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Part IIStatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
VANDERBILT UNIVERSITY’S Missions Include EDUCATION, ACADEMIC/SCIENTIFIC RESEARCH, PATIENT CARE, AND PUBLIC SERVICE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No
If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 595,650,833 including grants of \$ 221,863,520) (Revenue \$ 387,911,491)
See Schedule O - Education

4b

(Code) (Expenses \$ 389,947,011 including grants of \$ 61,331,543) (Revenue \$ 122,928,558)
See Schedule O - Academic/Scientific Research

4c

(Code) (Expenses \$ 1,784,423,796 including grants of \$ 0) (Revenue \$ 2,051,482,545)
See Schedule O - Patient Care

4d




























Other program services (Describe in Schedule O)
(Expenses \$ 218,392,211 including grants of \$ 0) (Revenue \$ 132,900,236)

4e












Total program service expenses \$ 2,988,413,851 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 	9	Yes	
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? <i>If "Yes," complete Schedule F, Part I</i> 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> 	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> 	16	Yes	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> 	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 	19		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> 	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> 	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 	27	Yes	

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 	28a	No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	28b	Yes
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30	Yes
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	34	Yes
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35	Yes
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36	Yes
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37	No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	20,169	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	31,874	
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	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 .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

1a

40

1b

Enter the number of voting members that are independent

1b

36

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

Yes

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

Yes

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

No

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

11

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

Yes

16b

If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Yes

Section C. Disclosure

17

List the States with which a copy of this Form 990 is required to be filed

CA

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☒ another's website ☒ upon request

19

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
BETTY PRICE
110 21ST AVE SOUTH STE 900
NASHVILLE, TN 37203
(615) 343-6601

Form 990 (2008)

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

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[illegible]

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Form **990** (2008)

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a0	523,653,869					
	b	Membership dues	0						
	1b								
	c	Fundraising events	573,114						
	1c								
	d	Related organizations . . .	4,000						
	1d								
	e	Government grants (contributions)	313,002,897						
	1e								
f	All other contributions, gifts, grants, and similar amounts not included above	210,073,858							
1f									
g	Noncash contributions included in lines 1a-1f \$ 67,385,683								
h		Total (Add lines 1a-1f)	523,653,869						
Program Service Revenue			Business Code						
	2a	HEALTH CARE SERVICES	339,110	2,051,482,545	2,044,194,697	7,287,848	0		
	b	TUITION AND FEES	900,099	387,911,491	387,911,491	0	0		
	c	COST RECOVERY-RSCH	900,099	120,070,899	120,070,899	0	0		
	d	ROOM, BD, AUXILIARY	711,300	84,081,755	82,798,883	1,282,872	0		
	e	RSCH & OTHER CONTRACTS	722,320	20,006,599	20,006,599	0	0		
	f	All other program service revenue		2,857,659	2,857,659		0		
	g		Total. Add lines 2a-2f						
			\$ 2,666,410,948						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		68,643,596	0	-8,109,639	76,753,235		
	4	Income from investment of tax-exempt bond proceeds		1,236,663	0	0	1,236,663		
	5	Royalties		7,489,550	0	0	7,489,550		
			(i) Real	(ii) Personal					
	6a	Gross Rents	15,851,602	0	6,479,728	0	0	6,479,728	
	b	Less rental expenses	9,371,874	0					
	c	Rental income or (loss)	6,479,728	0					
	d		Net rental income or (loss)						
			(i) Securities	(ii) Other					
	7a	Gross amount from sales of assets other than inventory	2,167,577,113	0	-146,671,999	0	0	-146,671,999	
	b	Less cost or other basis and sales expenses	2,314,249,112	0					
	c	Gain or (loss)	-146,671,999	0					
	d		Net gain or (loss)						
			8a	Gross income from fundraising events (not including \$ 313,725 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	573,114	-58,984	-58,984	0	0
			b	Less direct expenses	372,709				
			c	Net income or (loss) from fundraising events					
			9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	0	0	0	0	0
			b	Less direct expenses	0				
			c	Net income or (loss) from gaming activities					
			10a	Gross sales of inventory, less returns and allowances	18,869,959	10,481,823	10,481,823	0	0
			b	Less cost of goods sold	8,388,136				
			c	Net income or (loss) from sales of inventory					
			Miscellaneous Revenue		Business Code				
			11a	OTHER	900,099	18,784,884	18,389,043	395,841	0
			b						
			c						
			d	All other revenue					
			e	Total. Add lines 11a-11d	\$ 18,784,884				
			12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	3,156,450,078	2,686,652,110	856,922	-54,712,823	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	55,819,343	55,819,343		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	221,863,520	221,863,520		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	5,512,200	5,512,200		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	20,986,213	3,374,190	14,739,505	2,872,518
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,467,658,163	1,343,099,279	0	15,894,279
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,414,468	65,353,584	5,287,488	773,396
9	Other employee benefits	168,162,274	151,238,579	14,549,141	2,374,554
10	Payroll taxes	93,487,599	85,553,387	6,921,771	1,012,441
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	3,394,729	296,702	3,098,027	0
c	Accounting	648,732	67,992	580,740	0
d	Lobbying	0	0	0	0
e	Professional fundraising See Part IV, line 17	455,297			455,297
f	Investment management fees	0	0	0	0
g	Other	58,047,473	53,430,989	3,752,635	863,849
12	Advertising and promotion	16,307,580	13,791,393	1,815,283	700,904
13	Office expenses	376,970,975	372,084,129	2,245,679	2,641,167
14	Information technology	34,588,108	29,162,383	5,065,495	360,230
15	Royalties	330,184	330,184	0	0
16	Occupancy	198,709,676	180,739,344	16,248,432	1,721,900
17	Travel	28,037,746	25,490,379	1,227,344	1,320,023
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	13,130,966	12,337,193	655,617	138,156
20	Interest	54,516,620	53,883,021	633,599	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	154,341,942	154,341,942	0	0
23	Insurance	24,716,543	24,017,538	697,714	1,291
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BAD DEBTS	108,014,296	106,444,381	1,569,915	0
b	OTHER PROGRAMS	20,536,075	14,673,603	4,808,197	1,054,275
c	OTHER LIBRARY	12,243,267	12,241,274	1,993	0
d	OTHER MEDICAL	4,622,381	6,183,319	-1,560,938	0
e	UNRELATED BUSINESS INC TAX	852,208	260,859	591,349	0
f	All other expenses	2,514,613	-3,176,856	5,691,108	361
25	Total functional expenses. Add lines 1 through 24f	3,217,883,191	2,988,413,851	197,284,699	32,184,641
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	23,417,824	1	21,036,763
	2 Savings and temporary cash investments	250,505,822	2	731,360,521
	3 Pledges and grants receivable, net	71,816,470	3	91,174,924
	4 Accounts receivable, net	327,502,225	4	344,703,187
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>	0	6	0
	7 Notes and loans receivable, net	7,830,580	7	8,676,681
	8 Inventories for sale or use	29,792,822	8	31,727,366
	9 Prepaid expenses and deferred charges	45,331,696	9	36,557,396
	10a Land, buildings, and equipment cost basis			
		10a 3,272,241,638		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 1,470,756,715	1,706,069,689	10c 1,801,484,923
	11 Investments—publicly traded securities	1,476,736,155	11	897,990,221
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	2,773,264,151	12	2,451,364,589
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	56,810,395	13	47,727,006
14 Intangible assets	0	14	0	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	21,862,626	15	11,904,886	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,790,940,455	16	6,475,708,463	
Liabilities	17 Accounts payable and accrued expenses	404,974,836	17	446,649,999
	18 Grants payable	7,681,409	18	6,910,492
	19 Deferred revenue	117,612,446	19	117,255,736
	20 Tax-exempt bond liabilities	1,094,327,115	20	1,153,282,716
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>	2,093,240	21	1,558,103
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	11,837,039	23	375,939,108
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities <i>Complete Part X of Schedule D</i>	169,657,569	25	296,553,315
	26 Total liabilities. Add lines 17 through 25	1,808,183,654	26	2,398,149,469
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,670,016,511	27	2,120,507,254
	28 Temporarily restricted net assets	1,450,753,611	28	1,068,303,933
	29 Permanently restricted net assets	861,986,679	29	888,747,807
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,982,756,801	33	4,077,558,994
	34 Total liabilities and net assets/fund balances	6,790,940,455	34	6,475,708,463

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Vanderbilt University	Employer identification number 62-0476822
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input checked="" type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<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 exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization Vanderbilt University	Employer identification number 62-0476822
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1

Provide a description of the organization's direct and indirect political campaign activities in Part IV

2

Political expenditures

\$

3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1

Enter the amount of any excise tax incurred by the organization under section 4955

\$

2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$

3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

Yes

No

4a

Was a correction made?

Yes

No

b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$

2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$

3

Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$

4

Did the filing organization file Form 1120-POL for this year?

Yes

No

5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	148,333	
c	Total lobbying expenditures (add lines 1a and 1b)	148,333	
d	Other exempt purpose expenditures	3,208,838,257	
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,208,986,590	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	327,332	204,988	195,128	148,333	875,781
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines c through i)?			
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	Other activities If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

Explanation

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4

Number of states where property subject to conservation easement is located ▶

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)	Revenues included in Form 990, Part VIII, line 1	▶ \$	9,859
(ii)	Assets included in Form 990, Part X	▶ \$	0

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a	Revenues included in Form 990, Part VIII, line 1	▶ \$	0
b	Assets included in Form 990, Part X	▶ \$	0

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	3,495,439,000			
b	Contributions	62,139,000			
c	Investment earnings or losses	-570,189,000			
d	Grants or scholarships	28,272,000			
e	Other expenditures for facilities and programs	119,769,000			
f	Administrative expenses	5,734,000			
g	End of year balance	2,833,614,000			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 40 564 %

b

Permanent endowment ▶ 59 436 %

c

Term endowment ▶ 0 %

3a

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

(i)

unrelated organizations

3a(i)

Yes

(ii)

related organizations

3a(ii)

Yes

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	60,101,525		60,101,525
b Buildings	0	2,256,210,465	977,822,391	1,278,388,074
c Leasehold improvements	0	39,750,506	970,336	38,780,170
d Equipment	0	727,957,514	491,963,988	235,993,526
e Other	0	188,221,628	0	188,221,628
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,801,484,923

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other LIMITED PARTNERSHIPS	2,343,310,097	F
Other INTEREST IN TRUSTS HELD BY OTH	33,927,362	F
Other OTHER INVESTMENTS & SECURITIES	64,234,005	F
Other CLOSELY-HELD EQUITY INTERESTS	9,893,125	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	2,451,364,589	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
STUDENT LOANS	38,573,285	C
OTHER INVESTMENT & SECURITIES	9,153,721	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
RETIREMENT PLAN	10,527,765
OTHER	1,377,121
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	294,221
ANNUITIES PAYABLE	26,574,677
STUDENT LOANS	17,641,962
SELF-INSURANCE	97,929,719
FV OF INTEREST RATE SWAP AGREEMENT	154,091,312
ACCOUNTS PAYABLE TO RELATED PARTY	21,424
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	296,553,315

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, AND	SIMILAR ASSETS	FORM 990, SCHEDULE D, PART III, LINES 1A AND B AS ALLOWED BY SFAS 116, VANDERBILT UNIVERSITY DOES NOT CAPITALIZE CONTRIBUTIONS OF WORKS OF ART AND HISTORICAL TREASURES HOWEVER, TO ENSURE APPROPRIATE TRACKING, VANDERBILT UNIVERSITY DOES INCLUDE SUCH CONTRIBUTIONS IN REVENUE WITH A CORRESPONDING EXPENSE ENTRY, RESULTING IN A ZERO EFFECT TO NET INCOME FOR FY09, CONTRIBUTIONS OF ART TOTALED \$9,859 AS SHOWN ON LINE 1B THIS AMOUNT WAS IMMATERIAL COMPARED TO TOTAL REVENUE, THEREFORE, NO FOOTNOTE WAS INCLUDED IN VANDERBILT'S FINANCIAL STATEMENTS DESCRIBING THESE CONTRIBUTIONS
DESCRIPTION OF COLLECTIONS	FORM 990, SCHEDULE D, PART III, LINE 4	VANDERBILT UNIVERSITY MAINTAINS VARIOUS COLLECTIONS OF ART, HISTORICAL TREASURES AND OTHER SIMILAR ASSETS IN DEPARTMENTS ACROSS THE UNIVERSITY AND MEDICAL CENTER SUCH COLLECTIONS INCLUDE, BUT ARE NOT LIMITED TO, HISTORICAL ARCHITECT DRAWINGS, PORTRAITS, HISTORICAL SCIENTIFIC INSTRUMENTS, HISTORICAL FURNITURE, PAINTINGS, PHOTOGRAPHY, BOOK COLLECTIONS, AND OTHER SIMILAR ITEMS AND ARTIFACTS ALL SUCH COLLECTIONS FURTHER VANDERBILT UNIVERSITY'S EXEMPT PURPOSE BY PROVIDING HISTORICAL MATERIALS FOR STUDENTS AND RESEARCHERS, AND BY PROVIDING CULTURAL, HISTORICAL AND EDUCATIONAL OPPORTUNITIES TO VANDERBILT UNIVERSITY STUDENTS AND THE COMMUNITY AT LARGE THROUGH EXHIBITS, DISPLAYS, AND LOAN OR EXCHANGE PROGRAMS
EXPLANATION OF CUSTODIAL ARRANGEMENTS	FORM 990, SCHEDULE D, PART IV, LINE 2B	AGENCY FUNDS ARE HELD BY VANDERBILT UNIVERSITY, WHICH SERVES AS A CUSTODIAN OR FISCAL AGENT FOR STUDENTS, STUDENT GROUPS, FACULTY, STAFF MEMBERS, AND OTHER UNIVERSITY OR MEDICAL CENTER RELATED ORGANIZATIONS
INTENDED USE OF ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	VANDERBILT UNIVERSITY'S ENDOWMENT FUNDS, AS RELATED TO PART V, ARE INTENDED TO BE USED FOR SCHOLARSHIPS, FELLOWSHIPS, Endowed Academic CHAIR SUPPORT, AND OPERATIONAL SUPPORT
TEXT OF FIN 48 FINANCIAL STATEMENT FOOTNOTE	FORM 990, SCHEDULE D, PART X	FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH ADDRESSES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS, WAS ADOPTED BY VANDERBILT IN FISCAL 2008 FIN 48 HAD NO MATERIAL IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Vanderbilt University	Employer identification number 62-0476822
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		YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain SEE SCHEDULE O	1	Yes	
	2	Yes	
	3	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) <			

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I

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

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance

☒ Yes ☐ No
- 2

For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Program Services	Education/Research	345,404
East Asia and the Pacific	0	0	Program Services	Education/Research	976,319
Europe (Including Iceland and Greenland)	2	5	Program Services	Education/Research	4,060,248
Middle East and North Africa	0	0	Program Services	Education/Research	216,278
North America	0	0	Program Services	Education/Research	558,113
South America	0	0	Program Services	EDUC/RSCH/Healthcare	742,711
South Asia	0	0	Program Services	Education/Research	109,581
Sub-Saharan Africa	3	157	Program Services	educ/rsch/healthcare	7,095,212
Totals ▶	5	162			14,103,866

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶	47
3	Enter total number of other organizations or entities ▶	22

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
MEDICAL RESEARCH SUBCONTRACT	Europe/Iceland/Greenland	1	11,570	WIRE	0	N/A	N/A
MEDICAL RESEARCH SUBCONTRACT	East Asia/Pacific	1	12,000	CHECK	0	N/A	N/A

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule F (Form 990) 2008

Software ID:

Software Version:

EIN: 62-0476822

Name: Vanderbilt University

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	ACAD RSCH	37,950	WIRE	0	N/A	N/A
		Cent America/Caribbean	ACAD RSCH	36,363	WIRE	0	N/A	N/A
		Cent America/Caribbean	ACAD RSCH	15,000	WIRE	0	N/A	N/A
		Cent America/Caribbean	ACAD RSCH	37,950	WIRE	0	N/A	N/A
		Cent America/Caribbean	ACAD RSCH	46,963	WIRE	0	N/A	N/A
		Cent America/Caribbean	ACAD RSCH	19,250	WIRE	0	N/A	N/A
		Cent America/Caribbean	ACAD RSCH	21,000	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland	ACAD RSCH	12,700	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland	ACAD RSCH	344,502	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland	ACAD RSCH	17,334	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland	ACAD RSCH	848,371	WIRE	0	N/A	N/A
		North America	ACAD RSCH	27,558	WIRE	0	N/A	N/A
		North America	ACAD RSCH	175,116	CHECK	0	N/A	N/A
		South America	ACAD RSCH	68,880	WIRE	0	N/A	N/A
		South America	ACAD RSCH	61,708	WIRE	0	N/A	N/A
		South America	ACAD RSCH	11,599	WIRE	0	N/A	N/A
		South America	ACAD RSCH	8,857	WIRE	0	N/A	N/A
		South America	ACAD RSCH	26,973	WIRE	0	N/A	N/A
		South America	ACAD RSCH	81,977	WIRE	0	N/A	N/A
		Sub-Saharan Africa	ACAD RSCH	157,504	WIRE	0	N/A	N/A
		Sub-Saharan Africa	ACAD RSCH	133,246	WIRE	0	N/A	N/A
		Cent America/Caribbean	MED RSCH	66,169	CHECK, WIRE	0	N/A	N/A
		East Asia/Pacific	MED RSCH	134,246	CHECK	0	N/A	N/A
		East Asia/Pacific	MED RSCH	30,457	WIRE	0	N/A	N/A
		East Asia/Pacific	MED RSCH	46,682	WIRE	0	N/A	N/A
		East Asia/Pacific	MED RSCH	8,750	WIRE	0	N/A	N/A
		East Asia/Pacific	MED RSCH	574,136	CHECK, WIRE	0	N/A	N/A
		East Asia/Pacific	MED RSCH	41,040	WIRE	0	N/A	N/A
		East Asia/Pacific	MED RSCH	23,453	CHECK	0	N/A	N/A
		East Asia/Pacific	MED RSCH	12,520	WIRE	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia/Pacific	MED RSCH	9,893	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	104,738	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland		34,734	Check	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	30,431	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	88,380	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland		31,708	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	126,700	CHECK, WIRE	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	223,570	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	39,054	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland		50,115	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	42,250	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	40,061	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland		13,522	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	16,159	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland		5,620	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland		115,554	WIRE	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	30,706	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	34,342	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland	MED RSCH	118,326	CHECK	0	N/A	N/A
		Europe/Iceland/Greenland		72,435	WIRE	0	N/A	N/A
		Middle East/North Africa	MED RSCH	163,003	CHECK	0	N/A	N/A
		North America	MED RSCH	10,039	CHECK	0	N/A	N/A
		North America	MED RSCH	50,000	CHECK	0	N/A	N/A
		North America	MED RSCH	149,683	CHECK	0	N/A	N/A
		North America	MED RSCH	18,358	CHECK	0	N/A	N/A
		North America		110,716	CHECK	0	N/A	N/A
		North America	MED RSCH	8,321	CHECK	0	N/A	N/A
		South America	MED RSCH	65,160	WIRE	0	N/A	N/A
		South America		32,420	WIRE	0	N/A	N/A
		South America	MED RSCH	73,116	CHECK, WIRE	0	N/A	N/A

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	MED RSCH	42,384	WIRE	0	N/A	N/A
		South America	MED RSCH	89,341	CHECK	0	N/A	N/A
		South Asia	MED RSCH	54,060	WIRE	0	N/A	N/A
		South Asia	MED RSCH	27,268	WIRE	0	N/A	N/A
		South Asia		7,697	WIRE	0	N/A	N/A
		Sub-Saharan Africa	MED RSCH	38,252	WIRE	0	N/A	N/A
		Sub-Saharan Africa	MED RSCH	64,030	CHECK, WIRE	0	N/A	N/A
		Sub-Saharan Africa	MED RSCH	55,040	CHECK, WIRE	0	N/A	N/A
		Sub-Saharan Africa		73,192	check	0	n/a	n/a

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUFFALO CODY SEE SCHEDULE O	see sch o		No	986,068	388,148	597,920
BIG HEARTED BABES SEE SCHEDULE O	see sch o		No	190,627	19,066	171,561
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		SEE SCH O (event type)	SEE SCH O (event type)	7 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	235,649	183,545	467,645
	2	Less Charitable contributions	105,827	118,655	348,632
	3	Gross revenue (line 1 minus line 2)	129,822	64,890	119,013
Direct Expenses	4	Cash Prizes	0	0	0
	5	Non-cash Prizes	0	0	0
	6	Rent/Facility costs	5,016	0	63,944
	7	Other direct expenses	40,005	102,975	160,769
	8	Direct expense summary Add lines 4 through 7 in column (d)			372,709
	9	Net income summary Combine lines 3 and 8 in column (d).			-58,984

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)			
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input checked="" type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input checked="" type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>) . . .			71,763,497		71,763,497	2 31 %
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>) . . .			242,414,630	207,255,137	35,159,493	1 13 %
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Programs . . .			314,178,127	207,255,137	106,922,990	3 44 %
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)			2,135,685		2,135,685	0 07 %
f Health professions education (from <i>worksheet 5</i>)			60,674,204	20,258,614	40,415,590	1 3 %
g Subsidized health services (from <i>worksheet 6</i>)			25,573,656	22,880,978	2,692,678	0 09 %
h Research (from <i>worksheet 7</i>)			597,675		597,675	0 02 %
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits			88,981,220	43,139,592	45,841,628	1 48 %
k Total (line 7d and 7j)			403,159,347	250,394,729	152,764,618	4 92 %

Part IICommunity Building Activities

(Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

Part IIIBad Debt, Medicare, & Collection Practices

(Optional for 2008)

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense (at cost)	2	24,307,361
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	4,873,926
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	289,964,161
6	Enter Medicare allowable costs of care relating to payments on line 5	6	333,710,175
7	Enter line 5 less line 6—surplus or (shortfall)	7	-43,746,014
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		
	<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes

Part IVManagement Companies and Joint Ventures

(Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Supplemental Info			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

The costing methodology used to calculate Charity Care and Certain Other Community Benefit costs reported was based on an overall cost-to-charge ratio for all patient populations

The audited financial statements of Vanderbilt University disclose the consolidated amount of bad debt expense, the preponderant portion of which is attributable to its hospitals and clinics Part III, Lines 2 and 3 The costing methodology used to calculate Bad Debt Expense reported in Part III, lines 2 and 3 was based on an overall cost-to-charge ratio for all patient populations Discounts and payments on accounts considered as bad debt offset the total bad debt expense recorded The applicable accounts are estimated to be 20% of the total bad debts recorded

The costing methodology used to calculate Medicare allowable costs reported in Part III, line 6 was based on an overall cost-to-charge ratio for all patient populations Although Schedule H does not allow the reporting of Medicare shortfalls as a community benefit item, the hospital believes that shortfalls from government programs such as Medicare and Tricare (Federal Health Plan for military and their families) should be included in the community benefit calculation similar to Medicaid shortfalls

If a patient qualifies for a 100% charity care write off, the account is closed and no further collection efforts are made If a patient qualifies for a partial charity care write off, the account is reduced for the applicable charity discount and normal collection efforts are made The same collection effort is made for these patients as is made for all other types of patients including insured patients who owe deductibles and co-insurance

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 The hospitals and clinics play an active part in assessing the health care needs of the communities it serves by strategically targeting and providing essential health care services that would otherwise not be available to these patient populations These services include high risk obstetrics, childrens specialty services such as neonatal intensive care, pediatric intensive care, and hemophilia clinic as well as an adult aids program that is administered through the Department of Infectious Disease Services have also been strategically implemented for underserved and economically disadvantaged areas and include the Vine Hill Community Clinic which is staffed by Nurse Practitioners, Certified Nurse Midwives, and Psychiatric Mental Health Nurse Practitioners from Vanderbilt University School of Nursing and the Shade Tree Family Clinic, a free health clinic run by Vanderbilt medical students

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 Patients are notified of potential assistance under Federal, State, or local government programs or under the organizations charity care policy via signage posted in the patient care registration points, brochures available at the registration points, and language included on all statements mailed to the patients

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Because the hospital is a Level I Trauma Center and a regional Tertiary Care Facility, the patient population served includes not only the middle Tennessee area but the entire state of Tennessee, southern Kentucky and northern Alabama For more information please see the "Detailed Information - 2009 Fact Book" found on the website, as well as read the "About Us" section at <http://www.mc.vanderbilt.edu/about/>

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g, open medical staff, community board, use of surplus funds, etc)

Management Companies and Joint Ventures

FORM 990, Schedule H, Part IV	Name	Ambulatory Surgery Center of Cool Springs, LLC
Description	Ambulatory Surgery Center	Organization's % 51 02% Officers' % 0% Physicians' % 15 24%
Name	Vanderbilt Imaging Services, LLC	Description Radiology Services
Organization's %	66 67%	Officers' % 0% Physicians' % 33 33%
Name	New Light Imaging, LLC	Description Outpatient Diagnostic Imaging
Organization's %	66 67%	Officers' % 0% Physicians' % 33 33%
Name	One Hundred Oaks Imaging, LLC	Description Outpatient Diagnostic Imaging
Organization's %	80 00%	Officers' % 0% Physicians' % 20 00%
Name	Vanderbilt/St Thomas Imaging, GP	Description Outpatient Diagnostic Imaging
Organization's %	34 00%	Officers' % 0% Physicians' % 17 00%
Name	VIP MidSouth, LLC	Description Pediatric Clinics
Organization's %	51 21%	Officers' % 0% Physicians' % 48 79%
Name	Williamson Imaging, LLC	Description Outpatient Diagnostic Imaging
Organization's %	53 34%	Officers' % 0% Physicians' % 26 66%
Name	Springfield VIP Realty, LLC	Description Own real estate used as medical facility
Organization's %	49 00%	Officers' % 0% Physicians' % 51 00%

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Vanderbilt University

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
62-0476822

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations

201

3

Enter total number of other organizations

32

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance
PATIENT ASSISTANCE	91	163,095	0	N/A	N/A
PATIENT ASSISTANCE	1669	0	9,184	FMV	Food
Subcontract	5	38,224	0	N/A	N/A
STUDENT FINANCIAL AID	5772	221,887,090	0	N/A	N/A

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Monitoring use of Grants	Form 990, Schedule I, Part I, Line 2	Vanderbilt University maintains a formal policy defining its procedures for monitoring the use of sponsored funds by subrecipients who are performing a portion of a sponsored project externally awarded to Vanderbilt. The policy provides guidance to ensure that subrecipients conduct their portions of sponsored projects in compliance with laws, regulations and terms and conditions of awards and subawards and that reimbursed costs incurred by subrecipients are allowed. The policy addresses the roles and responsibilities of the central offices and academic departments of the university and describes the monitoring procedures for each area. The full text of Vanderbilt's Subrecipient Policy is available online at the following web address: http://www.vanderbilt.edu/ocga/vupolicies/subrecipient/SubrecipientMonitoringGuidelinesfinal.pdf . Assistance offered from institutional funds by Vanderbilt to our students is awarded on the basis of merit and/or financial need. Such assistance helps students and their families support the cost of attendance which includes tuition, mandatory fees, room, board, books, other course materials/supplies, and allowances for personal/miscellaneous and travel expenses. Merit-based awards are competitively awarded in recognition of academic achievement, leadership, commitment to community service, contributions to society outside the classroom, and other forms of accomplishment. Need-based assistance is awarded on the basis of documented financial need resulting from a need analysis evaluation accomplished in accordance with relevant and applicable federal, state, and/or institutional programs policies and eligibility requirements. The units responsible for administering student financial aid at Vanderbilt regularly initiate system-generated reviews, as well as other cross checks on an ad hoc basis. Results from these reviews along with recurring management reports are regularly evaluated. Subsequently, follow-up corrective actions are taken when appropriate, potentially including award revisions or cancellation. These provisions are designed to help ensure that student assistance funds are awarded to eligible recipients in accordance with applicable federal, state, institutional, and other program legislation, as well as relevant internal university policies, and operational guidelines/criteria.

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adventure Science Center 800 Fort Negley Blvd Nashville, TN 37203	62-0479192	501 (C) (3)	6,750	0	N/A	n/a	Research-Subcontract
All About Women Inc 803 Forset Hill Nashville, TN 37215	02-0654930	501 (C) (3)	40,000	0	N/A	n/a	Contribution
American Cancer Society Inc 2000 Charlotte Ave Nashville, TN 37203	13-1788491	501 (C) (3)	10,000	0	N/A	n/a	Contribution
American Heart Association Inc 1818 Patterson St Nashville, TN 37203	13-5613799	501 (C) (3)	25,000	0	N/A	n/a	Contribution
Arizona State University BOX 873503 Tempe, AZ 852873503	86-0196696	501 (C) (3)	61,011	0	N/A	n/a	Research-Subcontract
Association of American Medical Colleges 2450 N Street NW Washington, DC 200371126	36-2169124	501 (C) (3)	636,187	0	N/A	n/a	Training-Subcontract
Austin Peay State University PO BOX 4635 Clarksville, TN 370444635	62-0646576	501 (C) (3)	33,381	0	N/A	n/a	Research-Subcontract
Baptist Regional Cancer Center PO Box 1788 Knoxville, TN 37901	62-1870324	501 (C) (3)	17,930	0	N/A	n/a	Research-Subcontract
Battelle 505 King Ave Columbus, OH 432012693	31-4379427	501 (C) (3)	86,917	0	N/A	n/a	Research-Subcontract
Baylor university 1 Baylor Plaza Houston, TX 77030	74-1613878	501 (C) (3)	56,880	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Birmingham Health Care Inc1600 20th St South Birmingham, AL 35205	63-0932057	501 (C) (3)	90,000	0	N/A	n/a	Research-Subcontract
Bond Community Health Center1720 South Gadsden St Tallahassee, FL 32301	59-2426414	501 (C) (3)	67,500	0	N/A	n/a	Research-Subcontract
Boston Mountain Rural HealthHWY 27 S ST PO Box 1030 Marshall, AR 72650	71-0717967	501 (C) (3)	45,000	0	N/A	n/a	Research-Subcontract
Bridges Academy510 Woodland St Nashville, TN 32706	20-5153969	501 (C) (3)	20,000	0	N/A	n/a	Contribution
Brookings Institute1775 Massachusetts Ave NW Wash, DC 20036	53-0196577	501 (C) (3)	108,272	0	N/A	n/a	Research-Subcontract
Brown University164 Angell Street Providence, RI 029121929	05-0258809	501 (C) (3)	300,840	0	N/A	n/a	Research-Subcontract
Cabun Rural Health Services Inc402 Hwy 167 South Hampton, AR 71744	71-0487596	501 (C) (3)	15,000	0	N/A	n/a	Research-Subcontract
California Institute of Technology1200 East Calif Blvd Pasadena, CA 91125	95-1643307	501 (C) (3)	104,449	0	N/A	n/a	Research-Subcontract
Carnegie-Mellon University5000 Forbes Avenue Pittsburgh, PA 15213	25-0969449	501 (C) (3)	482,734	0	N/A	n/a	Research-Subcontract
Case Western Reserve University10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501 (C) (3)	432,845	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catahoula Parish Hospital Service2801 4th St Jonesville, LA 71343	72-0838896	501 (C) (3)	67,500	0	N/A	n/a	Research-Subcontract
Centerstone Community Mental Health1101 6th Ave N Nashville, TN 37208	62-1674308	501 (C) (3)	51,815	0	N/A	n/a	Research-Subcontract
Central Alabama Comprehensive404b 9th Ave SW Lafayette, AL 368622806	63-0779862	501 (C) (3)	67,500	0	N/A	n/a	Research-Subcontract
Central Mississippi Health Services Inc1134 Winter St Jackson, MS 39204	64-0426295	501 (C) (3)	45,000	0	N/A	n/a	Research-Subcontract
Childrens Hospital & Regional Medical CtrDept 736 PO Box 34935 Seattle, WA 98124	91-0564748	501 (C) (3)	131,764	0	N/A	n/a	Research-Subcontract
Childrens Hospital Medical Ctr Cincinnati3333 Burnet Ave Cincinnati, OH 452293039	31-0833936	501 (C) (3)	460,282	0	N/A	n/a	Training-Subcontract
Children's Hospital of Philadelphia3615 Civic Center Blvd Phil, PA 19104	23-1352166	501 (C) (3)	25,836	0	N/A	n/a	Research-Subcontract
Childrens Hospital of PittsburghOne Children Hospital Dr Pitt, PA 15224	25-0402510	501 (C) (3)	42,121	0	N/A	n/a	Research-Subcontract
Children's Research Institute700 Childrens Drive Columbus, OH 43205	31-6056230	501 (C) (3)	185,359	0	N/A	n/a	Research-Subcontract
Claremont Graduate University150 East Tenth Street Claremont, CA 91711	95-1664100	501 (C) (3)	455,698	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Clarkson UniversityPO Box 5630 Postdam, NY 136995630	15-0543659	501 (C) (3)	104,951	0	N/A	n/a	Research-Subcontract
Cleveland Clinic Foundation9500 Euclid Ave Cleveland, OH 44195	34-0714585	501 (C) (3)	24,703	0	N/A	n/a	Research-Subcontract
CNA Corporation4825 Mark Center Dr Alexandria, VA 22311	05-4155882	501 (C) (3)	7,047	0	N/A	n/a	Research-Subcontract
College of William and Mary314 Jamestown Road Williamsburg, VA 23187	54-6001718	501 (C) (3)	7,653	0	N/A	N/a	Research-Subcontract
Colorado School of Mines1500 Illinois Street Golden, CO 804011887	84-6000551	501 (C) (3)	12,760	0	N/A	n/a	Research-Subcontract
Columbia University2960 Broadway New York, NY 100276902	13-5598093	501 (C) (3)	94,070	0	N/A	n/a	Research-Subcontract
Community Health Network IncPO Box 40 Oakdale, TN 37829	01-0610304	501 (C) (3)	21,972	0	N/A	n/a	Research-Subcontract
Cystic Fibrosis Foundation4825 Trousdale Dr Nashville, TN 37220	13-6161105	501 (C) (3)	7,500	0	N/A	n/a	Contribution
Dana Farber Cancer Institute44 Binney St Boston, MA 02115	04-2263040	501 (C) (3)	453,191	0	N/A	n/a	Research-Subcontract
Duke University324 Blackwell Street Durham, NC 27708	56-0532129	501 (C) (3)	267,506	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
East Tennessee Childrens Hospital2018 Clinch Ave Knoxville, TN 37901	62-6002604	501 (C) (3)	7,544	0	N/A	n/a	Research-Subcontract
Emory University201 Dowman Drive Atlanta, GA 30322	58-0566256	501 (C) (3)	388,674	0	N/A	n/a	trn/rsch-Subcontract
FiftyForward174 Rains Ave Nashville, TN 37203	62-0566419	501 (C) (3)	9,556	0	N/A	n/a	Contribution
Fisk University1000 17th Avenue North Nashville, TN 37208	62-0202000	501 (C) (3)	32,702	0	N/A	n/a	Research-Subcontract
Florida Community Health4450 S Tiffany Dr West Palm Beach, FL 33407	59-1671640	501 (C) (3)	102,675	0	N/A	n/a	Research-Subcontract
Florida State University 874 Traditions Way Tallahassee, FL 32306	59-6001138	501 (C) (3)	94,700	0	N/A	n/a	Research-Subcontract
Fox Chase Cancer Center 333 Cottman Ave Philadelphia, PA 191112497	23-2003072	501 (C) (3)	186,308	0	N/A	n/a	Research-Subcontract
Franklin Primary Health Center Inc572 Stanton Rd Mobile, AL 366172324	63-0695975	501 (C) (3)	100,350	0	N/A	n/a	Research-Subcontract
Fred Hutchinson Cancer Research Center1100 Fairview Ave N Seattle, WA 98109	23-7156071	501 (C) (3)	78,482	0	N/A	n/a	Research-Subcontract
Gaston Family Health Service Inc991 West Hudson Blvd Gastonia, NC 28052	58-1958398	501 (C) (3)	45,000	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
George Mason University 4400 University Drive Fairfax, VA 22030	54-0836354	501 (C) (3)	207,862	0	N/A	n/a	Research-Subcontract
George Washington University 2121 I ST NW STE 601 Washington, DC 20052	53-0196584	501 (C) (3)	16,051	0	N/A	n/a	Research-Subcontract
Georgetown University Medical Center 2121 Wisconsin Ave NW Washington, DC 20007	53-0196603	501 (C) (3)	86,777	0	N/A	n/a	Research-Subcontract
Georgia State University PO Box 3999 Atlanta, GA 303023999	58-1845423	501 (C) (3)	51,219	0	N/A	n/a	Research-Subcontract
Georgia Tech Research Corp 550 Tenth Street NW Atlanta, GA 30332	58-0603146	501 (C) (3)	181,041	0	N/A	n/a	Research-Subcontract
Grand Aerie Fraternal Order of Eagles 1623 Gateway Cir South Grove City, OH 43123	39-0920675	501 (C) (3)	20,000	0	N/A	n/a	Contribution
H Lee Moffitt Cancer Center 12902 Magnolia Dr Tampa, FL 33612	59-2451713	501 (C) (3)	39,319	0	N/A	n/a	Research-Subcontract
Harvard University Massachusetts Hall Cambridge, MA 02138	04-2103580	501 (C) (3)	1,117,565	0	N/A	n/a	trn/rsch-Subcontract
Health Research Inc 150 Broadway Suite 560 Menands, NY 12204	14-1402155	501 (C) (3)	193,642	0	N/A	n/a	Research-Subcontract
Henderson Settlement PO Box 205 16773 Hwy 190 Frakes, KY 40940	61-0674965	501 (C) (3)	8,201	0	N/A	n/a	public svc-Subcontr

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Hope for Life International Inc1825 Riverdale Road Germantown, TN 38138	62-1802695	501 (C) (3)	25,000	0	N/A	n/a	Research-Subcontract
Hospital for Special Surgery535 East 70th St New York, NY 10021	13-1624135	501 (C) (3)	21,352	0	N/A	n/a	Research-Subcontract
Howard University576 W ST NW Washington, DC 20059	53-0204707	501 (C) (3)	46,521	0	N/A	n/a	training-Subcontract
Humanities Tennessee306 Gay St Ste 306 Nashville, TN 37201	62-0933337	501 (C) (3)	10,000	0	N/A	n/a	Contribution
HUP (Hospital of the Uni of Penn)3400 Spruce St Philadelphia, PA 19104	31-1538725	501 (C) (3)	16,605	0	N/A	n/a	public svc-Subcontr
Iberia Comprehensive Community806 Jefferson Terrace New Iberia, LA 70560	58-2164455	501 (C) (3)	67,500	0	N/A	n/a	Research-Subcontract
Illinois State University Campus Box3040 Normal, IL 61790	37-6014070	501 (C) (3)	9,094	0	N/A	n/a	training-Subcontract
Indiana University107 S Indiana Ave Bloomington, IN 47405	35-6001673	501 (C) (3)	203,927	0	N/A	n/a	Research-Subcontract
International Technology CenterPO Box 13740 Research Tri Park, NC 27709	56-2171281	501 (C) (3)	114,527	0	N/A	n/a	Research-Subcontract
Inverness Research AssociatesPO Box 313 Inverness, CA 94937	68-0303342	501 (C) (3)	98,493	0	N/A	n/a	Research-Subcontract

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Iowa State University Ames Ames, IA 50011	42-6004224	501 (C) (3)	99,645	0	N/A	n/a	Research-Subcontract
Jackson Laboratory 600 Main St Bar Harbor, ME 04609	01-0211513	501 (C) (3)	147,676	0	N/A	n/a	Research-Subcontract
Jefferson County Committee for Economic Opportunit 300 Eighth Avenue West Birmingham, AL 35204	63-0505899	501 (C) (3)	157,739	0	N/A	n/a	Research-Subcontract
Johns Hopkins University 1101 East 33rd St Baltimore, MD 21218	52-0595110	501 (C) (3)	342,243	0	N/A	n/a	trn/rsch-Subcontract
Junior League of Nashville Inc 2405 Crestmoor Rd Nashville, TN 37215	62-0476815	501 (C) (3)	30,000	0	N/A	n/a	Contribution
Kent State University 507 White Hall Kent, OH 44242	31-6402079	501 (C) (3)	88,693	0	N/A	n/a	Research-Subcontract
KUMC Research Institute Inc 3901 Rainbow Blvd Kansas City, KS 66160	48-1108830	501 (C) (3)	216,763	0	N/A	n/a	Research-Subcontract
Learning Point Associates 1120 E Diehl Rd Naperville, IL 60563	37-1161423	501 (C) (3)	7,163	0	N/A	n/a	Research-Subcontract
Lehigh University 526 Brodhead Avenue Bethlehem, PA 18015	24-0795445	501 (C) (3)	39,886	0	n/a	n/a	Research-Subcontract
Little River Medical Center Inc 4303 Live Oak Dr Little River, SC 29566	57-0672117	501 (C) (3)	67,500	0	n/a	n/a	Research-Subcontract

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Louisiana State University117D DAVID BOYD HALL Baton Rouge, LA 70803	72-6000848	501 (C) (3)	98,688	0	N/A	n/a	Research-Subcontract
March of Dimes Foundation1101 Kermit Dr Nashville, TN 37217	13-1846366	501 (C) (3)	10,000	0	N/A	n/a	Contribution
Margaret J Weston Medical Center4645 Augusta Rd Clearwater, SC 29822	23-7085643	501 (C) (3)	45,000	0	N/A	n/a	Research-Subcontract
Massachusetts General Hospital55 Fruit St Boston, MA 02114	04-2697983	501 (C) (3)	681,000	0	N/A	n/a	trn/rsch-Subcontract
Massachusetts Institute of Technology77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501 (C) (3)	8,428	0	N/A	n/a	Research-Subcontract
Mayo Clinic Rochester200 First St SW Rochester, MN 55905	41-6011702	501 (C) (3)	60,061	0	N/A	n/a	Research-Subcontract
Medical College of Wisconsin9000 W Wisconsin Ave Milwaukee, WI 53226	39-0806261	501 (C) (3)	237,683	0	N/A	n/a	Research-Subcontract
Meharry Medical College1005 Dr Todd Jr Blvd Nashville, TN 37208	62-0488046	501 (C) (3)	2,547,135	0	N/A	n/a	trn/rsch-Subcontract
Mental Health Cooperative Inc275 Cumberland Bend Dr Nashville, TN 37228	58-2018687	501 (C) (3)	70,394	0	N/A	n/a	Research-Subcontract
Metropolitan Nashville Board of Education2601 Bransford Avenue Nashville, TN 37204	62-0717138	501 (C) (3)	367,742	0	N/A	n/a	Research-Subcontract

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Michigan State University 301 Admin Bldg East Lansing, MI 48824	38-6005984	501 (C) (3)	136,521	0	N/A	n/a	Research-Subcontract
Middle Tennessee State University 1301 East Main St Murfreesboro, TN 37132	62-6005794	501 (C) (3)	52,547	0	N/A	n/a	Research-Subcontract
Montana State University 309 Montana Hall Bozeman, MT 59717	81-6010045	501 (C) (3)	89,991	0	N/A	n/a	Research-Subcontract
Nashville Peace & Justice Center 4732 West Longdale Dr Nashville, TN 37211	62-1479668	501 (C) (3)	40,214	0	N/A	n/a	Research-Subcontract
National Bureau of Economic Research 1050 Massachusetts Ave Cambridge, MA 02138	13-1641075	501 (C) (3)	96,829	0	N/A	n/a	Research-Subcontract
North Carolina State University Campus Box 7214 Raleigh, NC 276957214	56-6000756	501 (C) (3)	372,884	0	N/A	n/a	Research-Subcontract
Northeast Mississippi Healthcare Inc PO Box 698 Byhalia, MS 386110698	64-0620763	501 (C) (3)	90,000	0	N/A	n/a	Research-Subcontract
Northwest Evaluation Association 5885 SW Meadows Road Lake Oswego, OR 97035	93-0686108	501 (C) (3)	789,899	0	N/A	n/a	Research-Subcontract
Northwestern University 619 Clark St Rm 217 Evanston, IL 60208	36-2167817	501 (C) (3)	239,585	0	N/A	n/a	Research-Subcontract
Nurses For Newborns of TN 50 Vantage Way Ste 101 Nashville, TN 37288	43-1601329	501 (C) (3)	9,219	0	N/A	n/a	Research-Subcontract

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University of North Carolina104 Airport Dr Chapel Hill, NC 27599	31-4379427	501 (C) (3)	10,661	0	N/A	n/a	Research-Subcontract
Oregon Health & Science University3181 SW Sam Jackson Park Portland, OR 97239	93-1176109	501 (C) (3)	904,033	0	N/A	n/a	Research-Subcontract
Oregon State University312 Kerr Admin Bldg Corvallis, OR 97331	48-1278540	501 (C) (3)	219,319	0	N/A	n/a	Research-Subcontract
Prevent Blindness Tennessee95 White Bridge Rd 312 Nashville, TN 37205	51-0240507	501 (C) (3)	29,093	0	N/A	n/a	Research-Subcontract
Purdue University610 Purdue Mall West Lafayette, IN 47907	35-6002041	501 (C) (3)	140,288	0	N/A	n/a	Research-Subcontract
Regents of the University of California1111 Franklin St 12th Fl Oakland, CA 94607	95-6006142	501 (C) (3)	444,489	0	N/A	n/a	Research-Subcontract
Regents of the University of California1111 Franklin St 12th Fl Oakland, CA 94607	95-6006144	501 (C) (3)	78,566	0	N/A	n/a	Research-Subcontract
Regents of the University of CA - Berkeley2150 Shattuck Ave Berkeley, CA 94704	94-6002123	501 (C) (3)	915,461	0	N/A	n/a	Research-Subcontract
Regents of the University of CA - Irvine300 University Tower Irvine, CA 926977600	95-2226406	501 (C) (3)	32,815	0	N/A	n/a	Research-Subcontract
Regents of the University of CA - San Diego9500 Gilman Dr MC 0934 La Jolla, CA 92093	94-6036494	501 (C) (3)	29,233	0	n/a	n/a	Research-Subcontract

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Research Foundation for Mental Hygeine150 Broadway Suite 301 Albany, NY 12204	14-1410842	501 (C) (3)	197,092	0	N/A	n/a	Research-Subcontract
Rhode Island Hospital593 Eddy St Providence, RI 02903	05-0258954	501 (C) (3)	13,813	0	N/A	n/a	Research-Subcontract
Rice UniversityPO Box 1892--MS16 Houston, TX 77251	74-1109620	501 (C) (3)	20,325	0	N/A	N/A	Research-Subcontract
Rutgers University3 Rutgers Plaza New Brunswick, NJ 08901	22-6001086	501 (C) (3)	914,908	0	N/A	n/a	Research-Subcontract
Salk Institute for Biological StudiesPO Box 85800 San Diego, CA 921865800	95-2160097	501 (C) (3)	97,826	0	N/A	n/a	Research-Subcontract
San Francisco State University1600 Holloway Ave San Francisco, CA 94132	94-1279802	501 (C) (3)	65,707	0	N/A	N/A	Research-Subcontract
Scripps Research Institute10550 N Torrey Pines Rd La Jolla, CA 92037	33-0435954	501 (C) (3)	23,906	0	N/A	n/a	Research-Subcontract
Seattle Childrens Hospital4800 Sand Point Way NE Seattle, WA 98105	91-0564748	501 (C) (3)	89,751	0	N/A	n/a	Research-Subcontract
Shalom Foundation115 Penn Warren Sr Brentwood, TN 37027	95-4894733	501 (C) (3)	15,000	0	N/A	n/a	Contribution
Shenandoah Valley Medical System99 Tavern Rd Berkeley, WV 25401	55-0563741	501 (C) (3)	87,675	0	N/A	n/a	Research-Subcontract

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Shoot for the Future Incorporated9008 Forest Lawn DR Brentwood, TN 37027	31-1774870	501 (C) (3)	150,750	0	N/A	n/a	Contribution
Southwest Louisiana Center for Health Svcs 2000 Opelousas St Lake Charles, LA 70601	72-1015384	501 (C) (3)	90,000	0	N/A	n/a	Research-Subcontract
St Jude Childrens Research Hospital262 Danny Thomas Place Memphis, TN 38105	62-0646012	501 (C) (3)	8,379	0	N/A	n/a	Research-Subcontract
St Thomas Research Institute4230 Harding Rd Ste 105 Nashville, TN 37205	62-0347580	501 (C) (3)	20,666	0	N/A	n/a	Research-Subcontract
Stanford University450 Serra Mall Stanford, CA 94305	94-1156365	501 (C) (3)	958,628	0	N/A	n/a	Research-Subcontract
Sudanese Community and Womens Service 3221 Nolensville Pike Nashville, TN 37211	02-0674431	501 (C) (3)	19,308	0	N/A	n/a	public svc-Subcontr
Support Center for Disparities Elimination PO Box 691 Covington, TN 38019	45-0565291	501 (C) (3)	29,644	0	N/A	n/a	Research-Subcontract
Tennessee Disability Coalition955 Woodland St Nashville, TN 37206	62-1447320	501 (C) (3)	7,266	0	N/A	n/a	training-Subcontract
Tennessee Performing Arts CenterPO Box 190660 Nashville, TN 37219	58-1320590	501 (C) (3)	20,000	0	N/A	n/a	Contribution
Tennessee State University3500 John Merritt Blvd Nashville, TN 37209	62-0786119	501 (C) (3)	219,796	0	N/A	n/a	training-Subcontract

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Tennessee Technological University1 Williams L Jones Dr Cookville, TN 38505	62-0646806	501 (C) (3)	267,173	0	N/A	n/a	public svc-Subcontr
The University of Alabama at Birmingham701 20th St South Birmingham, AL 35233	63-6005396	501 (C) (3)	546,958	0	N/A	n/a	Research-Subcontract
The Urban Institute2100 M Street N W Washington, DC 20037	52-0880375	501 (C) (3)	76,863	0	N/A	n/a	Research-Subcontract
Trustees of Boston UniversityOne Sibley Way 8th Fl Boston, MA 02215	04-2103457	501 (C) (3)	6,789	0	N/A	n/a	Research-Subcontract
Trustees of Dartmouth CollegeDartmouth College Hanover, NH 03755	02-0222111	501 (C) (3)	22,044	0	N/A	n/a	trn/rsch-Subcontract
Tufts Medical Center800 Washington St Boston, MA 02111	04-3400617	501 (C) (3)	58,378	0	N/A	n/a	trn/rsch-Subcontract
United Neighborhood Health Services617 S 8th Street Nashville, TN 37206	62-1032792	501 (C) (3)	52,500	0	N/A	n/a	Research-Subcontract
University Community Health Services inc2410 franklin pk Nashville, TN 37204	62-1438461	501 (C) (3)	303,951	1,600,000	FMV	Forgiveness for Svcs	training-Subcontract
University Hospital of Cleveland SystemPO Box 74420 Cleveland, OH 44194	34-1567805	501 (C) (3)	6,000	0	N/A	n/a	Research-Subcontract
University of ArizonaP O Box 3308 Tucson, AZ 857223308	86-6004791	501 (C) (3)	676,919	0	N/A	n/a	Research-Subcontract

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University of Arkansas 120 Ozark Hall Fayetteville, AR 72701	71-6003252	501 (C) (3)	16,906	0	N/A	n/a	Research-Subcontract
University of California-Merced PO Box 203 Merced, CA 95344	27-0093858	501 (C) (3)	34,482	0	N/A	n/a	Research-Subcontract
University of Chicago 1225 East 60th Street Chicago, IL 60637	36-2177139	501 (C) (3)	23,835	0	N/A	n/a	Research-Subcontract
University of Cincinnati 2600 Clifton Ave Cincinnati, OH 45221	31-6000989	501 (C) (3)	118,927	0	N/A	n/a	Research-Subcontract
University of Colorado 3100 Marine St Rm 479 Boulder, CO 80309	39-1481425	501 (C) (3)	52,429	0	N/A	n/a	Research-Subcontract
University of Colorado at Denver 1775 Aurora Crt Rm 4207 Aurora, CO 80045	84-6000555	501 (C) (3)	622,216	0	N/A	n/a	Research-Subcontract
University of Connecticut Health Center 263 Farmington Ave Farmington, CT 06030	52-1725543	501 (C) (3)	167,498	0	N/A	n/a	Research-Subcontract
University of Delaware 209 Hulihan Hall Newark, DE 19716	51-6000297	501 (C) (3)	107,797	0	N/A	n/a	Research-Subcontract
University of Florida PO Box 115500 Gainesville, FL 32611	59-6002052	501 (C) (3)	597,027	0	N/A	n/a	Research-Subcontract
University of Hawaii 2530 Dole Street Honolulu, HI 96822	99-6000354	501 (C) (3)	148,268	0	N/A	n/a	Research-Subcontract

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University of Illinois1901 S First St Champaign,IL 61820	37-6000511	501 (C) (3)	203,865	0	N/A	n/a	Research-Subcontract
University of Iowa201 Gilmore Hall Iowa City,IA 522421320	42-6004813	501 (C) (3)	19,559	0	N/A	n/a	Research-Subcontract
University of Kansas2385 Irving Hall lawrence,KS 66045	48-0680117	501 (C) (3)	38,882	0	N/A	n/a	Research-Subcontract
University of Kentucky Research Foundation201 Kinkead Hall Lexington,KY 40506	61-6033693	501 (C) (3)	166,210	0	N/A	n/a	trn/rsch-Subcontract
University of Louisville Research Foundation2301 South Third St Louisville,KY 40292	61-1029626	501 (C) (3)	267,983	0	N/A	n/a	Research-Subcontract
University of Maryland 1201 Turner Hall College Park,MD 20742	52-6002033	501 (C) (3)	137,182	0	N/A	n/a	trn/rsch-Subcontract
University of Massachusetts225 Franklin St Boston,MA 02110	04-3167352	501 (C) (3)	266,511	0	N/A	n/a	Research-Subcontract
University of Medicine & Dentistry of NJ335 George Street New Brunswick,NJ 08903	22-1775306	501 (C) (3)	144,144	0	N/A	n/a	Research-Subcontract
University of Memphis 3720 Alumni Ave Memphis,TN 38152	62-0648618	501 (C) (3)	89,669	0	N/A	n/a	public svc-Subcontr
University of Miami1200 Campo Sano Ave Miami,FL 33146	59-0624458	501 (C) (3)	831,507	0	N/A	n/a	Research-Subcontract

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University of Michigan 207 Fletcher Street Ann Arbor, MI 48109	38-6006309	501 (C) (3)	170,305	0	N/A	n/a	Research-Subcontract
University of Minnesota 200 Oak St SE Ste 450 Minneapolis, MN 55455	41-6007513	501 (C) (3)	442,088	0	N/A	n/a	Research-Subcontract
University of Missouri-Columbia 310 Jesse Hall Columbia, MO 65211	43-6003859	501 (C) (3)	321,044	0	N/A	n/a	Research-Subcontract
University of Montevallo Station 6010 Montevallo, AL 35115	63-6000720	501 (C) (3)	35,810	0	N/A	n/a	Research-Subcontract
University of North Carolina-Chapel Hill 104 Airport Dr STE 2200 CB 1350 Chapel Hill, NC 27599	56-6001393	501 (C) (3)	522,973	0	N/A	n/a	Research-Subcontract
University of Notre Dame 511 Main Building Notre Dame, IN 46556	35-0868188	501 (C) (3)	95,206	0	N/A	n/a	Research-Subcontract
University of Oklahoma Health 1100 N Lindsay Oklahoma City, OK 73104	73-6017987	501 (C) (3)	94,536	0	N/A	n/a	Research-Subcontract
University of Pennsylvania 3440 Market St Philadelphia, PA 19104	23-1352685	501 (C) (3)	1,093,566	0	N/A	n/a	Research-Subcontract
University of Pittsburgh 3130 Cath of Learning Pittsburgh, PA 15620	25-0965591	501 (C) (3)	512,538	0	N/A	N/A	Research-Subcontract
University of Rochester 1325 Mt Hope Ave Rochester, NY 14627	16-0743209	501 (C) (3)	40,744	0	N/A	n/a	Research-Subcontract

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University of South Carolina514 Main St Columbia, SC 292084102	57-6001153	501 (C) (3)	9,375	0	N/A	n/a	Research-Subcontract
University of South Florida4202 E Fowler Ave Tampa, FL 33620	59-3102112	501 (C) (3)	445,024	0	N/A	n/a	Research-Subcontract
University of Tennessee201 Andy Holt Tower Knoxville, TN 37996	62-6001636	501 (C) (3)	277,582	0	N/A	n/a	trn/pub svc/rsch-Subcontr
University of Texas1 University Station Austin, TX 78712	74-6001118	501 (C) (3)	509,783	0	N/A	n/a	Research-Subcontract
University of Texas - Southwestern5323 Harry Hines Blvd Dallas, TX 75390	75-6002868	501 (C) (3)	951,140	0	N/A	n/a	Research-Subcontract
University of Texas at AustinPO Box 8029 Austin, TX 78713	74-6000203	501 (C) (3)	26,860	0	N/A	n/a	Research-Subcontract
University of Texas Health Science Center7703 Floyd Curl Drive San Antonio, TX 78284	74-1586031	501 (C) (3)	177,823	0	N/A	n/a	Research-Subcontract
University of Texas-Pan American1201 West University Dr Edinburg, TX 78541	74-6002942	501 (C) (3)	399,502	0	N/A	n/a	Research-Subcontract
University of Utah201 Presidents Cir Salt Lake City, UT 84112	87-6000525	501 (C) (3)	38,316	0	N/A	n/a	Research-Subcontract
University of VirginiaPO Box 400195 Charlottesville, VA 22904	54-6001786	501 (C) (3)	159,386	0	N/A	n/a	trn/rsch-Subcontract

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University of Washington Gerberding Hall G80 Seattle, WA 98195	91-6001537	501 (C) (3)	639,201	0	N/A	n/a	trn/rsch-Subcontract
US Math Recovery Council4117 Hillsboro Pike Nashville, TN 37215	05-0538927	501 (C) (3)	223,876	0	N/A	n/a	Research-Subcontract
Utah State University 1415 Old Main Hill-Rm 64 Logan, UT 84322	87-6000528	501 (C) (3)	29,875	0	N/A	n/a	Research-Subcontract
Valley Health Systems Inc2585 3rd Ave Huntington, WV 25703	55-0554001	501 (C) (3)	67,500	0	N/A	n/a	Research-Subcontract
Virginia Commonwealth University800 EAST LEIGH ST Richmond, VA 23219	54-6001758	501 (C) (3)	100,015	0	N/A	n/a	Research-Subcontract
Virginia Polytechnic Institute460 Turner St Ste 360 Blacksburg, VA 24060	54-6001805	501 (C) (3)	11,668	0	N/A	n/a	Research-Subcontract
Wake Forest University 1834 Wake Forest Rd Winston Salem, NC 27106	56-0532138	501 (C) (3)	6,100	0	N/A	n/a	Research-Subcontract
Washington University One Brookings Dr St Louis, MO 63130	43-0653611	501 (C) (3)	24,132	0	N/A	n/a	Research-Subcontract
Wayne State University 5425 Gullen Mall Detroit, MI 48202	38-6028429	501 (C) (3)	100,341	0	N/A	n/a	Research-Subcontract
Weill Medical College of Cornell1300 York Ave New York, NY 10065	13-1623978	501 (C) (3)	344,361	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Western Carolina University Cordelia Cmp Bld Rm 109 Cullowhee, NC 28723	56-6001440	501 (C) (3)	17,194	0	N/A	n/a	Research-Subcontract
Whatley Health Services Inc2731 MLK Jr Blvd Tuscaloosa, AL 35401	63-0727781	501 (C) (3)	15,000	0	N/A	n/a	Research-Subcontract
White House Clinic401 Highland Park Dr Richmond, KY 40475	61-0843731	501 (C) (3)	22,500	0	N/A	n/a	Research-Subcontract
Winship Cancer Institute of Emory1365 C Clifton Rd Atlanta, GA 30322	58-0566256	501 (C) (3)	8,500	0	N/A	n/a	Research-Subcontract
Yale University47 College St Ste 203 New Haven, CT 06520	06-0646973	501 (C) (3)	510,240	0	N/A	n/a	Research-Subcontract
Zero to Three2000 M Street NW Washington, DC 20036	52-1105189	501 (C) (3)	96,070	0	N/A	n/a	Research-Subcontract
Anatomic Clinical Lab Assoc PC2010 Church St Ste 615 Nashville, TN 37203	62-1051717	N/A	25,611	0	N/A	n/a	Research-Subcontract
Avid Radiopharmaceuticals 3711 Market St 7th Fl Philadelphia, PA 19104	20-1811104	N/A	7,020	0	N/A	n/a	Research-Subcontract
BAE Systems11487 Sunset Hills Road Reston, VA 20190	52-2268742	N/A	13,487	0	N/A	n/a	Research-Subcontract
Clearsighted Inc2711 S Loop Dr Ste 4210 Ames, IA 50010	20-4017435	N/A	50,556	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Corporation for Public School Education2413 Cloud Peak Ln Round Rock, TX 78681	73-1663749	N/A	202,475	0	N/A	n/a	Research-Subcontract
Erlanger Health System975 E Third St Chattanooga, TN 37403	62-6000101	N/A	34,800	0	N/A	n/a	Research-Subcontract
Goodlettsville Pediatrics P C200 Gleaves St Suite A Madison, TN 37115	62-1784726	N/A	17,768	0	N/A	n/a	Research-Subcontract
Hamilton Sundstrand Corporation4747 Harrison Ave Rockford, IL 61125	06-1543584	N/A	87,501	0	N/A	n/a	Research-Subcontract
HCA Management Services LPOne Park Plaza Nashville, TN 37203	62-1778108	N/A	12,164	0	N/A	n/a	Research-Subcontract
Informed Medical Networks Inc6410 Poplar Ave 800 Memphis, TN 38119	90-0130454	N/A	33,000	0	N/A	n/a	public svc-Subcontr
Jones Clinic7710 Wolf River Cir Germantown, TN 38138	62-1717770	N/A	15,167	0	N/A	n/a	Research-Subcontract
Knowledge Networks Inc1350 Willow Rd Ste 102 Menlo Park, CA 94025	94-3314617	N/A	55,200	0	N/A	n/a	Research-Subcontract
Lexington-Fayette County Health650 Newtown Pike Lexington, KY 405081197	61-0920825	N/A	102,675	0	N/A	n/a	Research-Subcontract
Little Planet Learning Inc2963 Creighton Drive Nashville, TN 37204	62-1517300	N/A	30,000	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAX Mobility LLC3301 Cobble St Ste B2 Nashville, TN 37211	32-0163211	N/A	7,000	0	N/A	n/a	Research-Subcontract
Memorial Hospital2525 desales ave chattanooga, TN 37404	61-1058466	501(C)(3)	30,400	0	N/A	n/a	Research-Subcontract
Metro Public Health DepartmentMetro Div of Accts Nashville, TN 37201	62-0694743	N/A	135,755	0	N/A	n/a	public svc/rsch-Subc
Nashville for All of UsPO Box 280328 Nashville, TN 37228	26-3635699	N/A	10,000	0	N/A	n/a	Contribution
ON TASC Inc5500 Market St Ste 80 Youngstown, OH 44512	34-1545628	501 (C) (3)	8,950	0	N/A	n/a	Research-Subcontract
Pathology Associates of St Thomas4220 Harding Pike Nashville, TN 372052005	62-1436754	N/A	7,000	0	N/A	n/a	Research-Subcontract
Precise Clinical Research Inc1230 SW Harvey Suite B Topeka, KS 66604	20-1725871	N/A	7,500	0	N/A	n/a	Research-Subcontract
Providence Service Corporation5524 East Forth Street Tucson, AZ 85711	86-0845127	N/A	35,563	0	N/A	n/a	Research-Subcontract
Purchase Cancer Group 100 Kiana Court Paducah, KY 42001	74-3112051	N/A	31,225	0	N/A	n/a	Research-Subcontract
Rand Corporation1776 Main Street Santa Monica, CA 90407	95-1958142	501 (C) (3)	594,491	0	N/A	n/a	Research-Subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sarah Cannon Research Institute250 25th Ave North Nashville, TN 37203	20-1557751	N/A	33,565	0	N/A	n/a	Research-Subcontract
Symbolene Systems Inc2130 Bold Springs Road Monroe, GA 30656	58-2584962	N/A	102,123	0	N/A	n/a	Research-Subcontract
TeleSage Inc157 East Franklin St Chapel Hill, NC 27514	91-1709021	N/A	5,600	0	N/A	n/a	Research-Subcontract
Tennessee Plateu Oncology49 Cleveland St Crossville, TN 385552856	90-0111512	N/A	14,000	0	N/A	n/a	Research-Subcontract
Tennessee Valley Healthcare System1310 24th Ave South Nashville, TN 37212	62-0484828	N/A	7,105	0	N/A	n/a	Research-Subcontract
Topaz Canyon Group LLC1330 Weber St Alameda, CA 94501	20-2388726	N/A	23,118	0	N/A	n/a	Research-Subcontract
Turner Technology LLC102 Woodmont Blvd Nashville, TN 37211	62-1850878	N/A	18,000	0	N/A	n/a	Research-Subcontract
UT-Battelle LLC1201 Oak Ridge Turnpike Oak Ridge, TN 37830	62-1788235	N/A	33,538	0	N/A	n/a	Research-Subcontract
Westat Inc1600 Research Blvd Rockville, MD 20850	84-0529566	N/A	163,864	0	N/A	n/a	Research-Subcontract
Brigham and Women's Hospital75 francis st Boston, MA 02115	04-2312909	501(c)(3)	535,090	0	n/a	n/a	research-subcontract

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Association of Schools of Public Health1101 15th st NW ste 910 wash, DC 20005	56-0734192	501(c)(3)	9,268	0	n/a	n/a	training-subcontract
international epidemiology institute 1455 rsch blvd ste 550 rockville, MD 20850	52-1882011	n/a	5,876,927	0	n/a	n/a	research-subcontract
informatics corporation of america1801 west end ave nashville, TN 37203	20-2536307	n/a	819,500	0	n/a	n/a	public svc-Subcontr

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input checked="" type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>	Yes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	Yes	
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Schedule J (Form 990) 2008

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
NICHOLAS S ZEPPOS JD	(i) (ii)	682,071 0	729,627 0	736,626 0	226,910 0	32,354 0	2,407,588 0	1,474,056 0
JEFFREY R BALSER MD PHD	(i) (ii)	644,901 0	355,887 0	11,310 0	211,500 0	17,458 0	1,241,056 0	0 0
LAUREN J BRISKY MBA	(i) (ii)	586,487 0	545,317 0	1,206,451 0	46,668 0	16,012 0	2,400,935 0	1,893,947 0
JERRY G FIFE BS	(i) (ii)	259,629 0	0 0	11,896 0	11,500 0	9,755 0	292,780 0	0 0
BETH A FORTUNE MA	(i) (ii)	205,936 0	0 0	15,434 0	10,404 0	6,793 0	238,567 0	100,544 0
HARRY R JACOBSON MD	(i) (ii)	1,000,039 0	709,724 0	3,542,229 0	11,500 0	13,748 0	5,277,240 0	4,407,169 0
RICHARD C MCCARTY MS PHD	(i) (ii)	467,612 0	0 0	406,683 0	211,500 0	15,965 0	1,101,760 0	0 0
BETTY L PRICE MBA CPA	(i) (ii)	422,170 0	0 0	11,957 0	11,500 0	14,126 0	459,753 0	0 0
DAVID WILLIAMS II MA MBA JD L	(i) (ii)	758,467 0	556,000 0	1,361,130 0	297,942 0	26,411 0	2,999,950 0	2,130,765 0
MATTHEW W WRIGHT MBA	(i) (ii)	374,611 0	425,000 0	13,554 0	11,500 0	19,330 0	843,995 0	247,130 0
CHARLES W PINSON MD	(i) (ii)	843,023 0	166,950 0	13,372 0	11,500 0	7,070 0	1,041,915 0	0 0
MARTIN P SANDLER MD	(i) (ii)	768,069 0	176,750 0	13,318 0	11,500 0	10,035 0	979,672 0	0 0
ROBERT D BEAUCHAMP MD	(i) (ii)	820,751 0	141,043 0	11,982 0	11,500 0	11,733 0	997,009 0	0 0
LLOYD G KING MD	(i) (ii)	696,117 0	250,401 0	19,250 0	11,500 0	19,103 0	996,371 0	0 0
ROBERT A JOHNSON MA	(i) (ii)	1,006,230 0	101,292 0	17,504 0	112,146 0	11,793 0	1,248,965 0	0 0
JOSEPH A SMITH MD	(i) (ii)	770,228 0	366,472 0	13,002 0	11,500 0	14,859 0	1,176,061 0	0 0
KEVIN E STALLINGS MS	(i) (ii)	1,395,838 0	150,982 0	23,675 0	116,991 0	23,256 0	1,710,742 0	0 0
MICHAEL J SCHOENFELD MS	(i) (ii)	158,224 0	0 0	236,547 0	8,023 0	5,743 0	408,537 0	397,007 0
WILLIAM T SPITZ MBA	(i) (ii)	652,694 0	142,207 0	12,822 0	11,500 0	27,331 0	846,554 0	339,661 0

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Part I

Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HEFB OF METRO NASHVILLE & DAVIDSON CO TN	60-6139016		04-01-2009	328,850,840	SEE SCHEDULE O		X		X
B	HEFB OF METRO NASHVILLE & DAVIDSON CO TN	60-6139016		04-23-2008	274,405,009	SEE SCHEDULE O		X		X
C	HEFB OF METRO NASHVILLE & DAVIDSON CO TN	60-6139016		01-20-2005	413,607,549	SEE SCHEDULE O		X		X
D	HEFB OF METRO NASHVILLE & DAVIDSON CO TN	60-6139016		05-29-2003	40,155,000	SEE SCHEDULE O		X		X
E	HEFB OF METRO NASHVILLE & DAVIDSON CO TN (CP)	60-6139016		06-28-2007	362,920,000	SEE SCHEDULE O		X		X

Part II

Proceeds (Optional for 2008)

1	Total Proceeds of Issue	A		B		C		D		E	
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed wth respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization Vanderbilt University	Employer identification number 62-0476822
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Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III

Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
see schedule o		

Part IV

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE SCHEDULE O					

SCHEDULE M
(Form 990)

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	20	9,859	COST
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		143,178	VARIOUS
5 Clothing and household goods	X		22,158	VARIOUS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	339	64,394,602	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential	X	2	119,000	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other	X	1	5,590	APPRAISAL
18 Collectibles	X	35	16,558	VARIOUS
19 Food inventory				
20 Drugs and medical supplies	X	42	24,092	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (describe <u>SOFTWARE</u>)	X	2	2,612,637	APPRAISAL
26 Other (describe <u>SEE PART II</u>)	X	129	38,009	VARIOUS
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	42

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Identifier	Return Reference	Explanation
Program Service Activity Description	Form 990, Part III, Line 4a-d	<p>Program Service Activity #1 - Education VANDERBILT UNIVERSITY IS A CENTER FOR SCHOLARLY RESEARCH, INFORMED AND CREATIVE TEACHING, AND SERVICE TO THE COMMUNITY AND SOCIETY AT LARGE VANDERBILT UNIVERSITY IS INTERNATIONALLY RECOGNIZED AS ONE OF THE PREMIER TEACHING UNIVERSITIES, AND ITS UNDERGRADUATE, GRADUATE AND PROFESSIONAL PROGRAMS RANK AMONG THE FINEST IN THE WORLD VANDERBILT UNIVERSITY'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 COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT VANDERBILT UNIVERSITY HAS APPROXIMATELY 6,600 UNDERGRADUATE, AND 5,500 GRADUATE AND PROFESSIONAL STUDENTS, AND MORE THAN 3,500 FACULTY MEMBERS VANDERBILT UNIVERSITY RANKED 18TH AMONG THE NATION'S BEST UNIVERSITIES IN AN ANNUAL SURVEY CONDUCTED BY U S NEWS AND WORLD REPORT FURTHER, VANDERBILT IS RANKED 14TH AMONG NATIONAL UNIVERSITIES IN THE "GREAT SCHOOLS, GREAT PRICES" CATEGORY VANDERBILT'S PEABODY COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT IS NAMED THE NUMBER ONE GRADUATE SCHOOL OF EDUCATION IN THE NATION, BY U S NEWS AND WORLD REPORT IN THEIR RESPECTIVE CATEGORIES, VANDERBILT'S SCHOOL OF MEDICINE WAS RANKED 15TH AND THE LAW SCHOOL WAS RANKED 17TH IN THE NATION VANDERBILT RANKED 42ND IN THE WORLD AND 34TH AMONG NORTH AND LATIN AMERICAN UNIVERSITIES BY CHINA'S SHANGHAI JIAO TONG UNIVERSITY THE CHINESE UNIVERSITY'S RANKING SYSTEM IS CONSIDERED A LEADING INTERNATIONAL INDEX OF UNIVERSITIES</p> <p>Program Service Activity #2 - Academic/Scientific Research VANDERBILT UNIVERSITY IS AN INTERNATIONALLY RECOGNIZED RESEARCH UNIVERSITY A MAJORITY OF VANDERBILT UNIVERSITY'S RESEARCH FUNDING IS RECEIVED FROM THE FEDERAL GOVERNMENT A NATIONAL SCIENCE FOUNDATION REPORT RANKED VANDERBILT UNIVERSITY 20TH AMONG THE NATION'S RESEARCH INSTITUTIONS BASED ON THE DISTRIBUTION OF FEDERAL SCIENCE AND ENGINEERING RESEARCH AND DEVELOPMENT DOLLARS FUNDING IS ALSO RECEIVED FROM FOUNDATIONS, ASSOCIATIONS, CORPORATIONS, AND OTHER SOURCES VANDERBILT UNIVERSITY'S FACULTY ARE LEADING RESEARCH WITH GROUND-BREAKING CONSEQUENCES IN AREAS RANGING FROM LOCAL PUBLIC SCHOOL EDUCATION TO THE ENVIRONMENT, FROM PERSONALIZED MEDICINE TO GLOBAL HEALTH, FROM ORGAN GROWTH TO THE COSMOS</p> <p>Program Service Activity #3 - Patient Care VANDERBILT UNIVERSITY PROVIDES QUALITY HEALTH CARE SERVICES, REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY, THROUGH ITS HOSPITALS AND CLINICS, WHICH INCLUDE THE VANDERBILT UNIVERSITY HOSPITAL AND CLINC, THE MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT, VANDERBILT HEALTH AT ONE HUNDRED OAKS, THE VANDERBILT MEDICAL GROUP CLINICS IN WILLIAMSON COUNTY, AND THE PSYCHIATRIC HOSPITAL AT VANDERBILT ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF THE MEDICAL CENTER, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES, AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTH CARE SERVICES AND HEALTH CARE EDUCATION THEREFORE, IN KEEPING WITH THE COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS AT BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY WILL BE CONSIDERED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY COEXISTS CHARITY CARE IS PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES, WHICH VANDERBILT BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED OTHER HEALTH CARE SERVICES PROVIDED BY VANDERBILT INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED, MEDICALLY UNDERSERVED, AND A VARIETY OF OTHER BROAD COMMUNITY SUPPORT ACTIVITIES DURING THE FISCAL YEAR, VANDERBILT SERVICED 51,575 INPATIENTS, PERFORMED 39,880 SURGERIES, AND INCURRED 1,368,886 EMERGENCY AND OUTPATIENT CLINIC VISITS OUT OF 5,462 HOSPITALS SCREENED NATIONWIDE, U S NEWS AND WORLD REPORT NAMED VANDERBILT UNIVERSITY AMONG ONLY 19 HOSPITALS WITH OUTSTANDING RANKINGS IN AT LEAST SIX SPECIALTIES RANKED 15TH OVERALL BY THE MAGAZINE, VANDERBILT HAS EIGHT SPECIALTIES RANKED IN THE TOP 50 FOR THEIR RESPECTIVE FIELDS THE MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT IS RANKED 15TH BEST CHILDREN'S HOSPITAL IN THE U.S BY PARENTS MAGAZINE BASED ON CRITERIA THAT INCLUDE SURVIVAL RATES, STAFF QUALIFICATIONS, PATIENT SAFETY EFFORTS, RESEARCH, AND THE NUMBER OF COMPLEX PROCEDURES PERFORMED</p> <p>Other Program Service OTHER PROGRAM SERVICES INCLUDE PUBLIC SERVICE, ACADEMIC SUPPORT, STUDENT SERVICES, ROOM AND BOARD, AND OTHER AUXILIARY SERVICES VANDERBILT UNIVERSITY ENGAGES IN A VARIETY OF PUBLIC SERVICE PROJECTS SUCH PROJECTS ENCOMPASS A BROAD SPECTRUM OF ACTIVITIES, FROM SUPPORTING HIV CARE AND TREATMENT PROGRAMS IN THE REMOTE REGIONS OF MOZAMBIQUE AND NIGERIA, AFRICA, TO DEVELOPING AND ENHANCING NUMEROUS EDUCATION AND HEALTHCARE RESOURCES AND FUNCTIONS WITHIN THE UNITED STATES AND THE STATE OF TENNESSEE See Vanderbilt University's June 30, 2009 Annual Report for additional information and achievements at http://financialreport.vanderbilt.edu/reports/archive.html</p>

Identifier	Return Reference	Explanation
AUDITED Financial Statements	Form 990, Part IV, Line 4b and Form 990, Part XI, line 2b	Vanderbilt University's financial statements are audited on a consolidated basis by an independent accountant, and are posted to the university's website for public access. Based on the instructions to Form 990, because an audit just of Vanderbilt University excluding the university's subsidiaries is not conducted, a "NO" answer to these questions was deemed to be the technically correct response. SEE VANDERBILT UNIVERSITY'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND ACCOMPANYING FOOTNOTES AT HTTP://FINANCIALREPORT.VANDERBILT.EDU/REPORTS/ARCHIVE.HTML

Identifier	Return Reference	Explanation
Financial Accounts in Foreign countries	Form 990, Part V, Line 4b	Foreign countries where Vanderbilt has an interest in, or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) Foreign countries with bank accounts. France, Uganda, Germany, Spain, Nigeria, Mozambique, United Kingdom, Cayman Islands Foreign countries where hedge fund investments are domiciled. Bermuda, Brazil, British Virgin Islands, Canada, Cayman Islands, France, Guernsey, Hong Kong, India, Luxembourg, Mauritius, Netherlands, United Kingdom

Identifier	Return Reference	Explanation
VOTING MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, LINE 1A	PER THE BYLAWS IN EFFECT AT JUNE 30, 2009, "THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIRMAN OF THE BOARD, WHO SHALL SERVE AS Chair, the vice-chairmen of the board, the secretary of the board, the chancellor, who shall serve as secretary, THE CHAIRMAN OF THE AUDIT COMMITTEE, THE CHAIRMAN OF THE BUDGET COMMITTEE, THE CHAIRMAN OF THE COMPENSATION COMMITTEE, The Chairman of the Governance and Board Affairs Committee, THE CHAIRMAN OF THE INVESTMENT COMMITTEE, THE CHAIRMAN OF THE MEDICAL CENTER AFFAIRS COMMITTEE, THE CHAIRMAN OF ANY SPECIAL UNIVERSITY-WIDE FUND RAISING CAMPAIGN, THE SENIOR YOUNG ALUMNI MEMBER ELECTED TO THE BOARD UNDER THE PROVISIONS OF CHAPTER I, PARAGRAPH 6, SUBPARAGRAPH D, WITH THE LONGER TERM OF SERVICE, THE SENIOR ALUMNI MEMBER ELECTED UNDER CHAPTER 1, PARAGRAPH 6, SUBPARAGRAPH C, WITH THE LONGER TERM OF SERVICE, AND UP TO EIGHT ADDITIONAL MEMBERS OF THE BOARD. AT LEAST TWO OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL RESIDE OUTSIDE OF NASHVILLE. THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT UPON ALL QUESTIONS AND TRANSACT BUSINESS OF EVERY KIND WHEN THE BOARD IS NOT IN SESSION, AND ITS ACTION SHALL BE FINAL PROVIDED IT SHALL BE WITHOUT AUTHORITY TO ALTER, MODIFY, OR RESCIND ANY AFFIRMATIVE ACTION OR POLICY TAKEN OR APPROVED BY THE BOARD. ALL ACTIONS TAKEN BY THE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS NEXT REGULAR MEETING, OR THROUGH THE DISTRIBUTION OF MINUTES OF EXECUTIVE COMMITTEE MEETINGS."

Identifier	Return Reference	Explanation
FAMILY & BUSINESS RELATIONSHIPS	FORM 990, PART VI, LINE 2	BOARD CHAIRMAN MARTHA R. INGRAM AND TRUSTEES JOHN R. INGRAM AND ORRIN H. INGRAM HAVE FAMILY AND BUSINESS RELATIONSHIPS. TRUSTEES JACKSON W. MOORE AND REBECCA W. WILSON HAVE A FAMILY RELATIONSHIP. BOARD CHAIRMAN MARTHA R. INGRAM, TRUSTEES JOHN R. INGRAM, ORRIN H. INGRAM, and Trustee Emeriti H. Rodes Hart have a family relationship. BOARD CHAIRMAN MARTHA R. INGRAM, TRUSTEES DENNIS C. BOTTORFF, JOHN R. INGRAM, ORRIN H. INGRAM, AND VICE-CHANCELLOR FOR HEALTH AFFAIRS HARRY R. JACOBSON, MD HAVE A BUSINESS RELATIONSHIP. TRUSTEES CECIL D. CONLEE AND J. HICKS LANIER HAVE A BUSINESS RELATIONSHIP. TRUSTEES MICHAEL L. AINSLIE AND EUGENE B. SHANKS, JR. HAVE A BUSINESS RELATIONSHIP. TRUSTEES JOANNE F. HAYES AND J. HICKS LANIER HAVE A BUSINESS RELATIONSHIP. Trustee W. Ridley Wills II and former Vice Chancellor of Investments William T. Spitz have a business relationship. Board Chairman Martha R. Ingram, Trustees John R. Ingram, Orrin H. Ingram, and former Chancellor E. Gordon Gee have a business relationship. Trustees Joe L. Roby and Mark F. Dalton have a business relationship. BOARD CHAIRMAN MARTHA R. INGRAM, TRUSTEES JOHN R. INGRAM, ORRIN H. INGRAM, AND FORMER VICE CHANCELLOR FOR INVESTMENTS WILLIAM T. SPITZ HAVE A BUSINESS RELATIONSHIP.

Identifier	Return Reference	Explanation
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, LINE 4	IN FISCAL YEAR 2009, VANDERBILT UNIVERSITY CHANGED ITS BY-LAWS TO create the MEDICAL CENTER AFFAIRS COMMITTEE AND UPDATE THE GOVERNANCE AND BOARD AFFAIRS COMMITTEE'S RESPONSIBILITIES.

Identifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, LINE 10	VANDERBILT UNIVERSITY PROVIDES A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW TO THE CHANCELLOR, GENERAL OFFICERS, INCLUDING THE CHIEF FINANCIAL OFFICER, AND GENERAL COUNSEL. ONCE THIS REVIEW PROCESS IS COMPLETE, THE BOARD OF TRUST AUDIT COMMITTEE IS PROVIDED A COPY OF THE DRAFT FORM 990 AND ALL REQUIRED SCHEDULES FOR REVIEW. THE FINAL FORM 990 AND ALL REQUIRED SCHEDULES IS MADE AVAILABLE TO THE FULL BOARD OF TRUST FOR REVIEW VIA VANDERBILT'S SECURE BOARD OF TRUST WEBSITE PRIOR TO THE FILING OF THE RETURN.

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	VANDERBILT UNIVERSITY REQUIRES THAT FOR ANY FACULTY OR STAFF MEMBER DISCLOSING A POTENTIAL CONFLICT OF INTEREST, THE CONFLICT be REVIEWED BY THE INDIVIDUAL'S MANAGER, AS WELL AS BY THE CONFLICT OF INTEREST AND COMMITMENT MANAGEMENT OFFICE OR VANDERBILT UNIVERSITY MEDICAL CENTER FACULTY AFFAIRS OFFICE, AND THE REPORTED CONFLICT be MANAGED, REDUCED, OR ELIMINATED. THE MANAGER IS REQUIRED TO RESPOND THAT ANY RECOMMENDED MANAGEMENT PLAN HAS BEEN IMPLEMENTED OR THAT THE REPORTED CONFLICT NO LONGER EXISTS. BOARD OF TRUST MEMBERS ALSO COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURES AND MANAGEMENT PLANS ARE DEVELOPED TO MANAGE, REDUCE, OR ELIMINATE ANY POTENTIAL CONFLICTS OF INTEREST. TRUSTEES ARE ALSO NOTIFIED OF THEIR PLANS AND THE PLANS ARE THOROUGHLY DISCUSSED WITH THEM TO ENSURE COMPLIANCE.

Identifier	Return Reference	Explanation
COMPENSATION DETERMINATION	FORM 990, PART VI, LINE 15	TO ENSURE THAT VANDERBILT IS PAYING REASONABLE TOTAL COMPENSATION, IS NOT VIOLATING THE PRIVATE INUREMENT PROHIBITION, AND IS IN COMPLIANCE WITH THE INTERMEDIATE SANCTIONS PROVISIONS WITH RESPECT TO THE GENERAL OFFICERS, VANDERBILT'S BOARD OF DIRECTORS HAS DESIGNATED A COMPENSATION COMMITTEE MADE UP OF OUTSIDE, INDEPENDENT, BOARD MEMBERS TO REVIEW AND RECOMMEND TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE TOTAL COMPENSATION ANNUALLY FOR THE GENERAL OFFICERS. THE COMMITTEE UTILIZES AN OUTSIDE CONSULTING FIRM TO PROVIDE EXPERT INFORMATION REGARDING INDUSTRY-WIDE COMPENSATION NORMS AND COMPLIANCE WITH ALL INTERNAL REVENUE SERVICE RULES CONCERNING EXECUTIVE COMPENSATION, INCLUDING THE INTERNAL REVENUE CODE PROVISIONS RELATED TO INTERMEDIATE SANCTIONS, DEFERRED COMPENSATION, AND PRIVATE INUREMENT. THE COMPENSATION COMMITTEE REVIEWS THE EXECUTIVE COMPENSATION PHILOSOPHY AND AFFIRMS THAT IT IS IN LINE WITH THE BOARD'S EXPECTATION. THE COMPENSATION OF THE GENERAL OFFICERS IS DISCLOSED IN THE ANNUAL FORM 990, WHICH IS AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH IRS GUIDELINES. EACH YEAR THE TOTAL COMPENSATION REVIEW AND RECOMMENDATIONS ARE RECORDED IN THE MINUTES OF THE COMPENSATION COMMITTEE MEETINGS. THE APPROVAL OF THE RECOMMENDATIONS IS RECORDED IN THE EXECUTIVE COMMITTEE MEETINGS. THE FULL BOARD IS INFORMED ANNUALLY OF THE TOTAL COMPENSATION OF THE GENERAL OFFICERS DURING PRIVATE SESSION.

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, &	FINANCIAL STATEMENTS	FORM 990, PART VI, LINE 19 VANDERBILT UNIVERSITY MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS BOARD OF TRUST WEBSITE LOCATED AT HTTP //WWW VANDERBILT EDU/BOARDOFTRUST VANDERBILT UNIVERSITY MAKES ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC THROUGH ITS COMPLIANCE PROGRAM WEBSITE LOCATED AT HTTP //WWW VANDERBILT EDU/COMPLIANCE AND THE VANDERBILT UNIVERSITY MEDICAL CENTER'S OFFICE OF COMPLIANCE AND CORPORATE INTEGRITY WEBSITE LOCATED AT HTTP //WWW MC VANDERBILT EDU/COMPLIANCE VANDERBILT UNIVERSITY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE LOCATED AT HTTP //FINANCIALREPORT VANDERBILT EDU

Identifier	Return Reference	Explanation
ADDRESS OF INDEPENDENT CONTRACTORS	FORM 990, PART VII, SECTION B, LINE 1, COLUMN (A)	BALFOUR RESOURCE GROUP 535 MARRIOTT DRIVE, SUITE 625 NASHVILLE, TN 37214 TURNER UNIVERSAL CONSTRUCTION CO 5300 VIRGINIA WAY BRENTWOOD, TN 37027 ORION BUILDING CORPORATION 9025 OVERLOOK BOULEVARD, SUITE 100 BRENTWOOD, TN 37027 BATTEN & SHAW INC 107 MUSIC CITY CIRCLE, SUITE 300 NASHVILLE, TN 37214 FRESENIUS MEDICAL CARE HOLDINGS 920 WINTER STREET WALTHAM, MA 02451

Identifier	Return Reference	Explanation
INVESTMENT MANAGEMENT FEES	FORM 990, PART IX, LINE 11F	VANDERBILT INCLUDES INVESTMENT MANAGEMENT FEES AS PART OF THE NET GAINS AND LOSSES OF THE ENDOWMENT, WHICH ARE REPORTED IN PART VIII, LINE 7C OF FORM 990 THIS IS CONSISTENT WITH THE WAY VANDERBILT REPORTS THE CHANGE IN ENDOWMENT APPRECIATION NET OF MANAGEMENT FEES IN THE AUDITED FINANCIAL STATEMENTS BELOW IS AN EXCERPT FROM THE INVESTMENT RETURN FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS THAT INCLUDES ADDITIONAL DISCLOSURES RELATED TO INVESTMENT MANAGEMENT FEES "IN ADDITION TO A CORE GROUP OF INVESTMENT PROFESSIONALS DEDICATED TO THE MANAGEMENT OF VANDERBILT'S ENDOWMENT, VANDERBILT ALSO EMPLOYS EXTERNAL INVESTMENT MANAGERS TO A LARGE DEGREE PARTICULARLY FOR ALTERNATIVE INVESTMENTS SUCH AS HEDGE FUNDS, INVESTMENT MANAGER FEE STRUCTURES FREQUENTLY HAVE A BASE COMPONENT ALONG WITH A PERFORMANCE COMPONENT RELATIVE TO THE ENTIRE LIFE OF THE INVESTMENTS UNDER THESE SORTS OF ARRANGEMENTS, MANAGEMENT FEES FREQUENTLY ARE SUBJECT TO SUBSTANTIAL ADJUSTMENTS BASED ON CUMULATIVE FUTURE RETURNS FOR A NUMBER OF YEARS HENCE FEES PAID DIRECTLY TO EXTERNAL INVESTMENT MANAGERS (IE, SEGREGATED INVESTMENT ACCOUNT FEES) TOTALED \$3.5 MILLION AND \$2.5 MILLION IN FISCAL 2009 AND 2008, RESPECTIVELY "

Identifier	Return Reference	Explanation
Audit Committee	FORM 990, PART XI, LINE 2C	Vanderbilt University has a standing Audit Committee comprised of members elected by the Board of Trust in accordance with the university's Code of Bylaws. Additionally, in accordance with its Bylaws, the Audit Committee is responsible for the external audit process, including appointing, compensating and overseeing the external independent auditors of the university's consolidated financial statements.

Identifier	Return Reference	Explanation
NONDISCRIMINATION POLICY	FORM 990, SCHEDULE E, QUESTION 3	Vanderbilt University's nondiscrimination policy is widely disseminated through various university-related websites, online application portals, orientation sessions, and publication in catalogs, application materials, and handbooks. A summary of Vanderbilt University's nondiscrimination policy is as follows: IN COMPLIANCE WITH FEDERAL LAW, INCLUDING THE PROVISIONS OF TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTIONS 503 AND 504 OF THE REHABILITATION ACT OF 1973, THE AMERICANS WITH DISABILITIES ACT OF 1990, EXECUTIVE ORDER 11246, AND THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT, AS AMENDED, VANDERBILT UNIVERSITY DOES NOT DISCRIMINATE AGAINST INDIVIDUALS ON THE BASIS OF THEIR RACE, SEX, RELIGION, COLOR, NATIONAL OR ETHNIC ORIGIN, AGE, DISABILITY, OR MILITARY SERVICE. IN ITS ADMINISTRATION OF EDUCATIONAL POLICIES, PROGRAMS, OR ACTIVITIES, ITS ADMISSIONS POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, ATHLETIC OR OTHER UNIVERSITY-ADMINISTERED PROGRAMS, OR EMPLOYMENT, IN ADDITION, THE UNIVERSITY DOES NOT DISCRIMINATE AGAINST INDIVIDUALS ON THE BASIS OF THEIR SEXUAL ORIENTATION, GENDER IDENTITY, OR GENDER EXPRESSION. CONSISTENT WITH THE UNIVERSITY'S NONDISCRIMINATION POLICY.

Identifier	Return Reference	Explanation
FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY	FORM 990, SCHEDULE E, QUESTION 6A	VANDERBILT UNIVERSITY PARTICIPATES IN THE FOLLOWING PROGRAMS: FEDERAL PELL GRANTS, FEDERAL ACADEMIC COMPETITIVENESS GRANTS (ACG), FEDERAL NATIONAL SCIENCE AND MATHEMATICS ACCESS TO RETAIN TALENT GRANTS (NATIONAL SMART GRANT), FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS (FSEOG), FEDERAL SUBSIDIZED STAFFORD LOANS, FEDERAL UNSUBSIDIZED STAFFORD LOANS, FEDERAL PERKINS LOANS, FEDERAL PARENT (PLUS) LOANS, FEDERAL WORK STUDY PROGRAM, TENNESSEE STUDENT ASSISTANCE AWARDS, AND THE TENNESSEE EDUCATION LOTTERY SCHOLARSHIP PROGRAM. VANDERBILT UNIVERSITY ALSO RECEIVES VARIOUS FEDERAL AND STATE GRANTS AND CONTRACTS FOR ACADEMIC AND SCIENTIFIC RESEARCH.

Identifier	Return Reference	Explanation
FUNDRAISING ACTIVITIES	Form 990, SCHEDULE G, PART I, LINE 2B, COLUMN II	RUFFALO CODY: CALLING CENTER MANAGEMENT AND STAFFING; BIG HEARTED BABES; EVENT COORDINATION; EXPENSE BUDGETING; RECRUITING SPONSORSHIPS; COORDINATING TALENT; RECRUIT/MANAGE VOLUNTEERS; AND COORDINATE ADVERTISING.

Identifier	Return Reference	Explanation
AMOUNT PAID TO FUNDRAISER	FORM 990, SCHEDULE G, PART I, LINE 2B, COLUMN V	THE TOTAL AMOUNT PAID TO RUFFALO CODY FOR FY 2009 INCLUDES PROFESSIONAL FUNDRAISING FEES OF \$388,148 AND FUNDRAISING EXPENSES OF \$47,448 FOR A TOTAL OF \$435,596. THE CONTRACT BETWEEN VANDERBILT UNIVERSITY AND RUFFALO CODY CALLS FOR THE REIMBURSEMENT OF FUNDRAISING EXPENSES INCURRED BY RUFFALO CODY, SUCH AS PRINTING AND POSTAGE, WHICH ARE INVOICED AS INCURRED.

Identifier	Return Reference	Explanation
SOLICITATIONS	From 990, SCHEDULE G, PART I, LINE 3	FOR SOLICITATION OF CHARITABLE GIFTS FROM THE GENERAL PUBLIC, THE STATE OF TENNESSEE, WHERE VANDERBILT UNIVERSITY IS LOCATED, GRANTS AN EXPRESS EXCEPTION FROM REGISTRATION BECAUSE THE INSTITUTION MEETS THE STATUTORY DEFINITION OF A "SCHOOL, COLLEGE, OR UNIVERSITY " OUTSIDE TENNESSEE, THE INSTITUTION MAY ISSUE CHARITABLE GIFT ANNUITIES (CGA'S) TO DONORS WITH SOME ESTABLISHED RELATIONSHIP TO THE INSTITUTION CERTAIN STATES REQUIRE REGISTRATION OF SOME DEGREE TO ISSUE SUCH CGA'S WHILE OTHERS PROVIDE AN EXEMPTION THOSE STATES IN WHICH THE INSTITUTION HAS REGISTERED TO ISSUE CGA'S OR MAY BE DEEMED EXEMPT FROM SUCH REGISTRATION INCLUDE THE FOLLOWING ALASKA, CONNECTICUT, IDAHO, IOWA, MINNESOTA, MISSOURI, NEVADA, NEW HAMPSHIRE, GEORGIA, MONTANA, OKLAHOMA, NEW MEXICO, NORTH CAROLINA, TENNESSEE, MISSISSIPPI, WEST VIRGINIA, AND TEXAS

Identifier	Return Reference	Explanation
EVENT DESCRIPTION	FORM 990, SCHEDULE G, PART II, COLUMNS A AND B	A EVENT # 1 DIERKS BENTLEY "MILES & MUSIC FOR KIDS" CELEBRITY MOTORCYCLE RIDE AND CONCERT BENEFITING THE MONROE CARELL JR CHILDREN'S HOSPITAL AT VANDERBILT B EVENT # 2 VANDERBILT LIFEFLIGHT GOLDEN HOUR DINNER BENEFITING THE DEVELOPMENT OF PROGRAMS IN THE VANDERBILT UNIVERSITY MEDICAL CENTER DIVISION OF TRAUMA AND LIFEFLIGHT

Identifier	Return Reference	Explanation
OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES and Highest	Compensated Employees - Titles FORM 990, SCHEDULE J-2	NICHOLAS S ZEPPOS, JD- CHANCELLOR JEFFREY R BALSER, MD- VICE CHANCELLOR FOR HEALTH AFFAIRS, DEAN, SCHOOL OF MEDICINE BECAME AN OFFICER IN JUNE 2009 LAUREN J BRISKY, MBA- VICE CHANCELLOR FOR ADMINISTRATION AND CHIEF FINANCIAL OFFICER TERMINATED EMPLOYMENT WITH VANDERBILT UNIVERSITY IN FEBRUARY 2009 JERRY G FIFE, BS- INTERIM VICE CHANCELLOR FOR ADMINISTRATION BECAME AN OFFICER IN FEBRURARY 2009 BETH A FORTUNE, MA- VICE CHANCELLOR FOR PUBLIC AFFAIRS HARRY R JACOBSON, MD- VICE CHANCELLOR FOR HEALTH AFFAIRS TERMINATED HIS STATUS AS AN OFFICER IN JUNE 2009 RICHARD C MCCARTY, MS, PHD- PROVOST AND VICE CHANCELLOR FOR ACADEMIC AFFAIRS, PROFESSOR OF PSYCHOLOGY BECAME AN OFFICER IN JULY 2008 BETTY L PRICE, MBA, CPA- INTERIM VICE CHANCELLOR FOR FINANCE AND CHIEF FINANCIAL OFFICER BECAME AN OFFICER IN FEBRUARY 2009 SUSIE S STALCUP, BA- VICE CHANCELLOR FOR DEVELOPMENT AND ALUMNI RELATIONS BECAME AN OFFICER IN JANUARY 2009 DAVID WILLIAMS II, MA, MBA, JD, LLM- VICE CHANCELLOR FOR UNIVERSITY AFFAIRS AND ATHLETICS, GENERAL COUNSEL, AND SECRETARY OF THE UNIVERSITY MATTHEW W WRIGHT, MBA- VICE CHANCELLOR FOR INVESTMENTS CHARLES W PINSON, MD- CHIEF MEDICAL OFFICER, ASSOCIATE VICE CHANCELLOR FOR CLINICAL AFFAIRS, DIRECTOR, VANDERBILT TRANSPLANT CENTER, H WILLIAM SCOTT PROFESSOR OF SURGERY MARTIN P SANDLER, MD- ASSOCIATE VICE CHANCELLOR FOR HOSPITAL AFFAIRS, PROFESSOR OF RADIOLOGY AND RADIOLOGICAL SCIENCES ROBERT D BEAUCHAMP, MD- JC FOSHEE DISTINGUISHED PROFESSOR, CHAIR, SECTION OF SURGICAL SCIENCES LLOYD G KING, MD- ASSOCIATE PROFESSOR, CLINICAL GASTROENTEROLOGY ROBERT A JOHNSON, MA- HEAD FOOTBALL COACH JOSEPH A SMITH, MD- PROFESSOR AND CHAIRMAN, UROLOGY DEPARTMENT KEVIN E STALLINGS, MS- HEAD MEN'S BASKETBALL COACH MICHAEL J SCHOENFIELD, MS- FORMER OFFICER (VICE CHANCELLOR FOR PUBLIC AFFAIRS) TERMINATED EMPLOYMENT WITH VANDERBILT UNIVERSITY IN MAY 2008 WILLIAM T SPITZ, MBA- FORMER OFFICER (VICE CHANCELLOR FOR INVESTMENTS AND TREASURER) ON SABBATICAL DURING CALENDAR YEAR 2008

Identifier	Return Reference	Explanation
FULL ISSUER NAME	Form 990, SCHEDULE K, PART I, COLUMN A, ALL LINES	HEFB OF METRO NASHVILLE AND DAVIDSON CO TN (THE HEALTH AND EDUCATIONAL FACILITIES BOARD OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY, TENNESSEE)

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND CUSIP #	Form 990, SCHEDULE K, PART I, COLUMN C	LINE A- 592041 RJB AND RS8 (REVENUE BONDS, SERIES 2009A AND B) LINE B- 592041 QB6 AND QP5 (REVENUE BONDS, SERIES 2008A AND B) LINE C- 592041 NW3 AND NX1 (REVENUE BONDS, SERIES 2005A AND B) LINE D- 592041 MZ7 (REVENUE REFUNDING BONDS, SERIES 2003A) LINE E- 592041 VARIOUS (TAX-EXEMPT COMMERCIAL PAPER, THE VANDERBILT UNIVERSITY ISSUE)

Identifier	Return Reference	Explanation
DESCRIPTION OF PURPOSE	Form 990, SCHEDULE K, PART I, COLUMN F	BOND ISSUE A- TO REFUND TAX-EXEMPT COMMERCIAL PAPER ISSUED TO FINANCE VARIOUS CAPITAL PROJECTS, REFUND THE SERIES 2005 B-1 BONDS, REFUND THE SERIES 2005 B-2 BONDS, FINANCE VARIOUS CAPITAL IMPROVEMENTS, TO PAY FOR THE COSTS OF ISSUANCE OF THE BONDS BOND ISSUE B- TO RETIRE COMMERICAL PAPER ISSUED TO FINANCE CAPITAL PROJECTS OF THE UNIVERSITY AND HOSPITALS, TO PAY FOR THE COSTS OF ISSUANCE OF THE BONDS BOND ISSUE C- TO PAY THE COSTS OF UNIVERSITY PROJECTS AND HOSPITAL PROJECTS, REFUND THE SERIES 2000 C BONDS, REFUND THE SERIES 2002 B BONDS, REFUND THE SERIES 1985 A BONDS, TO PAY FOR THE COSTS OF ISSUANCE OF THE BONDS BOND ISSUE D- TO REFUND THE SERIES 1993 A BONDS, TO PAY FOR THE COSTS OF ISSUANCE OF THE BONDS BOND ISSUE E- TO REFINANCE PRIOR ISSUE, TO FINANCE VARIOUS BUILDINGS AND EQUIPMENT

Identifier	Return Reference	Explanation
Grants or Assistance Benefitting Interested Persons	FORM 990, Schedule L, Part III	\$70,910 - Aggregate of educational assistance provided to five interested persons under the Tuition Benefit Program, w hich is available to qualifying dependents of all eligible employees (e g those meeting minium period of service requirements)

Identifier	Return Reference	Explanation
Business transactions involving INTERESTED PERSONS	Form 990, SCHEDULE L, PART IV	(A) MARK F DALTON (B) TUDOR GROUP HOLDINGS, OF WHICH Trustee MARK F DALTON IS PRESIDENT AND VICE-CHAIRMAN, HOLDS A MINORITY INTEREST IN A PRIVATE EQUITY FUND IN WHICH VANDERBILT UNIVERSITY'S ENDOWMENT IS ALSO AN INVESTOR (C) \$2,176,342 (D) VANDERBILT'S net capital contribution during FY09 (E) NO REVENUE SHARING (A) MARK F DALTON (B) TUDOR GROUP HOLDINGS, OF WHICH Trustee MARK F DALTON IS PRESIDENT AND VICE-CHAIRMAN, MANAGES A LIMITED PARTNERSHIP IN WHICH VANDERBILT UNIVERSITY'S ENDOWMENT IS ALSO AN INVESTOR (C) \$39,131,245 (D) VANDERBILT'S net capital distribution during FY09 upon liquidating its OWNERSHIP INTEREST (E) NO REVENUE SHARING (A) Douglas W Shorenstein (B) TRUSTEE Shorenstein IS CHAIRMAN AND CEO OF A LIMITED PARTNERSHIP IN WHICH VANDERBILT UNIVERSITY'S ENDOWMENT IS ALSO AN INVESTOR TRUSTEE SHORENSTEIN RESIGNED FROM HIS POSITION AS A TRUSTEE IN SEPTEMBER 2008 (C) \$392,017 (D) VANDERBILT'S net capital contribution during FY09 (E) NO REVENUE SHARING (A) Julia Fesmire, PhD (B) Family member of Karen T Fesmire, current Trustee (C) \$41,978 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Barbara Engelhardt, MD (B) Family member of William M Wilson, current Trustee (C) \$103,615 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Hava Fife, APRN-BC (B) Family member of Jerry G Fife, current officer (C) \$81,762 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Ryan L McCarty (B) Family member of Richard C McCarty, current officer (C) \$54,007 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Gail P Carr-Williams (B) Family member of DAVID WILLIAMS II, current officer (C) \$108,721 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Mary C Spitz (B) Family member of WILLIAM T Spitz, FORMER officer (C) \$17,210 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Glynis A Sandler, MD (B) Family member of Martin P Sandler, MD, current key employee (C) \$425,438 (D) Employment at Vanderbilt (E) NO REVENUE SHARING (A) Harry r JACOBSON, MD (B) VICE CHANCELLOR JACOBSON IS ON THE BOARD OF DIRECTORS FOR KINETIC CONCEPTS, INC , A MEDICAL SUPPLY COMPANY, WHOSE SUBSIDIARIES KCI USA, INC AND LIFECELL CORPORATION CONDUCT BUSINESS WITH VANDERBILT (C) \$3,440,465 (D) VANDERBILT'S NET PURCHASES DURING FY09 (E) NO REVENUE SHARING

Identifier	Return Reference	Explanation
Trust Ownership Percentages	Form 990, Schedule R, Part IV, Column H	TRUSTS THAT ARE NOT MANAGED BY VANDERBILT UNIVERSITY ARE REPORTED TO REFLECT THE ESTIMATED PERCENTAGE OF THE UNIVERSITY'S REMAINDER OR LEAD INTEREST, AS APPLICABLE

Identifier	Return Reference	Explanation
Full Name, ADDRESS AND EIN of Related Organizations	Form 990, Schedule R-1, Part III and PART IV	<p>AMBULATORY SURGERY CENTER OF COOL SPRINGS, LLC 62-1809227 40 BURTON HILLS RD, STE 500, NASHVILLE, TN 37215 NEW LIGHT IMAGING, LLC 14-1895171 4525 HARDING RD, STE 102, NASHVILLE, TN 37205 ONE HUNDRED OAKS IMAGING, LLC 26-3762022 4525 HARDING RD, STE 102, NASHVILLE, TN 37205 SPRING HILL IMAGING CENTER, LLC 20-2652836 4525 HARDING RD, STE 102, NASHVILLE, TN 37205 SPRINGFIELD VIP REALTY, LLC 26-1237360 3319 WEST END, STE 700, NASHVILLE TN 37203 VANDERBILT IMAGING SERVICES, LLC (VIS) 62-1787098 1909 ACKLEN AVE, NASHVILLE, TN 37212 VANDERBILT-STALLWORTH REHAB HOSPITAL, LLP 63-1077470 2201 CHILDREN'S WAY, NASHVILLE, TN 37212 VANDERBILT/ST THOMAS IMAGING, GP 20-4803261 4525 HARDING RD, STE 102, NASHVILLE, TN 37205 VANDERBILT-GATEWAY CANCER CENTER, GP 20-3844791 3319 WEST END, STE 700, NASHVILLE TN 37203 VIP/MIDSOUTH, LLC 62-1654580 3319 WEST END, STE 700, NASHVILLE TN 37203 WILLIAMSON IMAGING, LLC 62-1855535 2009 MALLORY LN, STE 150, FRANKLIN, TN 37067 ALTERNATIVE FIXED INCOME FUND, LP 65-0769632 1250 E HALLENDALE BEACH BLVD, HALLENDALE, FL 33009 ATHENA REAL ESTATE PARTNERS II-B LP 42-1667787 712 5TH AVE, 8TH FL, NEW YORK, NY 10019 DORE CAPITAL, LP 26-4337679 2100 WEST END, STE 1000, NASHVILLE, TN 37203 DORE CAPITAL REAL ESTATE, LP 26-4581574 2100 WEST END, STE 1000, NASHVILLE, TN 37203 HEALTH 1-2-3, INC 7100 COMMERCE WAY, STE 285, BRENTWOOD, TN 37027 MICROARRAYS, INC 601 GENOME WAY, STE 3300, HUNTSVILLE, AL 35806 VANDERBILT INTEGRATED PROVIDERS (VIP) 3319 WEST END, STE 700, NASHVILLE, TN 37203 VANDERBILT LEGENDS CLUB, INC 1500 LEGENDS CLUB LN, FRANKLIN, TN 37069 ZTIPS, INC 2100 WEST END, STE 750, NASHVILLE, TN 37203 COMMODORE SCOTTISH PATRON II LP 50 LOTHIAN ROAD, FESTIVAL SQUARE, EDINBURGH, SCOTLAND PROMETHEAN II OFFSHORE, LP 90 FORT ST, BOX 32021, SMB, GRAND CAYMAN, CAYMAN ISLANDS CALLAO PARTNERS, LTD, APPLEBY TRUST (CAYMAN) LTD CLIFTON HOUSE, 75 FORT ST, PO BOX 1350, GEORGE TOWN, CAYMAN ISLANDS KY 1-1108 EMERGENT PRO ALIA FUND, SUB FUND EMERGENT AFRICAN LAND FUND 20, BOULEVARD EMMANUEL SERVAIS, L-2535 LUXEMBOURG VISION EMERGING ASSET BACKED FUND FOUR, SPC SEGREGATED PORT 5 WALKER HOUSE, PO BOX 908, MARY ST, GEORGE TOWN, CAYMAN ISLANDS KY 1-9002</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Vanderbilt University

Employer identification number
62-0476822

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
VANDERBILT-WILLIAMSON CANCER CENTER LLC 2107 EDWARD CURD LANE FRANKLIN, TN 37067 62-1864145	ONCOLOGY SVCS	TN	4,685,417	4,331,049	NA
VUCH DONATION LLC 2100 WEST END STE 750 NASHVILLE, TN 37203 62-0476822	INVESTMENT	TN	0	1	NA
DORE CAPITAL LLC 2100 WEST END STE 1000 NASHVILLE, TN 37203 26-4337602	INVESTMENT	DE	0	0	NA
DORE CAPITAL REAL ESTATE LLC 2100 WEST END STE 1000 NASHVILLE, TN 37203 26-4581498	INVESTMENT	DE	0	0	NA

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MEHARRY MEDical COLLEge-VANDERBILT UNIV 1919 CHARLOTTE AVE STE 300 NASHVILLE, TN37203 31-1703876	SUPPORT ORG	TN	501(C)(3)	11B-II	NA
INGRAM CHARITABLE FUND INC 4400 HARDING RD 9TH FL NASHVILLE, TN37205 58-1916504	SUPPORT ORG	TN	501(C)(3)	11D-III-O	NA
VANDERBILT ASTHMA SINUS ALLERGY PRGM INC 3319 WEST END STE 700 NASHVILLE, TN37203 62-1686333	INACTIVE	TN	501(C)(3)	9	VHS
VANDERBILT HEALTH SERVICES INC (VHS) 2100 WEST END STE 750 NASHVILLE, TN37203 62-1176354	SUPPORT ORG	TN	501(C)(3)	11B-II	NA
VANDERBILT HOME CARE SERVICES INC 2120 BELCOURT AVE NASHVILLE, TN37203 62-1404948	HOME HEALTH	TN	501(C)(3)	9	VHS
VANDERBILT STUDENT COMMUNICATIONS INC 2301 VANDERBILT PLACE NASHVILLE, TN37235 23-7030713	SUPPORT ORG	TN	501(C)(3)	11A-I	NA
VJ REAL ESTATE HOLDINGS INC 2100 WEST END STE 750 NASHVILLE, TN37203 58-2018307	TITLE HOLDING	TN	501(C)(2)	N/A	NA

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

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

[illegible]

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
MEHARRY MEDical COLLege-VANDERBILT UNIV 1919 CHARLOTTE AVE STE 300 NASHVILLE, TN37203 31-1703876	SUPPORT ORG	TN	501(C)(3)	11B-II	NA
INGRAM CHARITABLE FUND INC 4400 HARDING RD 9TH FL NASHVILLE, TN37205 58-1916504	SUPPORT ORG	TN	501(C)(3)	11D-III-O	NA
VANDERBILT ASTHMA SINUS ALLERGY PRGM INC 3319 WEST END STE 700 NASHVILLE, TN37203 62-1686333	INACTIVE	TN	501(C)(3)	9	VHS
VANDERBILT HEALTH SERVICES INC (VHS) 2100 WEST END STE 750 NASHVILLE, TN37203 62-1176354	SUPPORT ORG	TN	501(C)(3)	11B-II	NA
VANDERBILT HOME CARE SERVICES INC 2120 BELCOURT AVE NASHVILLE, TN37203 62-1404948	HOME HEALTH	TN	501(C)(3)	9	VHS
VANDERBILT STUDENT COMMUNICATIONS INC 2301 VANDERBILT PLACE NASHVILLE, TN37235 23-7030713	SUPPORT ORG	TN	501(C)(3)	11A-I	NA
VU REAL ESTATE HOLDINGS INC 2100 WEST END STE 750 NASHVILLE, TN37203 58-2018307	TITLE HOLDING	TN	501(C)(2)	N/A	NA

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproprrtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
AMBULATORY SURGERY CTR OF COOL SPRINGS	AMBUL SURGERY	TN	VHS	RELATED	336,639	1,152,563		No	0		No
NEW LIGHT IMAGING LLC	MGMT SERVICES	TN	VHS	RELATED	613,104	424,139		No	0		No
ONE HUNDRED OAKS IMAGING LLC	DIAG IMAGING	TN	VHS	RELATED	0	0		No	0	Yes	
SPRING HILL IMAGING CENTER LLC	DIAG IMAGING	TN	VHS	RELATED	-86,513	500,697		No	0	Yes	
SPRINGFIELD VIP REALTY LLC	REAL ESTATE	TN	NA	INVESTMENT	5,443	471,389		No	0	Yes	
VANDERBILT IMAGING SERVICES LLC	RADIOLOGY SVCS	TN	VHS	RELATED	4,248,343	2,674,600		No	0		No
VANDERBILT-STALLWORTH REHAB HOSPITAL LLP	REHAB SERVICES	TN	NA	RELATED	2,889,257	9,833,704		No	0	Yes	
VANDERBILTST THOMAS IMAGING GP	diag IMAGING	TN	VIS	RELATED	293,248	450,840		No	0	Yes	
VANDERBILT-GATEWAY CANCER CENTER GP	ONCOLOGY SVCS	DE	NA	RELATED	467,629	2,525,741		No	0	Yes	
VIPMIDSOUTH LLC	PEDIATRIC CLINIC	TN	VIP	RELATED	182,832	1,652,562		No	0		No
WILLIAMSON IMAGING LLC	DIAG IMAGING	TN	VIS	RELATED	1,776,107	970,029		No	0	Yes	
ALTERNATIVE FIXED INCOME FUND LP	INVESTMENTS	FL	NA	INVESTMENT	-40	288		No	0	Yes	
ATHENA REAL ESTATE PARTNERS II-B LP	INVESTMENTS	DE	NA	INVESTMENT	506	14,999,843		No	0		No
DORE CAPITAL LP	INVESTMENTS	DE	NA	INVESTMENT	0	0		No	0	Yes	
DORE CAPITAL REAL ESTATE LP	INVESTMENTS	DE	NA	INVESTMENT	0	0		No	0	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust								
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of Entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership	
HEALTH 1-2-3 INC 62-1571078	COMMERCIAL HMO	TN	VHS	C	39,590	2,050,853	100 %	
MICROARRAYS INC 62-1845634	MICROARRAY SVCS	TN	NA	C	929,623	514,533	62 93 %	
VANDERBILT INTEGRATED PROVIDERS 62-1650124	PHYSICIAN	TN	VHS	C	2,587,981	2,141,221	100 %	
VANDERBILT LEGENDS CLUB INC 62-1429615	GOLF CLUB	TN	NA	C	6,332,225	15,812,738	100 %	
ZTIPS INC 62-1864145	INVESTMENTS	DE	NA	C	-40	288	100 %	
COMMODORE SCOTTISH PATRON II LP PROMETHEAN II OFFSHORE	INVESTMENTS	UK	NA	C	-1,030,254	7,330,345	100 %	
98-0511244 Callao Partners Ltd Appleby Trust	Investments	KY	NA	C	15,104,950	138,686,475	92 65 %	
Emergent Pro Alia Fund Sub Fund 98-0600835	Investments	LU	NA	c	29,777	12,552,035	98 %	
Vision Emerging Asset Backed Fund Four The B3& PA Vand Univ Char Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6297970	Investments	KY	NA	c	13,973,856	80,037,273	65 25 %	
The MOB Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 52-1342522	Charitable Trust	TN	na	trust			60 %	
The MOB Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6268993	Charitable Trust	TN	na	trust			51 %	
The MOB Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6268993	Charitable Trust	TN	na	trust			51 %	
The RO & LH O Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-0887185	Charitable Trust	TN	na	trust			51 %	
The MRB Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-4764230	Charitable Trust	TN	na	trust			51 %	
The LSB & BB Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6290669	Charitable Trust	TN	na	trust			56 %	
The DNB MD Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6344093	Charitable Trust	TN	na	trust			59 %	
The KDC & MJC Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 20-6690809	Charitable Trust	TN	na	trust			56 %	
The WRC & JAC 1000 Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 65-6321703	Charitable Trust	TN	na	trust			51 %	
The JSD Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6271364	Charitable Trust	TN	na	trust			62 %	
The RVD Char Rem Uni 2100 West End Ave Suite 1000 NASHVILLE, TN37203 62-6299911	Charitable Trust	TN	na	trust			66 %	
The WD Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-1553921	Charitable Trust	TN	na	trust			62 %	
The EAE Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6223393	Charitable Trust	TN	na	trust			55 %	
The RHE MD Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6235703	Charitable Trust	TN	na	trust			92 %	
The GBF Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6276742	Charitable Trust	TN	na	trust			79 %	
The JTF Jr & CRF Char Uni 2100 West End Ave Suite 1000 Nashville, TN37203 26-6058566	Charitable Trust	TN	na	trust			53 %	
The JHF Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 20-7440869	Charitable Trust	TN	na	trust			71 %	
The JHF Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 20-7440837	Charitable Trust	TN	na	trust			82 %	
The SCG Jr & ESG Char Rem Ann Ts 2100 West End Ave Suite 1000 Nashville, TN37203 62-6308529	Charitable Trust	TN	na	trust			74 %	
The LBG Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6151612	Charitable Trust	TN	na	trust			80 %	
The BLH Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6315121	Charitable Trust	TN	na	trust			64 %	
The FGH Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6087516	Charitable Trust	TN	na	trust			65 %	
The GMH Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6229591	Charitable Trust	TN	na	trust			95 %	
The TMH Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6155292	Charitable Trust	TN	na	trust			51 %	
The Dr TPJ III Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6247965	Charitable Trust	TN	na	trust			58 %	
The Dr TPJ III Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6264812	Charitable Trust	TN	na	trust			77 %	
The MDJ Char Rem NI Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6287235	Charitable Trust	TN	na	trust			52 %	
The MK Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6279939	Charitable Trust	TN	na	trust			51 %	
The TPK Jr Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6107671	Charitable Trust	TN	na	trust			65 %	
The GL Jr Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6151910	Charitable Trust	TN	na	trust			68 %	
The LHL Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6284010	Charitable Trust	TN	na	trust			69 %	
The SL Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6184612	Charitable Trust	TN	na	trust			73 %	
The DLL Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6255609	Charitable Trust	TN	na	trust			62 %	
The RL and JL Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6252036	Charitable Trust	TN	na	trust			66 %	
The CSL Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6151611	Charitable Trust	TN	na	trust			58 %	
The FWL MD & DML Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6290216	Charitable Trust	TN	na	trust			72 %	
The CTL Char Rem NI Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6063506	Charitable Trust	TN	na	trust			86 %	
The CTL Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6097702	Charitable Trust	TN	na	trust			78 %	
The CTL Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6098030	Charitable Trust	TN	na	trust			75 %	
The JO & ACM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 26-6055939	Charitable Trust	TN	na	trust			52 %	
The VM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6278329	Charitable Trust	TN	na	trust			73 %	
The H & FGM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6352898	Charitable Trust	TN	na	trust			80 %	
The JHM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6155898	Charitable Trust	TN	na	trust			62 %	
The WMM Jr & FDBM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6252034	Charitable Trust	TN	na	trust			61 %	
The TMM III Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6258182	Charitable Trust	TN	na	trust			63 %	
The Dr WTM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6160857	Charitable Trust	TN	na	trust			53 %	
The DWFP & FP Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6225172	Charitable Trust	TN	na	trust			56 %	
The DWFP & FP Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6225173	Charitable Trust	TN	na	trust			64 %	
The AJP Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6281016	Charitable Trust	TN	na	trust			60 %	
The JGR Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6341250	Charitable Trust	TN	na	trust			61 %	
The MMR Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6169332	Charitable Trust	TN	na	trust			59 %	
The Dr GER Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6207107	Charitable Trust	TN	na	trust			74 %	
The MLC Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6314959	Charitable Trust	TN	na	trust			64 %	
The PES Sr Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6143017	Charitable Trust	TN	na	trust			55 %	
The EC Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 36-4585350	Charitable Trust	TN	na	trust			51 %	
The JGS Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6099796	Charitable Trust	TN	na	trust			94 %	
The JGS Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6099795	Charitable Trust	TN	na	trust			90 %	
The JCT Jr Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6244774	Charitable Trust	TN	na	trust			80 %	
The TBW Jr Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6249096	Charitable Trust	TN	na	trust			55 %	
The RDW Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6183890	Charitable Trust	TN	na	trust			69 %	
The WCW & EPW Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6316591	Charitable Trust	TN	na	trust			65 %	
The TJW Jr Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6265990	Charitable Trust	TN	na	trust			69 %	
The JAW Jr & CBW Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6205958	Charitable Trust	TN	na	trust			70 %	
The DKW Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6276441	Charitable Trust	TN	na	trust			59 %	
The DKW Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 56-6593876	Charitable Trust	TN	na	trust			59 %	
The DKW Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 20-6618401	Charitable Trust	TN	na	trust			59 %	
The JNW Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6267056	Charitable Trust	TN	na	trust			84 %	
The TLY Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6275869	Charitable Trust	TN	na	trust			57 %	
The MOB Char Ld Uni 2100 West End Ave Suite 1000 Nashville, TN37203 52-1342391	Charitable Trust	TN	na	trust			51 %	
The C Char Ld Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6358167	Charitable Trust	TN	na	trust			76 %	
The C Sch Ld Uni 101 N Phillips Ave POB 5953 Sioux Falls, SD57117	Charitable Trust	SD	na	trust			100 %	
The JC & LFTst 77 Monroe Center NW PoB 1707 Grand Rapids, MI49501	Charitable Trust	MI	na	trust			100 %	
The CWK Tst POB 305110 Nashville, TN37230	Charitable Trust	TN	na	trust			100 %	
The CWK Tst POB 305110 Nashville, TN37230	Charitable Trust	TN	na	trust			100 %	
The Mrs JMK Tst POB 305110 Nashville, TN37230	Charitable Trust	TX	na	trust			100 %	
The JML Tst POB 305110 Nashville, TN37230	Charitable Trust	TN	na	trust			100 %	
The JCW Flwshp Fd 505 South Gay Street Knoxville, TN37902	Charitable Trust	TN	na	trust			100 %	
The WCA Char Rem Tst 6537 Northshore Dr SW Knoxville, TN37919	Charitable Trust	TN	na	trust			100 %	
The LMB Tst 420 N 20th St suite 2600 Birmingham, AL35203	Charitable Trust	AL	na	trust			100 %	
The MC Jr Char Rem Ann Tst 315 Deaderick St Nashville, TN37238	Charitable Trust	TN	na	trust			100 %	
The EMC Tst P O Box 1502 South Bend, IN46634	Charitable Trust	IN	na	trust			100 %	
The JAG Tst 715 Peachtree St 8th Floor POB 10 Atlanta, GA30348	Charitable Trust	GA	na	trust			60 %	
The AHH Rem Tst 5000 Birch St 10th Floor Newport Beach, CA92660	Charitable Trust	CA	na	trust			100 %	
The JSL Char Rem Uni P O Box 1506 Pennington, NJ08534	Charitable Trust	NJ	na	trust			100 %	
The FWL Char Rem Uni 4400 Harding Road Suite 310 Nashville, TN37205	Charitable Trust	TN	na	trust			100 %	
The FWL Char Rem Uni 4400 Harding Road Suite 310 Nashville, TN37205	Charitable Trust	TN	na	trust			100 %	
The ARL Char Fd 218 Royal Palm Way Palm Beach, FL33480	Charitable Trust	FL	na	trust			100 %	
The ARL Char Fd 32 Commerce St Montgomery, AL36104	Charitable Trust	AL	na	trust			100 %	
The MQM Tst 715 Peachtree St NE 8th Floor Atlanta, GA30308	Charitable Trust	GA	na	trust			100 %	
The JG & NKBP Char Rem Ann Tst 222 Royal Palm Way Palm Beach, FL33480	Charitable Trust	FL	na	trust			63 %	
The WDLR Char Rem Uni 701 Market St Chattanooga, TN37402	Charitable Trust	TN	na	trust			100 %	
The JSR Char Rem Uni 2 PNC Plaxa 620 Liberty Ave Pittsburg, PA15222	Charitable Trust	PA	na	trust			100 %	
The JSR Char Rem Uni 2 PNC Plaxa 620 Liberty Ave Pittsburg, PA15222	Charitable Trust	PA	na	trust			100 %	
The HWS Char Rem Uni POB 305110 Nashville, TN37230	Charitable Trust	TN	na	trust			100 %	
The RLS Tst POB 10485 Birmingham, AL35202	Charitable Trust	AL	na	trust			100 %	
The JGS Char Uni One Chase Square Rochester, NY14643	Charitable Trust	NY	na	trust			100 %	
The GV Ann Tst 114 West 47th St New York, NY10036	Charitable Trust	NY	na	trust			100 %	
The DBA Char Rem Ann Tst 2100 West End Ave Suite 1000 Nashville, TN37203 62-6206821	Charitable Trust	TN	na	trust			70 %	
The ECM Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6262206	Charitable Trust	TN	na	trust			76 %	
The DKW Char Rem Uni 2100 West End Ave Suite 1000 Nashville, TN37203 62-6242681	Charitable Trust	TN	na	trust			60 %	

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	VANDERBILT INTEGRATED PROVIDERS	A (iv)	28,588
(2)	MICROARRAYS INC	A (i)	30,413
(3)	VANDERBILT HOME CARE SERVICES INC	A (i)	139,178
(4)	VANDERBILT HEALTH SERVICES INC	A (iv)	638,997
(5)	VANDERBILT IMAGING SERVICES LLC	A (iv)	3,608
(6)	ONE HUNDRED OAKS IMAGING LLC	A (iv)	39,816
(7)	VANDERBILT STALLWORTH REHABILITATION HOSPITAL	A (iv)	135,000
(8)	VU REAL ESTATE HOLDINGS INC	A (i)	496,436
(9)	VANDERBILT LEGENDS CLUB INC	A (i)	396,137
(10)	MICROARRAYS INC	D	320,910
(11)	VANDERBILT HOME CARE SERVICES INC	D	107,276
(12)	ONE HUNDRED OAKS IMAGING LLC	D	632,489
(13)	VU REAL ESTATE HOLDINGS INC	D	7,111,742
(14)	VANDERBILT LEGENDS CLUB INC	D	8,566,612
(15)	VANDERBILT STUDENT COMMUNICATIONS INC	A (iv)	48,896
(16)	VANDERBILT STALLWORTH REHABILITATION HOSPITAL	J	307,950
(17)	VU REAL ESTATE HOLDINGS INC	J	627,082
(18)	VANDERBILT HOME CARE SERVICES INC	L	752,033
(19)	VANDERBILT INTEGRATED PROVIDERS	N	281,863
(20)	VANDERBILT HOME CARE SERVICES INC	N	55,464
(21)	VANDERBILT ST THOMAS IMAGING GP	N	182,405
(22)	VANDERBILT IMAGING SERVICES LLC	N	2,024,262
(23)	WILLIAMSON IMAGING LLC	N	1,539,190
(24)	NEW LIGHT IMAGING LLC	N	195,531
(25)	VIP MIDSOUTH LLC	P	130,431
(26)	VANDERBILT INTEGRATED PROVIDERS	P	237,451
(27)	VANDERBILT HOME CARE SERVICES INC	P	301,773
(28)	VANDERBILT-GATEWAY CANCER CENTER GP	P	1,630,506
(29)	VANDERBILT STALLWORTH REHABILITATION HOSPITAL	P	2,157,706
(30)	VU REAL ESTATE HOLDINGS INC	P	103,921

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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(31)	VANDERBILT LEGENDS CLUB INC	P	127,491
(32)	VANDERBILT HEALTH SERVICES INC	Q	9,500,558
(33)	VANDERILT INTEGRATED PROVIDERS	R	1,029,929
(34)	VANDERBILT HEALTH SERVICES INC	R	15,140,091
(35)	VANDERBILT STALLWORTH REHABILITATION HOSPITAL	R	2,839,464
(36)	VU REAL ESTATE HOLDINGS INC	R	647,576
(37)	THE MOB CHAR LD UNI	C	171,029
(38)	THE C CHAR LD UNI	C	124,512
(39)	THE C SCHL LD UNI	C	101,949
(40)	THE JC & LF TST	R	253,326
(41)	THE CWK TST	R	69,610
(42)	THE JML TST	R	170,992
(43)	ONE HUNDRED OAKS IMAGING LLC	A (i)	15,311
(44)	VANDERBILT HOME CARE SERVICES INC	A (iv)	84,829

Additional Data

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

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY BETH ADDERLEY-WRIGHT , TRUSTEE	1 0	X						0	0	0
MICHAEL L AINSLIE , TRUSTEE	1 0	X						0	0	0
CARRIE ANN ALLING , TRUSTEE	1 0	X						0	0	0
WILLIAM W BAIN JR , SECRETARY	1 0	X						0	0	0
ELIZABETH S BENNETT , TRUSTEE	1 0	X						0	0	0
DARRYL D BERGER , VICE-CHAIRMAN	1 0	X						0	0	0
CAMILLA D BERGERON , TRUSTEE	1 0	X						0	0	0
DENNIS C BOTTORFF , VICE- CHAIRMAN	1 0	X						0	0	0
SHERYLL D CASHIN , TRUSTEE	1 0	X						0	0	0
THOMAS F CONE , TRUSTEE	1 0	X						0	0	0
CECIL D CONLEE , TRUSTEE	1 0	X						0	0	0
MARK F DALTON , TRUSTEE	1 0	X						0	0	0
CLAIBORNE P DEMING , TRUSTEE	1 0	X						0	0	0
KAREN T FESMIRE , TRUSTEE	1 0	X						0	0	0
L HALL HARDAWAY JR , TRUSTEE	1 0	X						0	0	0
JOANNE F HAYES , TRUSTEE	1 0	X						0	0	0
JOHN R INGRAM , TRUSTEE	1 0	X						0	0	0
MARTHA R INGRAM , CHAIRMAN	1 0	X						0	0	0
ORRIN H INGRAM , TRUSTEE	1 0	X						0	0	0
ALICE JI , TRUSTEE	1 0	X						0	0	0
EDITH C JOHNSON , TRUSTEE	1 0	X						0	0	0
J HICKS LANIER , TRUSTEE	1 0	X						0	0	0
REV EDWARD A MALLOY CSC , TRUSTEE	1 0	X						0	0	0
JACKSON W MOORE , TRUSTEE	1 0	X						0	0	0
NANCY PEROT MULFORD , TRUSTEE	1 0	X						0	0	0
SHARON M MUNGER , TRUSTEE	1 0	X						0	0	0
FREDERICK B RENTSCHLER , TRUSTEE	1 0	X						0	0	0
CATHERINE B REYNOLDS , TRUSTEE	1 0	X						0	0	0
JOE L ROBY , TRUSTEE	1 0	X						0	0	0
EUGENE B SHANKS JR , TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS W SHORENSTEIN , TRUSTEE	1 0	X						0	0	0
CAL TURNER , TRUSTEE	1 0	X						0	0	0
RICHARD H SINKFIELD , TRUSTEE	1 0	X						0	0	0
EUGENE H VAUGHAN , TRUSTEE	1 0	X						0	0	0
LEVI WATKINS JR MD , TRUSTEE	1 0	X						0	0	0
W RIDLEY WILLS II , TRUSTEE	1 0	X						0	0	0
ANDREW M WILSON , TRUSTEE	1 0	X						0	0	0
REBECCA W WILSON , TRUSTEE	1 0	X						0	0	0
WILLIAM M WILSON , TRUSTEE	1 0	X						0	0	0
J LAWRENCE WILSON , TRUSTEE	1 0	X						0	0	0
NICHOLAS S ZEPPOS JD , SEE SCHEDULE O	40 0	X		X				2,148,324	0	259,264
JEFFREY R BALSER MD PHD , SEE SCHEDULE O	40 0			X				1,012,098	0	228,958
LAUREN J BRISKY MBA , SEE SCHEDULE O	40 0			X				2,338,255	0	62,680
JERRY G FIFE BS , SEE SCHEDULE O	40 0			X				271,525	0	21,255
BETH A FORTUNE MA , SEE SCHEDULE O	40 0			X				221,370	0	17,197
HARRY R JACOBSON MD , SEE SCHEDULE O	40 0			X				5,251,992	0	25,248
RICHARD C MCCARTY MS PHD , SEE SCHEDULE O	40 0			X				874,295	0	227,465
BETTY L PRICE MBA CPA , SEE SCHEDULE O	40 0			X				434,127	0	25,626
DAVID WILLIAMS II MA MBA JD LLM , SEE SCHEDULE O	40 0			X				2,675,597	0	324,353
MATTHEW W WRIGHT MBA , SEE SCHEDULE O	40 0			X				813,165	0	30,830
SUSIE S STALCUP BA , SEE SCHEDULE O	40 0			X				0	0	0
CHARLES W PINSON MD , SEE SCHEDULE O	40 0				X			1,023,345	0	18,570
MARTIN P SANDLER MD , SEE SCHEDULE O	40 0				X			958,137	0	21,535
ROBERT D BEAUCHAMP MD , SEE SCHEDULE O	40 0					X		973,776	0	23,233
LLOYD G KING MD , SEE SCHEDULE O	40 0					X		965,768	0	30,603
ROBERT A JOHNSON MA , SEE SCHEDULE O	40 0					X		1,125,026	0	123,939
JOSEPH A SMITH MD , SEE SCHEDULE O	40 0					X		1,149,702	0	26,359
KEVIN E STALLINGS MS , SEE SCHEDULE O	40 0					X		1,570,495	0	140,247
MICHAEL J SCHOENFELD MS , SEE SCHEDULE O	40 0						X	394,771	0	13,766
WILLIAM T SPITZ MBA , SEE SCHEDULE O	0 0						X	807,723	0	38,831

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a HEALTH CARE SERVICES	339,110	2,051,482,545	2,044,194,697	7,287,848	0
b TUITION AND FEES	900,099	387,911,491	387,911,491	0	0
c COST RECOVERY-RSCH	900,099	120,070,899	120,070,899	0	0
d ROOM, BD, AUXILIARY	711,300	84,081,755	82,798,883	1,282,872	0
e RSCH & OTHER CONTRACTS	722,320	20,006,599	20,006,599	0	0