOBSON 836 GLEN LEVEN NASHVILLE, TN 37204	V/C-HEALTH AFFAIRS 40	1104052.	429,667.	27,923.
WILLIAM T. SPITZ 4665 TARA DRIVE NASHVILLE, TN 37215	V/C-INVESTMENTS/TREASURER 40	981,902.	678,136.	0.
MICHAEL J. SCHOENFELD 229 LEONARD AVENUE NASHVILLE, TN 37205	V/C-PUBLIC AFFAIRS 40	339,500.	213,126.	6,717.
LAUREN J. BRISKY 5143 N. STANFORD NASHVILLE, TN 37215	V/C-ADMINISTRATION/CFO 40	566,748.	277,968.	0.
DAVID WILLIAMS 700 MILLSTONE LANE NASHVILLE, TN 37205	V/C AND SECRETARY 40	406,750.	59,636.	0.
NICHOLAS S. ZEPPOS 230 LAUDERDALE ROAD NASHVILLE, TN 37205	V/C-ACADEMIC/PROVOST 40	458,100.	28,918.	22,604.
OTHER NONCOMPENSATED - SEE ATTACHED				
		0.	0.	0.

VANDERBILT UNIVERSITY
C/O OFFICE OF ACCOUNTING

Form 990 (2001)

62-0476822

Page 5

Part VI Other Information

	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	X
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	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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	X
b If "Yes," enter the name of the organization SEE STATEMENT 1 - FOOTNOTE and check whether it is <input type="checkbox"/> exempt OR <input checked="" type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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	X
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	de minimus value
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations 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	X
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.
90 a List the states with which a copy of this return is filed NONE	90b	16133
b Number of employees employed in the pay period that includes March 12, 2001		

91 The books are in care of **BETTY L. PRICE** Telephone no **615-343-6601**

Located at **VANDERBILT UNIV., BOX 6310, STATION B, NASHVILLE, TN** ZIP + 4 **37235**

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** **N/A**

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a TUITION AND EDUCATIONAL					242,605,626.
b ROOM AND BOARD					34,520,377.
c AUXILIARY ENTERPRISES	*	135,050.			37,448,521.
d HEALTH CARE SERVICES	*	5,571,718.			921,942,697.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	713900	85,220.			
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					26,947,862.
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	1,028,727.	
98 Net rental income or (loss) from personal property					
99 Other investment income	110000	<642,177.>			96,717,377.
100 Gain or (loss) from sales of assets other than inventory					<76,362,398.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					9,029,008.
103 Other revenue					
a MISCELLANEOUS REVENUE	*	34,049.	15	615,450.	86,482,627.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		5,183,860.		1,644,177.	1379331697.
105 Total (add line 104, columns (B), (D), and (E))					1386159734.

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 Specific Instructions on page 32.)

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)
1	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

(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 STATEMENT 14	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

- (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 and correct. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Betty Price</i>		Date <i>5-14-03</i>	Type or print name and title <i>Betty Price, Controller</i>
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date <i>5/13/03</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <i>62-1198757</i>
	Firm's name (or yours if self-employed) address, and ZIP + 4 <i>LATTIMORE, BLACK, MORGAN & CAIN, P.C. 5250 VIRGINIA WAY, P.O. BOX 1869 BRENTWOOD, TN 37024-1869</i>	EIN <i>62-1198757</i>	Phone no <i>(615) 377-4600</i>	

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(a), 501(f), 501(k),
501(n), or Section 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

2001Name of the organization **VANDERBILT UNIVERSITY**
C/O OFFICE OF ACCOUNTINGEmployer 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
DAVIS C. DRINKWATER, JR. 4390 CHICKERING LN, NASHVILLE, TN 37215	PROFESSOR AS REQUIRED	1111615.	20,380.	
CHARLES W. PINSON, MD 1211 22ND AVE. S, NASHVILLE, TN 37232	PROFESSOR AS REQUIRED	692,364.	14,298.	
JOSEPH A. SMITH 6000 BELLE RIVE DR, BRENTWOOD, TN 37027	PROFESSOR AS REQUIRED	709,150.	19,456.	
KEVIN STALLINGS 301 25TH AVE. S., NASHVILLE, TN 37212	ATHLETICS AS REQUIRED	775,806.	78,168.	
DAN M. SPENGLER 1211 22ND AVE. S, NASHVILLE, TN 37232	PROFESSOR AS REQUIRED	719,371.	19,137.	
Total number of other employees paid over \$50,000 ▶	4072			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CENTRAL PARKING SYSTEM 923 CHURCH STREET, NASHVILLE, TN 37203	PARKING MANAGEMENT	3177696.
LEWIS COMMUNICATIONS, INC. 214 OVERLOOK CIRCLE, BRENTWOOD, TN 37027	ADVERTISING	3769389.
DTS AMERICA, INC. 1916 PATTERSON ST, SUITE 310, NASHVILLE, TN 37203	TRANSCRIPTIONS	2947494.
ROCKY MOUNTAIN HELICOPTERS, INC. P.O. BOX 676592, DALLAS, TX 75267-6592	HELICOPTER AND PILOT CHARTER	2682612.
FROST-ARNETT COMPANY 481 JAMES ROBERTSON PARKWAY, NASHVILLE, TN 37219	COLLECTION SERVICES	1449148.
Total number of others receiving over \$50,000 for professional services ▶	65	

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 415,100. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

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) **SEE STATEMENT 16**

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

SEE STATEMENT 17**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 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☒ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 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 ☐ 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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(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 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

VANDERBILT UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2001 **C/O OFFICE OF ACCOUNTING**

62-0476822 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting **N/A**
 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) 2000	(b) 1999	(c) 1998	(d) 1997	(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	0.	0.	0.	0.	0.
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	N/A
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	N/A
e Public support (line 26c minus line 26d total)		26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	N/A %

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:

(2000)

(1999)

(1998)

(1997)

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:

(2000)

(1999)

(1998)

(1997)

c Add: Amounts from column (e) for lines 15 _____ 16 _____
17 _____ 20 _____ 21 _____

d Add: Line 27a total _____ and line 27b total _____

e Public support (line 27c total minus line 27d total)

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27c

27d

27e

27f

27g

27h

N/A

N/A

N/A

N/A

N/A

N/A

%

%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 X	
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?	30 X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) SEE STATEMENT 18	31 X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c X	
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, attach a separate statement.)	32d X	
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	X
b Admissions policies?	33b	X
c Employment of faculty or administrative staff?	33c	X
d Scholarships or other financial assistance?	33d	X
e Educational policies?	33e	X
f Use of facilities?	33f	X
g Athletic programs?	33g	X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	X
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a X	
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	X
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 X	

VANDERBILT UNIVERSITY

Schedule A (Form 990 or 990-EZ) 2001 **C/O OFFICE OF ACCOUNTING**

62-0476822 Page 5

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 (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		415,100.
38 Total lobbying expenditures (add lines 36 and 37)	38		415,100.
39 Other exempt purpose expenditures	39		1639158390.
40 Total exempt purpose expenditures (add lines 38 and 39)	40		1639573490.
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		1,000,000.
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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	415,100.	354,320.	314,092.	201,656.	1,285,168.
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.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

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

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

NON-SECURITIES GIFTS/PAY FROM TRUE/VEH	POSTDATE	GIFT AMT	DONORS--\$5000 OR MORE	OTHER THAN 0138--07/01/2001-06/30/2002	PURPOSE	COST CTR	ACCT PURP	ACCT TYPE	DEP CODE
9090000824	American Cancer Society Inc								
20020430	11,458 00		Amer Cancer Soc-Synthesia-Anti	NRES 5629	4204305842	Operation	Research	3	
9090000824	American Cancer Society Inc								
20010914	20,833 49		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20010731	7,916 00		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20010928	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20011106	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020426	11,458 00		Amer Cancer Soc-Synthesia-Anti	NRES 6629	4204305842	Operation	Research	3	
9090000824	American Cancer Society Inc								
20020629	7,916 67		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20010831	10,416 00		Amer Cancer Society Pd-Dr Kim	NRES 8012	4042526022	Operation	Research	0	
9090000824	American Cancer Society Inc								
20011130	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020225	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20010928	10,416 00		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20011128	11,458 00		Amer Cancer Society Pd-Dr Kim	NRES 8012	4042526022	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020130	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020130	11,458 00		Amer Cancer Soc-Synthesia-Anti	NRES 6629	4204305842	Operation	Research	3	
9090000824	American Cancer Society Inc								
20020315	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020629	7,916 67		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020629	5,138 89		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020629	7,916 67		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020629	7,916 67		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020629	7,916 67		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000824	American Cancer Society Inc								
20010928	11,458 00		Amer Cancer Soc-Synthesia-Anti	NRES 6629	4204305842	Operation	Research	3	
9090000824	American Cancer Society Inc								
20020329	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020529	20,833 33		Amer Cancer Society Pd-Dr Khan	NRES 8962	4042616132	Operation	Research	0	
9090000824	American Cancer Society Inc								
20020629	5,138 73		Amer Cancer Soc Pd-Dr Marnett	NRES 6671	4042316135	Operation	Research	0	
9090000811	American Chemical Society								
20011128	31,000 00		Amer Chemical Soc-New Structur	NRES 9061</					

NON-SECURITIES GIFTS/PAY FROM TRUE/VEH DONORS--\$5000 OR MORE OTHER THAN 0138--07/01/2001-06/30/2002 2003/05/09 4
 POSTDATE GIFT AMT DESCRIPTION PURPOSE COST CTR ACCT PURP ACCT TYPE DEP CODE

9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn-Dr Wasserman	NRES 8465	4042706056	Operation	F/S Support	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr G	NRES 9123	4042705856	Operation	F/S Support	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr M	NRES 9124	4042705866	Operation	F/S Support	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn Pd-Dr Moore	NRES 9125	4042706205	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn Pd-Dr Elasy	NRES 8719	4043665632	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Kesterson	NRES 7766	4042715722	Operation	Research	0
9090000997	American Diabetes Association	7,500 00	Amer Diabetes Scholar-Anita Ch	NRES 8662	4043515772	Operation	Student Aid	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr G	NRES 9123	4042705856	Operation	F/S Support	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr M	NRES 9124	4042705866	Operation	F/S Support	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Kesterson	NRES 7766	4042715722	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn Pd-Dr Elasy	NRES 8719	4043665632	Operation	Research	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes-Dr Cherrington	NRES 7022	4042706046	Operation	F/S Support	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn-Dr Wasserman	NRES 8465	4042706056	Operation	F/S Support	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn Pd-Dr Moore	NRES 9125	4042706205	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Sutcliffe	NRES 7767	4042705816	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Magnuson	NRES 8467	4042705836	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Magnuson	NRES 8467	4042705836	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Magnuson	NRES 8467	4042705836	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Sutcliffe	NRES 7767	4042705816	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn Pd-Dr Moore	NRES 9125	4042706205	Operation	Research	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr M	NRES 9124	4042705866	Operation	F/S Support	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn-Dr Wasserman	NRES 8465	4042706056	Operation	F/S Support	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn Pd-Dr Elasy	NRES 8719	4043665632	Operation	Research	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Kesterson	NRES 7766	4042715722	Operation	Research	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes-Dr Cherrington	NRES 7022	4042706046	Operation	F/S Support	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr G	NRES 9123	4042705856	Operation	F/S Support	0
9090000997	American Diabetes Association	25,000 00	Amer Diabetes Assn-Dr Magnuson	NRES 8467	4042705836	Operation	Research	0
9090000997	American Diabetes Association	8,750 00	Amer Diabetes Assn Fellow-Dr M	NRES 9124	4042705866	Operation	F/S Support	0

TOTAL 56,518,030 52 GIFT COUNT 1538 DONOR COUNT 784

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	4
----------	--	-----------	---

DESCRIPTION OF PROGRAM SERVICE THREE

SPONSORED RESEARCH - EXPENDITURES FOR MEDICAL AND SCIENTIFIC RESEARCH IN BASIC SCIENCE IN SUCH FIELDS AS EDUCATION, ENGINEERING, TISSUE, PSYCHOLOGY, CHEMISTRY, MOLECULAR BIOLOGY, PHYSICS AND ASTRONOMY. IN ADDITION, EXPENDITURES ARE MADE FOR CLINICAL AND BASIC SCIENCE RESEARCH TRIALS INVOLVING HUMAN AND ANIMAL SUBJECTS FOR GOVERNMENT AND MEDICAL INDUSTRY SPONSORS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		188,819,377.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
----------	-----------------------------	-----------	---

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATIONAL	3,423 UNDERGRADUATE STUDENTS		NONE	58928002.
EDUCATIONAL	1,581 GRADUATE STUDENTS		NONE	30054773.
EDUCATIONAL	285 DOCTORATE		NONE	16842230.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				105825005

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
----------	------------------------	-----------	---

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ACADEMIC SUPPORT		85,216,534.
STUDENT ACTIVITIES		21,343,432.
AUXILIARY ENTERPRISES		103,336,525.
TOTAL TO FORM 990, PART III, LINE E		209,896,491.

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print.

File by the extended due date for filing the return. See instructions

Name of Exempt Organization

VANDERBILT UNIVERSITY
C/O OFFICE OF ACCOUNTING

Employer identification number

62-0476822

Number, street, and room or suite no. If a P.O. box, see instructions

BOX 6310, STATION B

For IRS use only

City, town or post office, state, and ZIP code. For a foreign address, see instructions

NASHVILLE, TN 37235

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990 EZ ☐ Form 990 T (sec. 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
☐ Form 990 BL ☐ Form 990 PF ☐ Form 990 T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until MAY 15, 2003

5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED IN ORDER TO OBTAIN NECESSARY INFORMATION FROM THIRD PARTY SOURCES IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

[Signature]

Title

Controller

Date

2-9-03

Notice to Applicant - To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10 day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

EXTENSION APPROVED

FEB 24 2003

Director

By

LINDA WEISKOPE, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print

Name

Number and street (include suite, room, or apt. no.) Or a P.O. box number

City or town, province or state, and country (including postal or ZIP code)

123832
07-16-01

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization VANDERBILT UNIVERSITY C/O OFFICE OF ACCOUNTING	Employer identification number 62-0476822
	Number, street, and room or suite no. If a P O box, see instructions BOX 6310, STATION B	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code For a foreign address, see instructions NASHVILLE, TN 37235	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

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

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Benjamin* Title ▶ Controller Date ▶ 11-7-02
 LHA For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

FOOTNOTES

STATEMENT 1

PART 1, LINE 3:

VARIOUS FEE ASSESSMENTS ARE MADE BY A NUMBER OF UNITS WITHIN THE UNIVERSITY FOR ACTIVITIES WHICH ARE RELATED TO THE UNIVERSITY'S EXEMPT FUNCTIONS, (EG: LIBRARY FEES). THE INCOME FROM THESE FEES HAS BEEN INCLUDED IN THE APPROPRIATE PROGRAM SERVICE REVENUE LINES. ASSESSMENTS FOR UNRELATED BUSINESS ACTIVITIES HAVE BEEN INCLUDED IN LINE 3 AND ALSO HAVE BEEN REPORTED AS UNRELATED INCOME IN PART VII, LINE 94.

PART VI, LINES 80(A) AND (B):

QUESTION 80(A) HAS BEEN ANSWERED "NO". ACCORDING TO THE FORM 990 INSTRUCTIONS, THIS QUESTION IS TO BE ANSWERED "YES" IF MOST OF THE ORGANIZATION'S GOVERNING BODY, OFFICERS AND TRUSTEES ARE ALSO OFFICERS, DIRECTORS, TRUSTEES, OR MEMBERS OF ANY OTHER ORGANIZATION. MOST OF THE OFFICERS AND TRUSTEES AT VANDERBILT UNIVERSITY ARE NOT ALSO OFFICERS, DIRECTORS, TRUSTEES OR MEMBERS OF ANY OTHER ORGANIZATION RELATED TO VANDERBILT. VANDERBILT UNIVERSITY IS, HOWEVER, RELATED TO VARIOUS AFFILIATED AND CONTROLLED ORGANIZATIONS.

PART VII, LINE 93C, 93D AND 103, COLUMN (A): BUSINESS CODE(S)

93(C): AUXILIARY ENTERPRISES(CODES 624100/511190/722320)
93(D): HEALTH CARE SERVICES(CODES 621500/446110/541500)
103: MISCELLANEOUS REVENUE(CODES 722320/713900)

SCHEDULE A, PART V, LINE 34(A):

(A) VANDERBILT UNIVERSITY DOES RECEIVE FUNDS FROM VARIOUS GOVERNMENTAL AGENCIES FOR SCHOLARSHIPS AND FELLOWSHIPS, RESEARCH AND OTHER SPONSORED PROGRAMS.

(B) IN AN EARLIER TAXABLE YEAR, FUNDS WERE TEMPORARILY WITHHELD PENDING SUBMISSION OF A REVISED AFFIRMATIVE ACTION PLAN TO THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. THE UNIVERSITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE IN ANY WAY BASED ON REVENUE PROCEDURE 75-50. THE PLAN WAS SUBMITTED AND APPROVED BY DHEW AND THE ORGANIZATION CONTINUES TO RECEIVE FEDERAL FUNDS.

SCHEDULE A, PART VI-B:

FROM TIME TO TIME, REPRESENTATIVES OF THE ORGANIZATION EXPRESS VIEWS FOR OR IN OPPOSITION TO NATIONAL, STATE, OR LOCAL LEGISLATION OF DIRECT IMPORTANCE TO THE ORGANIZATION. ON THE NATIONAL LEVEL, THESE ACTIVITIES MAY INVOLVE TRAVEL

TO WASHINGTON D.C. FOR MEETINGS WITH CONSULTANTS, GOVERNMENT OFFICIALS, AND STAFF TO DISCUSS TAX ISSUES, EARMARKING, INDIRECT COST, DIRECT LENDING, HEALTHCARE REFORM AND OTHER MATTERS AFFECTING THE HIGHER EDUCATION COMMUNITY. ON OCCASION LEGISLATORS, LEGISLATIVE AIDES AND OTHERS MAY BE CONTRACTED REGARDING PENDING LEGISLATION ON THE MATTERS. ON THE STATE AND LOCAL LEVEL, THESE ACTIVITIES MAY INVOLVE ATTENDANCE AT THE STATE LEGISLATURE SESSIONS, PHONE CALLS AND MEETINGS WITH STATE OR LOCAL LEGISLATORS, THEIR STAFFS OR OTHER GOVERNMENTAL REPRESENTATIVES.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS/LOSSES ON INVESTMENTS		<164,703,583.>	
UNREALIZED GAIN ON CONTRIBUTION RECEIVABLE		4,515,300.	
CHANGE IN ESTIMATE FOR DISCONTINUED OPERATIONS PROVISION		3,000,000.	
ADJUSTMENT FOR MARK-TO-MARKET LOSS ON SWAP		<3,420,000.>	
TOTAL TO FORM 990, PART I, LINE 20		<160,608,283.>	

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	3
DESCRIPTION OF PROGRAM SERVICE TWO			
INSTRUCTION AND DEPARTMENTAL RESEARCH - 10,496 STUDENTS. UNIVERSITY INCLUDES 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 MNGT, AND PEABODY COLLEGE OF EDUCATION.			
	GRANTS	EXPENSES	
TO FORM 990, PART III, LINE B	105,825,005.	315,439,999.	

FORM 990	OTHER NOTES AND LOANS RECEIVABLE	STATEMENT	7
----------	----------------------------------	-----------	---

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
STUDENT LOAN RECEIVABLE	3,100,000.	36,500,760.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	3,100,000.	36,500,760.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
----------	---------------------------	-----------	---

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
SHORT-TERM SECURITIES			142638717.		142638717.
BONDS		445016000.			445016000.
STOCKS	1118091000.				1118091000.
PARTNERSHIP INVESTMENTS				538288000.	538288000.
REAL ESTATE, NET				108802000.	108802000.
OTHER				18104000.	18,104,000.
NET REC/PAY FOR UNSETTLED TRADES				<2653000.>	<2,653,000.>
TO 990, LN 54 COL B	1118091000.	445016000.	142638717.	662541000.	2368286717.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
INTEREST IN TRUSTS HELD BY OTHERS	MARKET VALUE	44,173,049.
MORTGAGES	COST	18,145,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		62,318,049.

FORM 990	OTHER LIABILITIES	STATEMENT 10
DESCRIPTION		AMOUNT
PAYABLE UNDER SECURITY LENDING AGREEMENTS		195,630,367.
RESERVE FOR DISCONTINUED OPERATIONS HELD FOR SALE		6,545,852.
ACTUARIAL LIABILITY OF ANNUITIES PAYABLE		39,736,478.
GOVERNMENT ADVANCES FOR STUDENT LOANS		15,406,294.
CURRENT AND LONG-TERM DEBT - SEE ATTACHED		621,641,775.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		878,960,766.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
UNREALIZED LOSS ON CONTRIBUTIONS RECEIVABLE		4,515,300.
CHANGE IN ESTIMATE FOR DISCOUNTED OPERATIONS PROVISION		3,000,000.
ADJUSTMENT FOR MARK-TO-MARKET LOSS ON SWAP		<3,420,000.>
TOTAL TO FORM 990, PART IV-A		4,095,300.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
FINANCIAL AID		85,346,131.
TOTAL TO FORM 990, PART IV-A		85,346,131.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
DESCRIPTION		AMOUNT
FINANCIAL AID		85,346,131.
TOTAL TO FORM 990, PART IV-B		85,346,131.

FORM 990

PART IX
INFORMATION REGARDING TAXABLE SUBSIDIARIES

STATEMENT 14

NAME, ADDRESS & ID NUMBER OF CORP OR PARTNERSHIP	PCT OWN	NATURE OF BUSINESS	TOTAL INCOME	END-OF-YEAR ASSETS
SIGNATURE HEALTH ALLIANCE, INC., NASHVILLE, TN, 62-1590293	50.00%	MEDICAL HEALTH SERVICES	109,253.	1,038,937.
LEGEND INTERNATIONAL USA, INC. & SUBS, FRANKLIN, TN 62-1429615	70.00%	GOLF ACTIVITIES	95,773.	2,626,846.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
ALL	ALL ACTIVITY REPORTED IN COLUMN (E) OF PART VII CONTRIBUTES IMPORTANTLY TO VANDERBILT'S TAX EXEMPT MISSIONS OF EDUCATION, RESEARCH AND HEALTH CARE.

* SEE STATEMENT I - FOOTNOTE.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 16

- 2(A). SALE, EXCHANGE OR LEASING OF PROPERTY
1. IN ACCORDANCE WITH THE UNIVERSITY'S TECHNOLOGY DEVELOPMENT POLICIES, A GENERAL OFFICER OF THE UNIVERSITY WAS PROVIDED SHARES OF STOCK IN CORPORATIONS IN WHICH THE UNIVERSITY IS AN INVESTOR.
- (B). LENDING OF MONEY OR OTHER EXTENSION OF CREDIT
1. IN ACCORDANCE WITH THE UNIVERSITY'S HUMAN RESOURCE POLICIES, SEVERAL GENERAL OFFICERS HAVE REAL ESTATE LOANS SECURED BY THE REAL ESTATE.
- (C). FURNISHING OF GOODS, SERVICES, OR FACILITIES
1. THE UNIVERSITY PROVIDES HOUSING AND HOUSEHOLD ASSISTANCE TO THE CHANCELLOR AS A CONDITION OF EMPLOYMENT.
 2. THE UNIVERSITY PROVIDES AUTOMOBILES AND CLUB MEMBERSHIPS FOR UNIVERSITY BUSINESS PURPOSES FOR SEVERAL OF THE GENERAL OFFICERS, WITH PERSONAL USE REPORTED AS A TAXABLE FRINGE BENEFIT.
 3. SEVERAL VANDERBILT UNIVERSITY BOARD OF TRUST MEMBERS ALSO SERVE AS OFFICERS AND/OR DIRECTORS OF COMPANIES WITH WHICH THE UNIVERSITY HAS A CONTRACTUAL RELATIONSHIP TO PROVIDE CERTAIN SERVICES SUCH AS TEMPORARY EMPLOYMENT, EXECUTIVE RECRUITMENT, PARKING MANAGEMENT, GENERAL CONSTRUCTION OF FACILITIES, BANKING, AND INVESTMENT MANAGEMENT SERVICES. ANOTHER BOARD MEMBER SERVES

AS AN OFFICER AND DIRECTOR WITH A COMPANY THAT PROVIDES BOOKS AND RELATED MATERIALS TO THE UNIVERSITY. ALL CONTRACTS AND FINANCIAL ARRANGEMENTS BETWEEN AFFECTED INDIVIDUALS AND THE UNIVERSITY ARE UNDERTAKEN AT FAIR MARKET VALUE. PURSUANT TO THE UNIVERSITY'S CONFLICT OF INTEREST POLICIES, THESE ARRANGEMENTS ARE SUBJECT TO REVIEW BY THE UNIVERSITY'S OFFICE OF GENERAL COUNSEL AND POTENTIAL ADDITIONAL REVIEW BY THE BOARD OF TRUST AUDIT COMMITTEE.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 17
	PART III, LINE 3	

MOST DISBURSEMENTS FOR SCHOLARSHIPS AND FELLOWSHIPS ARE MADE BASED ON NEED OR ACADEMIC ABILITY TO STUDENTS WHO ARE ENROLLED AT VANDERBILT UNIVERSITY.

SCHEDULE A	PRIVATE SCHOOL QUESTIONNAIRE - PART V, LINE 31	STATEMENT 18
------------	--	--------------

THE ORGANIZATION'S NONDISCRIMINATION POLICY, AS ADOPTED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUST 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 THE 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 OF OTHER UNIVERSITY-ADMINISTERED PROGRAMS; OR EMPLOYMENT.

Form **990-W**
(Rev. January 2002)
(WORKSHEET)
Department of the Treasury
Internal Revenue Service

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records - Do not send to the Internal Revenue Service)

OMB No 1545-0976

2002

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1 (See instructions for tax computation)	2	
3	Alternative minimum tax (See instructions)	3	
4	Total (Add lines 2 and 3)	4	
5	Estimated tax credits (See instructions)	5	
6	Balance (Subtract line 5 from line 4)	6	
7	Other taxes	7	
8	Total (Add lines 6 and 7)	8	
9	Credit for Federal tax paid on fuels (See instructions)	9	
10a	Subtract line 9 from line 8 Note If less than \$500, the organization is not required to make estimated tax payments (Private foundations, see instructions)	10a	
b	Enter the tax shown on the 2001 return (Caution See instructions before completing this line)	10b	152,827.
c	2002 Estimated Tax Enter the smaller of line 10a or line 10b If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	160,000.

	(a)	(b)	(c)	(d)
11 Installment due dates (See instructions)	11 10/15/02	12/16/02	03/17/03	06/16/03
12 Required installments Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization " (See instructions)	12 40,000.	40,000.	40,000.	40,000.
13 2001 Overpayment (See instructions)	13			
14 Payment due (Subtract line 13 from line 12)	14			

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-W (2002)

ESTIMATED TAX	160,000.
OVERPAYMENT APPLIED	447,173.
AMOUNT DUE	0.

Vanderbilt University
62-0476822
Part I, Line 8, Form 990
FY 6/30/02 Tax Year 2001

Part I, Line 8

	Capital Gains	Capital Losses	Line 8 (c) Net
Realized gains (losses) on investments	<u>(9,812,398)</u>	<u>(66,550,000)</u>	<u>(76,362,398)</u>

NOTE

Endowment investment security transactions generate almost all of the gains and losses reflected on this schedule. The Endowment Investments are for the most part, managed by outside professional managers. Investment activity is recorded on a net basis, therefore, gross sales and cost of sales are not recorded in the financial records.

Vanderbilt University

62-0476822

Form 990

Part IV, Line 65 Current & LIT Debt

FYE 6/30/02 Tax Year 2001

	<i>Remaining Years to Maturity</i>	<i>Average Outstanding Principal Interest Rate</i>	<u>2002</u>	<u>2001</u>
Variable-rate bonds				
University				
2000 Series A	29	1 9%	\$ 66,500,000	\$ 67,500,000
2000 Series B	29	1 9%	66,500,000	67,500,000
2002 Series A	31	1 7%	<u>22,400,000</u>	
Subtotal			155,400,000	135,000,000
Hospital				
1985 Series A	13	2 7%	45,250,000	45,250,000
2000 Series C	29	2 0%	90,000,000	90,000,000
2002 Series B	31	1 7%	<u>77,600,000</u>	=
Subtotal			212,850,000	135,250,000
Total variable-rate bonds			<u>368,250,000</u>	<u>270,250,000</u>
Fixed-rate obligations				
University				
1996 Series A	7	5 1%	7,015,000	7,835,000
1997 Series A	17	5 3%	28,230,000	29,250,000
1998 Series A	14	5 5%	25,040,000	26,210,000
1998 Series B	27	5 0%	37,255,000	37,920,000
2001 Series A	14	4 8%	17,590,000	18,470,000
HUD bonds	7	3 0%	1,454,000	1,704,000
Note payable	7	7 3%	9,826,743	10,191,000
Other obligations	7	3 0%	<u>501,031</u>	<u>565,308</u>
Subtotal			126,911,774	132,145,308
Hospital				
1991 Series B	2	6 0%	2,410,000	3,515,000
1992 Series A	1	5 4%	1,445,001	2,815,001
1993 Series A	17	5 1%	41,380,000	42,915,000
1998 Series C	13	4 7%	21,220,000	21,385,000
2001 Series B	21	4 9%	<u>60,025,000</u>	<u>60,305,000</u>
Subtotal			126,480,001	130,935,001
Total fixed-rate obligations			<u>253,391,775</u>	<u>263,080,309</u>
Total long-term debt			621,641,775	533,330,309
Less Current portion			<u>12,087,000</u>	<u>11,614,000</u>
Long-term debt, net of current portion			<u>\$609,554,775</u>	<u>\$521,716,309</u>

Vanderbilt University

62-0476822

Part V - Compensation of Officers, Directors, Trustees and Key Employees

FY 6/30/02 Tax Year 2001

<u>Name</u>	<u>Current-Year Compensation Paid</u>	<u>Previously Reported Deferred Compensation Paid in Current Year</u>	<u>Reported Compensation (Part V, Column C)</u>
Gordon Gee	554,400	166,320	720,720
Harry Jacobson	751,052	353,000	1,104,052
William T Spitz	532,000	449,902	981,902
Michael Schoenfeld	259,500	80,000	339,500
Lauren Brnsky	400,680	166,068	566,748
David Williams	401,500	5,250	406,750
Nick Zeppos	421,000	37,100	458,100

Vanderbilt University
62-0476822
Form 990
Part I, Line 10
FY 6/30/02 Tax Year 2001

	Line 10(a) Sales	Line 10b) Cost of Sales	Line 10(a) Net
Auxiliary Enterprises, Part I, Line 10:			
University Press (per MD90C, 1-35-100-0000)	283,033	298,555	(15,522)
Dining Services (per MD90C, 1DINES)	10,867,671	4,273,669	6,594,002
Hospital Cafeteria (Courtyard Café) (per MD340, 2-01-380-0000)	3,918,797	1,468,269	2,450,528
	<u>15,069,501</u>	<u>6,040,493</u>	<u>9,029,008</u>
Auxiliary Enterprises	11,150,704	4,572,224	6,578,480
Hospital	<u>3,918,797</u>	<u>1,468,269</u>	<u>2,450,528</u>
	<u>15,069,501</u>	<u>6,040,493</u>	<u>9,029,008</u>

Vanderbilt University Board of Trust



■ As of June 30, 2002

OFFICERS OF THE BOARD

Martha R. Ingram, *Chairman, Nashville, Tennessee*
Dennis C. Bottorff ^{AC}, *Vice-Chairman, Nashville, Tennessee*
Rebecca Webb Wilson, *Vice-Chairman, Memphis, Tennessee*
Kenneth L. Roberts, *Secretary, Nashville, Tennessee*
Gordon Gee, *Chancellor of the University, Nashville, Tennessee*

Mary Beth Adderley
La Jolla, California

Michael Lewis Ainslie
Palm Beach, Florida

Nelson C. Andrews ^L
Nashville, Tennessee

William W. Bain, Jr.
Boston, Massachusetts

Daniel M. Barnhardt ^A
Los Angeles, California

Andrew B. Benedict, Jr. ^L
Nashville, Tennessee

Darryl D. Berger
New Orleans, Louisiana

Camilla Dietz Bergeron
New York, New York

Lewis M. Branscomb ^L
Concord, Massachusetts

Monroe J. Carell, Jr.
Nashville, Tennessee

Sheryll D. Cashin
Washington, D.C.

Thomas F. Cone ^{AC}
Nashville, Tennessee

Cecil D. Conlee
Atlanta, Georgia

Miriam McGaw Cowden ^L
Nashville, Tennessee

Brownlee O. Currey, Jr.
Franklin, Tennessee

Mark F. Dalton
Greenwich, Connecticut

Neil A. Dean ^A
Kansas City, Missouri

Irwin B. Eskind, M.D. ^L
Nashville, Tennessee

William W. Featheringill
Birmingham, Alabama

Frank A. Godchaux III ^L
Abbeville, Louisiana

John R. Hall
Lexington, Kentucky

L. Hall Hardaway, Jr. ^{AC}
Hendersonville, Tennessee

H. Rodes Hart ^{AC}
Brentwood, Tennessee

Joanne F. Hayes
Nashville, Tennessee

Wayne S. Hyatt ^A
Atlanta, Georgia

Orrin H. Ingram II
Nashville, Tennessee

J. Hicks Lanier
Atlanta, Georgia

Rev. Edward A. Malloy, C.S.C.
Notre Dame, Indiana

Delbert Mann ^L
Los Angeles, California

Alyne Queener Massey
Nashville, Tennessee

Sarah Ann McElvain ^A
Dallas, Texas

Jackson W. Moore
Memphis, Tennessee

Ibrahim Nasmyth ^A
Atlanta, Georgia

Edward G. Nelson ^{AC}
Nashville, Tennessee

Judson Randolph, M.D.
Nashville, Tennessee

John W. Rich ^{AC}
Nashville, Tennessee

Stephen S. Riven ^A
Nashville, Tennessee

Joe L. Roby
New York, New York

Eugene B. Shanks, Jr.
Greenwich, Connecticut

Richard H. Sinkfield
Atlanta, Georgia

Charles C. Trabue, Jr. ^L
(Died July 3, 2002)
Nashville, Tennessee

Cal Turner
Brentwood, Tennessee

Eugene H. Vaughan
Houston, Texas

Thomas B. Walker, Jr. ^L
Dallas, Texas

James A. Webb, Jr. ^L
Nashville, Tennessee

Dudley Brown White
Nashville, Tennessee

W. Ridley Wills II
Franklin, Tennessee

David K. Wilson ^L
Nashville, Tennessee

J. Lawrence Wilson
Rosemont, Pennsylvania

^L Life Trustee

^A Nominated by Alumni Association

^{AC} Audit Committee

Vanderbilt University
62-0476822
Form 990
Part I, Line 10
FY 6/30/02 Tax Year 2001

Line 10(a) Sales	Line 10b) Cost of Sales	Line 10(a) Net
---------------------	----------------------------	-------------------

Auxiliary Enterprises, Part I, Line 10:

University Press (per MD90C, 1-35-100-0000)	283,033	298,555	(15,522)
--	---------	---------	----------

Dining Services (per MD90C, 1DINES)	10,867,671	4,273,669	6,594,002
--	------------	-----------	-----------

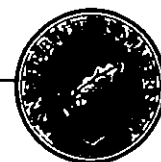
Hospital Cafeteria (Courtyard Café) (per MD340, 2-01-380-0000)	3,918,797	1,468,269	2,450,528
---	-----------	-----------	-----------

<u>15,069,501</u>	<u>6,040,493</u>	<u>9,029,008</u>
-------------------	------------------	------------------

Auxiliary Enterprises	11,150,704	4,572,224	6,578,480
Hospital	<u>3,918,797</u>	<u>1,468,269</u>	<u>2,450,528</u>

<u>15,069,501</u>	<u>6,040,493</u>	<u>9,029,008</u>
-------------------	------------------	------------------

Vanderbilt University Board of Trust



■ As of June 30, 2002

OFFICERS OF THE BOARD

Martha R. Ingram, *Chairman, Nashville, Tennessee*
Dennis C. Bortorff ^{AC}, *Vice-Chairman, Nashville, Tennessee*
Rebecca Webb Wilson, *Vice-Chairman, Memphis, Tennessee*
Kenneth L. Roberts, *Secretary, Nashville, Tennessee*
Gordon Gee, *Chancellor of the University, Nashville, Tennessee*

Mary Beth Adderley
La Jolla, California

Michael Lewis Ainslie
Palm Beach, Florida

Nelson C. Andrews ^L
Nashville, Tennessee

William W. Bain, Jr.
Boston, Massachusetts

Daniel M. Barnhardt ^A
Los Angeles, California

Andrew B. Benedict, Jr. ^L
Nashville, Tennessee

Darryl D. Berger
New Orleans, Louisiana

Camilla Dietz Bergeron
New York, New York

Lewis M. Branscomb ^L
Concord, Massachusetts

Monroe J. Carell, Jr.
Nashville, Tennessee

Sheryll D. Cashin
Washington, D.C.

Thomas F. Cone ^{AC}
Nashville, Tennessee

Cecil D. Conlee
Atlanta, Georgia

Miriam McGaw Cowden ^L
Nashville, Tennessee

Brownlee O. Currey, Jr.
Franklin, Tennessee

Mark F. Dalton
Greenwich, Connecticut

Neil A. Dean ^A
Kansas City, Missouri

Irwin B. Eskind, M.D. ^L
Nashville, Tennessee

William W. Featheringill
Birmingham, Alabama

Frank A. Godchaux III ^L
Abbeville, Louisiana

John R. Hall
Lexington, Kentucky

L. Hall Hardaway, Jr. ^{AC}
Hendersonville, Tennessee

H. Rodes Hart ^{AC}
Brentwood, Tennessee

Joanne F. Hayes
Nashville, Tennessee

Wayne S. Hyatt ^A
Atlanta, Georgia

Orrin H. Ingram II
Nashville, Tennessee

J. Hicks Lanier
Atlanta, Georgia

Rev. Edward A. Malloy, C.S.C.
Notre Dame, Indiana

Delbert Mann ^L
Los Angeles, California

Alyne Queener Massey
Nashville, Tennessee

Sarah Ann McElvain ^A
Dallas, Texas

Jackson W. Moore
Memphis, Tennessee

Ibrahim Nasmyth ^A
Atlanta, Georgia

Edward G. Nelson ^{AC}
Nashville, Tennessee

Judson Randolph, M.D.
Nashville, Tennessee

John W. Rich ^{AC}
Nashville, Tennessee

Stephen S. Riven ^A
Nashville, Tennessee

Joe L. Roby
New York, New York

Eugene B. Shanks, Jr.
Greenwich, Connecticut

Richard H. Sinkfield
Atlanta, Georgia

Charles C. Trabue, Jr. ^L
(Died July 3, 2002)
Nashville, Tennessee

Cal Turner
Brentwood, Tennessee

Eugene H. Vaughan
Houston, Texas

Thomas B. Walker, Jr. ^L
Dallas, Texas

James A. Webb, Jr. ^L
Nashville, Tennessee

Dudley Brown White
Nashville, Tennessee

W. Ridley Wills II
Franklin, Tennessee

David K. Wilson ^L
Nashville, Tennessee

J. Lawrence Wilson
Rosemont, Pennsylvania

^L Life Trustee

^A Nominated by Alumni Association

^{AC} Audit Committee