

**PUBLIC INSPECTION COPY**

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

**A For the 2016 calendar year, or tax year beginning** JUN 1, 2016 **and ending** MAY 31, 2017

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization University of Miami Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 248106 City or town, state or province, country, and ZIP or foreign postal code Coral Gables, FL 33124-2912 <b>F</b> Name and address of principal officer: Julio Frenk 1252 Memorial Dr, Rm 230, CG, FL 33146	<b>D</b> Employer identification number 59-0624458 <b>E</b> Telephone number 305-284-4877 <b>G</b> Gross receipts \$ 4,302,945,919. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.MIAMI.EDU		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1925 <b>M</b> State of legal domicile: FL

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: See Schedule O		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	69
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	58
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	25550
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	683
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,231,453.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-325,797.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	684,757,248.	800,273,551.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,580,444,930.	2,689,424,253.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,449,953.	94,060,692.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,122,691.	13,071,423.
			3,316,774,822.	3,596,829,919.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	434,283,744.	452,892,983.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,695,850,606.	1,783,808,870.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	538,246.	557,078.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,574,078.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,113,539,345.	1,187,168,451.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,244,211,941.	3,424,427,382.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	72,562,881.	172,402,537.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	3,805,344,338.	3,989,960,318.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	2,064,502,313.	1,987,160,169.
		1,740,842,025.	2,002,800,149.	

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer Brandon Gilliland, Vice President & CFO Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name David Stark	Preparer's signature 	Date 4/13/18	Check if self-employed <input type="checkbox"/>	PTIN P00892024
	Firm's name ▶ KPMG LLP Firm's address ▶ 300 North Greene Street, Suite 400 Greensboro, NC 27401	Firm's EIN ▶ 13-5565207 Phone no. 336-275-3394			

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

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2016, or tax year beginning JUN 1, 2016, and ending MAY 31, 2017

**2016**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

University of Miami

Employer identification number

59-0624458

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,596,829,919.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

**Part II Declaration of Officer**

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Signature of officer

Date

Vice President & CFO  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer	Check if self-employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	4/13/2018	<input type="checkbox"/>	<input type="checkbox"/>	
	University of Miami				EIN
	PO BOX 248106				Phone no.
	Coral Gables, FL				

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	DAVID STARK		4/13/18	<input type="checkbox"/>	P00892024
	Firm's name			Firm's EIN	13-5565207
	KPMG LLP				
	Firm's address			Phone no.	
	300 North Greene Street, Suite 400			336-275-3394	
	Greensboro, NC 27401				

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:  
See Schedule O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,062,994,653. including grants of \$ 393,253,744. ) (Revenue \$ 768,650,254. )  
See Schedule O

**4b** (Code: ) (Expenses \$ 383,442,494. including grants of \$ 36,883,499. ) (Revenue \$ 98,431,015. )  
See Schedule O

**4c** (Code: ) (Expenses \$ 1,278,183,708. including grants of \$ 26,370. ) (Revenue \$ 1,687,264,325. )  
See Schedule O

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 512,384,254. including grants of \$ 22,729,369. ) (Revenue \$ 135,078,659. )

**4e** Total program service expenses 3,237,005,109.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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> .....		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> 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> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	X	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ..... <b>1a</b> 24346		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... <b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... <b>1c</b>	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 25550		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ..... <b>3b</b>	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>Bermuda</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .....		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversion, members, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, compensation review, joint ventures, and participation in joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Gabriel G. Eszterhas, Associate VP & Controller - 305-284-4877, 1320 S. Dixie Highway, Suite 150, Coral Gables, FL 33146-2912

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Leonard Abess Trustee	20.00	X					0.	0.	0.	
(2) Michael I. Abrams Trustee	1.00	X					0.	0.	0.	
(3) Betty G. Amos Trustee	3.00	X					0.	0.	0.	
(4) Jose P. Bared Trustee	4.00	X					0.	0.	0.	
(5) Hilarie Bass Trustee & Vice Chair	6.00	X					0.	0.	0.	
(6) Jon Batchelor Trustee	2.00	X					0.	0.	0.	
(7) Brenda Yester Baty Trustee	2.00	X					0.	0.	0.	
(8) Doyle Beneby Trustee	3.00	X					0.	0.	0.	
(9) Fred Berens Trustee	1.00	X					0.	0.	0.	
(10) Tracey Berkowitz Trustee	5.00	X					0.	0.	0.	
(11) Joaquin F. Blaya Trustee	6.00	X					0.	0.	0.	
(12) Marc Buoniconti Trustee/Senior Director	10.00	X					174,504.	0.	3,611.	
(13) Nicholas A. Buoniconti Trustee	10.00	X					0.	0.	0.	
(14) M. Anthony Burns Trustee	5.00	X					0.	0.	0.	
(15) John E. Calles Trustee	1.00	X					0.	0.	0.	
(16) Alfred R. Camner Trustee	3.00	X					0.	0.	0.	
(17) Wayne E. Chaplin Trustee	2.00	X					0.	0.	0.	



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Adriana Cisneros Trustee	3.00	X						0.	0.	0.
(19) Charles E. Cobb Trustee	3.00	X						0.	0.	0.
(20) Edward A. Dauer Trustee / Faculty Member	40.00	X						96,347.	0.	27,848.
(21) Carlos M. de la Cruz, Sr. Trustee	3.00	X						0.	0.	0.
(22) Paul J. DiMare Trustee	4.00	X						0.	0.	0.
(23) Joseph Echevarria Trustee	6.00	X						0.	0.	0.
(24) David L. Epstein Trustee	2.00	X						0.	0.	0.
(25) Richard D. Fain Trustee & Chair	20.00	X						0.	0.	0.
(26) George Feldenkreis Trustee	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								270,851.	0.	31,459.
<b>c Total from continuation sheets to Part VII, Section A</b>								22,005,053.	0.	1,163,193.
<b>d Total (add lines 1b and 1c)</b>								22,275,904.	0.	1,194,652.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2,955**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Arellano Construction Co 7255 NW 19 St, Suite B, Miami, FL 33126	Construction Services	44,150,911.
GCA Education Services, Inc, 4702 Western Ave, Suite 101, Knoxville, TN 37921	Maintenance & Repair Services	19,860,186.
Florida Lemark Corp 2040 NW 94TH Avenue, Doral, FL 33172	Construction Services	7,698,337.
OneBlood Inc 1700 North State Rd 7, Lauderhill, FL 33313	Testing/Lab Services	6,448,086.
BDC Advisors, LLC 1221 Brickell Ave Ste 1470, Miami, FL 33131	Consulting Services	6,369,346.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **506**

See Part VII, Section A Continuation sheets

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Miguel B. Fernandez Trustee	2.00	X						0.	0.	0.
(28) Phillip Frost Trustee	2.00	X						0.	0.	0.
(29) Angel Vicente Gallinal Trustee	1.50	X						0.	0.	0.
(30) Phillip T. George Rose Trustee	3.00	X						0.	0.	0.
(31) Kourtney Gibson Trustee	2.00	X						0.	0.	0.
(32) Thelma V.A. Gibson Trustee	1.00	X						0.	0.	0.
(33) Steven J. Green Trustee	1.00	X						0.	0.	0.
(34) Rose Ellen Greene Trustee	2.00	X						0.	0.	0.
(35) Carlos M. Gutierrez Trustee	2.00	X						0.	0.	0.
(36) Barbara Hecht Havenick Trustee	5.00	X						0.	0.	0.
(37) Allan M. Herbert Trustee	10.00	X						0.	0.	0.
(38) Marilyn J. Holifield Trustee	5.00	X						0.	0.	0.
(39) Frank R. Jimenez Trustee	3.00	X						0.	0.	0.
(40) Noor Joudi Trustee	1.00	X						0.	0.	0.
(41) Manuel Kadre Trustee	5.00	X						0.	0.	0.
(42) Bernard J. Kosar Jr. Trustee	10.00	X						0.	0.	0.
(43) David Kraslow Trustee	1.00	X						0.	0.	0.
(44) Marus Lemonis Trustee	1.00	X						0.	0.	0.
(45) Susan Lytle Lipton Trustee	1.00	X						0.	0.	0.
(46) Daniela Lorenzo Trustee	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Jayne Sylvester Malfitano Trustee	4.00	X						0.	0.	0.
(48) Robert A. Mann Trustee	12.00	X						0.	0.	0.
(49) Stuart A. Miller Trustee	13.00	X						0.	0.	0.
(50) William L. Morrison Trustee	2.00	X						0.	0.	0.
(51) Judi Prokop Newman Trustee	0.50	X						0.	0.	0.
(52) Arva Moore Parks Trustee	2.00	X						0.	0.	0.
(53) Jorge M. Perez Trustee	3.00	X						0.	0.	0.
(54) Thomas E. Pfeiffer Trustee	3.00	X						0.	0.	0.
(55) Michael Piechoski Trustee	4.00	X						0.	0.	0.
(56) Aaron S. Podhurst Trustee	5.00	X						0.	0.	0.
(57) Lois Pope Trustee	2.00	X						0.	0.	0.
(58) Alex E. Rodriguez Trustee	2.00	X						0.	0.	0.
(59) Steven J. Saiontz Trustee	5.00	X						0.	0.	0.
(60) Alessandra San Roman Trustee	10.00	X						0.	0.	0.
(61) Marvin R. Shanken Trustee	1.00	X						0.	0.	0.
(62) Laurie S. Silvers Trustee	2.00	X						0.	0.	0.
(63) H.T. Smith Jr. Trustee & Vice Chair	7.00	X						0.	0.	0.
(64) Jacquelyn R. Soffer Trustee	2.00	X						0.	0.	0.
(65) Steven Sonberg Trustee	1.00	X						0.	0.	0.
(66) E. Roe Stamps, IV Trustee	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) Ronald G. Stone Trustee	10.00	X						0.	0.	0.
(68) Johnny C. Taylor, Jr. Trustee	3.00	X						0.	0.	0.
(69) Patricia W. Toppel Trustee	2.00	X						0.	0.	0.
(70) Ana VeigaMilton Trustee	2.00	X						0.	0.	0.
(71) Alejandro F. Vicencio Trustee	5.00	X						0.	0.	0.
(72) Jonathan Vilma Trustee	5.00	X						0.	0.	0.
(73) David R. Weaver Trustee	5.00	X						0.	0.	0.
(74) Geisha Jimenez Williams Trustee	5.00	X						0.	0.	0.
(75) G. Ed Williamson II Trustee	2.00	X						0.	0.	0.
(76) Thomas D. Wood, Sr. Trustee	1.00	X						0.	0.	0.
(77) Julio Frenk President	80.00	X		X				1,345,611.	0.	535,536.
(78) Thomas J. LeBlanc Executive VP & Provost	55.00			X				948,008.	0.	50,050.
(79) Joseph T. Natoli Sr VP Business & Finance and CFO	70.00			X				2,654,361.	0.	47,916.
(80) Aileen M. Ugalde Secretary of the University	60.00			X				617,787.	0.	55,647.
(81) Steven Mark Altschuler Sr. VP & CEO of Uhealth	80.00				X			1,716,195.	0.	20,284.
(82) Nestor de la Cruz-Munoz Associate Professor Dept of Surgery	60.00					X		1,784,677.	0.	43,185.
(83) Lee D. Kaplan Professor, Orthopaedics	75.00					X		1,491,706.	0.	49,588.
(84) James J. Larranaga Head Coach, Basketball	72.00					X		2,004,084.	0.	43,436.
(85) Dipen J. Parekh Professor, Urology	80.00					X		1,258,826.	0.	47,049.
(86) Mark Richt Head Coach, Football	80.00					X		4,036,993.	0.	21,068.
Total to Part VII, Section A, line 1c .....										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Richard Ballard, Steven Falcone, Michael Gittelman, Alan S. Livingstone MD, Donna E. Shalala, and John Sory.

Total to Part VII, Section A, line 1c ..... 22,005,053. 1,163,193.

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 1,237,494.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 1,510,227.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 463,250,358.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 334,275,472.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	11,261,095.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 800,273,551.				
	<b>Program Service Revenue</b>	<b>2 a</b> Hospitals and Clinics .....	<b>Business Code</b> 900099	1,228,775,014.	1,228,775,014.	
<b>b</b> Tuition and Fees .....		900099	739,674,703.	739,674,703.		
<b>c</b> Medical Prof Practice .....		900099	389,113,633.	388,578,703.	534,930.	
<b>d</b> Local Grants and Contr .....		900099	167,806,693.	167,806,693.		
<b>e</b> Auxiliary Enterprises .....		900099	135,224,556.	54,771,923.	4,690,787.	
<b>f</b> All other program service revenue .....		900099	28,829,654.	28,443,473.	386,181.	
<b>g Total.</b> Add lines 2a-2f .....		▶ 2,689,424,253.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 26,622,996.			26,622,996.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶ 342,670.			342,670.	
	<b>5</b> Royalties .....	▶ 9,745,160.			9,745,160.	
	<b>6 a</b> Gross rents .....	(i) Real	8,215,461.	(ii) Personal	570.	
		<b>b</b> Less: rental expenses .....	4,438,202.	377.		
		<b>c</b> Rental income or (loss) .....	3,777,259.	193.		
		<b>d</b> Net rental income or (loss) .....	▶ 3,777,452.		193.	3,777,259.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	767,648,866.	(ii) Other	274,340.	
		<b>b</b> Less: cost or other basis and sales expenses .....	699,688,861.	1,139,319.		
		<b>c</b> Gain or (loss) .....	67,960,005.	-864,979.		
		<b>d</b> Net gain or (loss) .....	▶ 67,095,026.		-467,342.	67,562,368.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,510,227. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	310,086.			
		<b>b</b> Less: direct expenses .....	<b>b</b> 847,979.			
		<b>c</b> Net income or (loss) from fundraising events .....	▶ -537,893.			-537,893.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
<b>b</b> Less: direct expenses .....		<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities .....		▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	2,999.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 1,262.				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶ 1,737.		1,737.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> Advertising .....		523000	49,967.	49,967.		
	<b>b</b> Coach Appearances .....	541800	35,000.	35,000.		
	<b>c</b> .....					
	<b>d</b> All other revenue .....	999999				
	<b>e Total.</b> Add lines 11a-11d .....	▶ 84,967.				
<b>12 Total revenue.</b> See instructions. .....	▶ 3,596,829,919.	2,608,050,509.	5,231,453.	183,274,406.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,961,441.	32,961,441.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	414,658,658.	414,658,658.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,272,884.	5,272,884.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	15,594,480.	3,843,240.	10,772,155.	979,085.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,361,818,053.	1,298,607,443.	52,182,969.	11,027,641.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	124,757,017.	112,979,991.	9,841,586.	1,935,440.
<b>9</b> Other employee benefits	198,860,445.	187,128,089.	8,696,258.	3,036,098.
<b>10</b> Payroll taxes	82,778,875.	74,992,147.	6,575,992.	1,210,736.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	8,608,744.	2,206,392.	6,402,352.	
<b>c</b> Accounting	955,005.	146,216.	808,789.	
<b>d</b> Lobbying	256,934.		256,934.	
<b>e</b> Professional fundraising services. See Part IV, line 17	557,078.			557,078.
<b>f</b> Investment management fees	6,215,553.	6,215,553.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	212,449,991.	182,626,487.	28,492,747.	1,330,757.
<b>12</b> Advertising and promotion	17,327,033.	15,734,058.	871,691.	721,284.
<b>13</b> Office expenses	58,163,032.	55,538,056.	2,141,391.	483,585.
<b>14</b> Information technology	26,310,076.	20,143,384.	6,166,692.	
<b>15</b> Royalties				
<b>16</b> Occupancy	126,528,262.	120,767,342.	5,485,167.	275,753.
<b>17</b> Travel	26,526,697.	25,455,725.	662,256.	408,716.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	22,366,167.	19,632,364.	1,620,007.	1,113,796.
<b>20</b> Interest	43,254,964.	41,424,922.	1,830,042.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	139,530,872.	132,666,719.	6,864,153.	
<b>23</b> Insurance	39,416,472.	33,122,786.	6,293,686.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Medical Supplies	414,954,849.	414,954,849.		
<b>b</b> Miscellaneous	44,296,446.	35,926,363.	7,875,974.	494,109.
<b>c</b> UBIT Income Tax	7,354.		7,354.	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,424,427,382.	3,237,005,109.	163,848,195.	23,574,078.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,616,726.	<b>1</b>	34,035,005.
	<b>2</b> Savings and temporary cash investments .....	457,841,007.	<b>2</b>	294,403,081.
	<b>3</b> Pledges and grants receivable, net .....	190,548,046.	<b>3</b>	331,140,359.
	<b>4</b> Accounts receivable, net .....	338,150,894.	<b>4</b>	362,338,529.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	55,913,025.	<b>7</b>	49,458,604.
	<b>8</b> Inventories for sale or use .....	26,568,328.	<b>8</b>	31,443,406.
	<b>9</b> Prepaid expenses and deferred charges .....	35,541,735.	<b>9</b>	45,187,884.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,414,904,605.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,623,226,928.		
	<b>11</b> Investments - publicly traded securities .....	75,984,419.	<b>11</b>	569,700,679.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	806,616,769.	<b>12</b>	418,201,144.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	1,127,000.	<b>14</b>	1,127,000.
	<b>15</b> Other assets. See Part IV, line 11 .....	59,636,372.	<b>15</b>	61,246,950.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	3,805,344,338.	<b>16</b>	3,989,960,318.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	222,224,508.	<b>17</b>	240,540,000.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	100,656,135.	<b>19</b>	101,425,805.
	<b>20</b> Tax-exempt bond liabilities .....	911,263,234.	<b>20</b>	896,812,166.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	240,395,536.	<b>24</b>	231,705,139.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	589,962,900.	<b>25</b>	516,677,059.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,064,502,313.	<b>26</b>	1,987,160,169.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	778,990,003.	<b>27</b>	827,957,321.
	<b>28</b> Temporarily restricted net assets .....	462,090,218.	<b>28</b>	612,492,522.
	<b>29</b> Permanently restricted net assets .....	499,761,804.	<b>29</b>	562,350,306.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,740,842,025.	<b>33</b>	2,002,800,149.	
<b>34</b> Total liabilities and net assets/fund balances .....	3,805,344,338.	<b>34</b>	3,989,960,318.	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,596,829,919.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,424,427,382.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	172,402,537.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,740,842,025.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	33,552,525.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	56,003,062.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,002,800,149.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	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? _____	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization University of Miami	Employer identification number 59-0624458
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations:
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	665,082,826.	645,431,640.	695,504,873.	684,757,248.	800,273,551.	3491050138.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	665,082,826.	645,431,640.	695,504,873.	684,757,248.	800,273,551.	3491050138.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3491050138.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	665,082,826.	645,431,640.	695,504,873.	684,757,248.	800,273,551.	3491050138.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	67,787,860.	70,328,911.	118,800,048.	47,068,647.	107,512,560.	411,498,026.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	1,555,052.	1,151,702.	1,574,344.	608,176.	-325,797.	4,563,477.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						3907111641.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	9,501,594,514.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	89.35 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	90.00 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2016

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

University of Miami

Employer identification number

59-0624458

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b>  University of Miami	<b>Employer identification number</b>  59-0624458
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 50,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 100,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  University of Miami	Employer identification number  59-0624458
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  University of Miami	Employer identification number  59-0624458
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">University of Miami</p>	Employer identification number <p style="text-align: center;">59-0624458</p>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		256,934.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		256,934.													
<b>d</b> Other exempt purpose expenditures .....		3,418,606,236.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		3,418,863,170.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.													
<b>j</b> 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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2 a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	273,233.	263,184.	261,239.	256,934.	1,054,590.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** University of Miami **Employer identification number** 59-0624458

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$	2,393,365.
(ii) Assets included in Form 990, Part X .....	▶ \$	57,464,042.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$	
b Assets included in Form 990, Part X .....	▶ \$	

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other public ed & outreach programs

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	844,642,514.	887,329,315.	865,434,666.	777,946,842.	678,694,294.
b Contributions	39,933,556.	35,880,046.	32,562,542.	25,884,017.	22,091,982.
c Net investment earnings, gains, and losses	107,091,993.	-37,379,832.	26,787,748.	96,424,339.	109,828,176.
d Grants or scholarships	-9,017,823.	-7,908,234.	-6,981,057.	-6,545,053.	-6,177,708.
e Other expenditures for facilities and programs	-34,071,010.	-33,278,781.	-30,474,584.	-28,275,479.	-26,489,902.
f Administrative expenses					
g End of year balance	948,579,230.	844,642,514.	887,329,315.	865,434,666.	777,946,842.

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

- a Board designated or quasi-endowment  19.05 %
- b Permanent endowment  50.88 %
- c Temporarily restricted endowment  30.07 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		90,095,398.		90,095,398.
b Buildings		2,070,931,419.	961,472,830.	1,109,458,589.
c Leasehold improvements		58,176,758.	40,706,779.	17,469,979.
d Equipment		789,292,876.	508,437,966.	280,854,910.
e Other		406,408,154.	112,609,353.	293,798,801.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,791,677,677.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....	-3,813,375.	End-of-Year Market Value
(2) Closely-held equity interests .....		
(3) Other		
(A) Limited Partnerships	387,440,019.	End-of-Year Market Value
(B) Mutual Funds	9,164,791.	End-of-Year Market Value
(C) Other	25,409,709.	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	418,201,144.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Medical Self-Insurance Reserves	85,591,341.
(3) Refundable Deposits	364,230.
(4) Accrued Postretirement Benefit Cost	174,085,248.
(5) Annuities Payable	6,703,821.
(6) Refundable Federal Student Loans	23,529,464.
(7) Other Liabilities	226,402,955.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	516,677,059.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	3,214,846,801.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	33,552,525.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-47,008.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	33,505,517.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,181,341,284.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,215,553.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	409,273,083.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	415,488,636.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,596,829,920.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,008,938,746.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,008,938,746.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	6,215,553.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	409,273,083.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	415,488,636.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,424,427,382.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 4:

Art Collection:

The mission of the Lowe Art Museum, the art museum of the University of

Miami, is to serve the University, the Greater South Florida communities,

and national and international visitors as a teaching and exhibiting

resource through its permanent and borrowed collections. The Museum:

collects original, quality works of art primarily from Asia, Africa,

Europe and the Americas; exhibits and preserves the permanent collection

according to the highest professional standards; researches the permanent

collection and publishes new findings in exhibition catalogues and

articles; organizes traveling exhibitions and loans of individual works

**Part XIII** Supplemental Information *(continued)*

from the permanent collection to expand knowledge and appreciation of art both regionally and nationally; enhances the appreciation of the permanent collection through borrowed and organized traveling exhibitions and loans of individual works; and, supports, extends and enriches the mission of the University of Miami for students, faculty, scholars, residents, and visitors to South Florida to appreciate and more fully comprehend art and its history. More information on the Museum can be found on its website at [www.miami.edu/lowe](http://www.miami.edu/lowe).

## Part V, Line 4:

## Endowment Funds:

The University's endowment is used to support the University's mission which is to educate and nurture students, to create knowledge through its comprehensive research programs, and to provide patient care services to its community and beyond. Distributions from the University's endowment are mainly used for student scholarships and fellowships, endowed chairs, research, school/college support, academic program support, library support, and general University support.

## Part X, Line 2:

## Fin 48 Footnote:

The University is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is made in the financial statements. At May 31, 2017, there were no uncertain tax positions. The University files tax returns with U.S. federal and other tax authorities for which the statute of limitations may

**Part XIII** Supplemental Information (continued)

go back to the year ended May 31, 2013.

Part XI, Line 2d - Other Adjustments:

Refunds of Program service Rev. - Hospitals.& Clinics - 0

Refunds of Contributions - \$47,008

Part XI, Line 4b - Other Adjustments:

Amounts represent: tuition discounting, certain grants,  
expenses netted from revenues for GAAP purposes.

Part XII, Line 4b - Other Adjustments:

Same as above

Part XI and XII, Line 4b:

Other Revenue and Expense Reconciling Items:

Tuition discounting \$247,790,504, grants and contracts pass-through  
transactions from sponsoring agencies \$166,781,006. Less: non-program  
related rental expenses \$4,438,405; Ubit adjustment of \$12,043; and direct  
expenses related to fundraising events \$847,979.

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

Department of the Treasury  
Internal Revenue Service

**Schools**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

University of Miami

Employer identification number

59-0624458

**Part I**

	YES	NO
<b>1</b> 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? .....	X	
<b>2</b> 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? .....	X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II .....	X	
See Part II		
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? .....		X
<b>b</b> Admissions policies? .....		X
<b>c</b> Employment of faculty or administrative staff? .....		X
<b>d</b> Scholarships or other financial assistance? .....		X
<b>e</b> Educational policies? .....		X
<b>f</b> Use of facilities? .....		X
<b>g</b> Athletic programs? .....		X
<b>h</b> Other extracurricular activities? .....		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2016

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

Line 3 - Explanation of Nondiscrimination Policy:

The University publishes its Equal Opportunity Policy and

Non-discrimination Policy Statement in the following

publications:

\* Workplace Equity & Performance Web site

\* All UM web sites state our Non-discrimination policy under a link for

"Privacy Statement and Legal Notices"

\* Students Rights and Responsibilities Handbook

\* Academic Bulletin

\* Student Handbook distributed at Orientation

\* Faculty Manual

\* Employee Handbook

\* Various public bulletin boards located throughout the various campuses,

in contracts with other vendors, during University employee orientation,

University Career Website, etc.

Line 6 - Explanation of Government Financial Aid:

The University provides financial assistance in the form of grants to

award scholarships and fellowships to students attending the University.

In addition, government agencies award grants to the University for

research.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization  University of Miami	Employer identification number  59-0624458
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America & the Caribbean			Program Services	Grants to Recipients	755,619.
East Asia & the Pacific			Program Services	Grants to Recipients	302,108.
Europe			Program Services	Grants to Recipients	729,797.
Middle East & North Africa			Program Services	Grants to Recipients	295,597.
North America			Program Services	Grants to Recipients	227,265.
South America			Program Services	Grants to Recipients	558,842.
South Asia			Program Services	Grants to Recipients	61,432.
Sub-Saharan Africa			Program Services	Grants to Recipients	1,588,290.
<b>3 a</b> Sub-total .....	0	0			4,518,950.
<b>b</b> Total from continuation sheets to Part I .....	0	69			121,478,043.
<b>c Totals</b> (add lines 3a and 3b) .....	0	69			125,996,993.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2016

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central American and the Caribbean			Program Services	Travel - Institutional Research and Education	217,602.
East Asia & the Pacific			Program Services	Travel - Institutional Research and Education	517,309.
Europe			Program Services	Travel - Institutional Research and Education	1,244,133.
Middle East & North Africa			Program Services	Travel - Institutional Research and Education	73,591.
North America			Program Services	Travel - Institutional Research and Education	280,825.
Russia and Neighboring States			Program Services	Travel - Institutional Research and Education	8,791.
South America			Program Services	Travel - Institutional Research and Education	408,096.
South Asia			Program Services	Travel - Institutional Research and Education	94,092.
Sub-Saharan Africa			Program Services	Travel - Institutional Research and Education	109,275.
Central America and the Caribbean			Investments	N/A	117,413,700.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		4	Program Services	Independent Contractors-Institutional Research and Education	10,017.
East Asia and the Pacific		7	Program Services	Independent Contractors-Institutional Research and Education	16,346.
Europe		38	Program Services	Independent Contractors-Institutional Research and Education	774,912.
Middle East and North Africa		2	Program Services	Independent Contractors-Institutional Research and Education	76,355.
North America		15	Program Services	Independent Contractors-Institutional Research and Education	229,916.
South America		2	Program Services	Independent Contractors-Institutional Research and Education	2,230.
South Asia		1	Program Services	Independent Contractors-Institutional Research and Education	853.
<b>Totals</b> .....		69			121,478,043.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	5,744	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	236,103	Check	0	N/A	N/A
		Central America & the Caribbean	Research	451,605	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	62,167	Wire Transfer	0	N/A	N/A
		East Asia & the Pacific	Research	77,084	Check	0	N/A	N/A
		East Asia & the Pacific	Research	56,702	Check	0	N/A	N/A
		East Asia & the Pacific	Research	66,070	Wire Transfer	0	N/A	N/A
		East Asia & the Pacific	Research	102,251	Wire Transfer	0	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **5**

3 Enter total number of other organizations or entities ..... **33**

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		Europe	Research	8,088.	Check	0.	N/A	N/A
		Europe	Research	56,634.	Check	0.	N/A	N/A
		Europe	Research	144,342.	Check	0.	N/A	N/A
		Europe	Research	12,049.	Check	0.	N/A	N/A
		Europe	Research	38,500.	Check	0.	N/A	N/A
		Europe	Research	35,348.	Check	0.	N/A	N/A
		Europe	Research	20,000.	Check	0.	N/A	N/A
		Europe	General Support	53,560.	Wire Transfer	0.	N/A	N/A
		Europe	Research	44,230.	Wire Transfer	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	120,333.	Wire Transfer	0.	N/A	N/A
		Europe	Research	30,908.	Wire Transfer	0.	N/A	N/A
		Europe	Research	13,581.	Wire Transfer	0.	N/A	N/A
		Europe	Research	59,068.	Wire Transfer	0.	N/A	N/A
		Europe	Research	60,564.	Wire Transfer	0.	N/A	N/A
		Europe	Research	32,592.	Wire Transfer	0.	N/A	N/A
		Middle East & North Africa	Research	27,458.	Check	0.	N/A	N/A
		Middle East & North Africa	Research	81,000.	Check	0.	N/A	N/A
		Middle East & North Africa	Research	187,139.	Wire Transfer	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		North America	Research	71,787.	Check	0.	N/A	N/A
		North America	Research	79,297.	Check	0.	N/A	N/A
		North America	Research	76,180.	Check	0.	N/A	N/A
		South America	Research	28,570.	Check	0.	N/A	N/A
		South America	Research	26,595.	Wire Transfer	0.	N/A	N/A
		South America	Research	44,691.	Wire Transfer	0.	N/A	N/A
		South America	Research	263,756.	Wire Transfer	0.	N/A	N/A
		South America	Research	45,230.	Wire Transfer	0.	N/A	N/A
		South America	Research	150,000.	Wire Transfer	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (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 Asia	Research	61,432.	Wire Transfer	0.	N/A	N/A
		Sub-Saharan Africa	Research	22,737.	Check	0.	N/A	N/A
		Sub-Saharan Africa	Research	187,542.	Wire Transfer	0.	N/A	N/A
		Sub-Saharan Africa	Research	147,854.	Wire Transfer	0.	N/A	N/A
		Sub-Saharan Africa	Research	376,649.	Wire Transfer	0.	N/A	N/A
		Sub-Saharan Africa	Research	357,510.	Wire Transfer	0.	N/A	N/A
		Sub-Saharan Africa	Research	495,997.	Wire Transfer	0.	N/A	N/A



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Central America and the Caribbean	1	8,506.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	East Asia and the Pacific	28	339,227.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	Europe	19	157,431.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	Middle East and North Africa	2	28,117.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	North America	5	35,427.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	South America	7	48,437.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	South Asia	10	115,154.	Check	0.	N/A	N/A
Scholarships, Fellowship Grants	Sub-Saharan Africa	4	21,636.	Check	0.	N/A	N/A

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I, Line 2:

Procedures for Monitoring Grants Outside the United States:

The University awards grants as subcontracts to foreign organizations for the purpose of conducting research and research training. Prior to the University awarding the subcontract, the organization is required to submit the proposed scope of work and a budget. Once reviewed and approved, a formal subcontract is issued with the terms and conditions of the award. To comply with terms and conditions of the subcontract, the foreign organization must submit an invoice together with supporting documentation. Upon receipt of the invoice, the faculty member at the University responsible for the grant or his/her designee approves the invoice for payment. In addition, monitoring of the science is conducted by the University faculty member responsible for the grant via site visits, correspondence, phone calls, etc. Reports required under the terms and conditions of the subcontract are submitted by the grantee.

Part I, line 3:

Activity Expenditures:

Expenditures are recorded based on the accrual method of accounting and are recorded when incurred.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization University of Miami Employer identification number 59-0624458

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations   | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Ruffalo Noel Levitz - 1025 Kirkwood Pkw, CedarRapids, IA	Campaign Management		X	876,628.	557,078.	319,550.
<b>Total</b> .....	▶			876,628.	557,078.	319,550.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS  
MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, VI, UT, VT, VA, WA  
WV, WI, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Dinner Gala (event type)	Dinner Gala (event type)	8 (total number)	
Revenue	<b>1</b> Gross receipts .....	593,924.	368,483.	857,906.	1,820,313.
	<b>2</b> Less: Contributions .....	571,961.	304,199.	634,067.	1,510,227.
	<b>3</b> Gross income (line 1 minus line 2) .....	21,963.	64,284.	223,839.	310,086.
Direct Expenses	<b>4</b> Cash prizes .....	0.	0.		
	<b>5</b> Noncash prizes .....	0.	89.	3,841.	3,930.
	<b>6</b> Rent/facility costs .....	47,379.	0.	4,153.	51,532.
	<b>7</b> Food and beverages .....	260,693.	18,010.	276,927.	555,630.
	<b>8</b> Entertainment .....	38,346.	17,498.	45,973.	101,817.
	<b>9</b> Other direct expenses .....	59,589.	20,725.	54,756.	135,070.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				847,979.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-537,893.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		<b>13a</b>		%
b An outside facility		<b>13b</b>		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Name of the organization **University of Miami** Employer identification number **59-0624458**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> 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?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			8,996,000.		8,996,000.	.26%
<b>b</b> Medicaid (from Worksheet 3, column a)			124,876,330.	90,736,987.	34,139,342.	1.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			133,872,330.	90,736,987.	43,135,342.	1.26%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2,863,445.	2,550,034.	313,411.	.01%
<b>f</b> Health professions education (from Worksheet 5)			20,513,991.	3,484,065.	17,029,926.	.50%
<b>g</b> Subsidized health services (from Worksheet 6)			1,494,720.	1,494,720.		
<b>h</b> Research (from Worksheet 7)			205,984,086.	197,289,819.	8,694,268.	.25%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			108,021.	100,000.	8,021.	.00%
<b>j Total.</b> Other Benefits			230,964,263.	204,918,638.	26,045,626.	.76%
<b>k Total.</b> Add lines 7d and 7j			364,836,593.	295,655,625.	69,180,968.	2.02%



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support			1,737,664.	1,596,012.	141,651.	.00%
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			1,737,664.	1,596,012.	141,651.	.00%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	X	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) .....	<b>5</b>	245,037,733.
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 .....	<b>6</b>	292,619,012.
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) .....	<b>7</b>	-47,581,279.
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? .....	<b>9a</b>	X	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	<b>9b</b>	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 3

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

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Rows include University of Miami Hospital, University of Miami Hospital & Clinics, and Anne Bates Leach Eye Hospital.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group University of Miami Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>umiamihospital.com</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group University of Miami Hospital

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>uhealthsystem.com/billing/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group University of Miami Hospital

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	x	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		x
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	x	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group University of Miami Hospital

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....		X
	If "Yes," explain in Section C.		
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....		X
	If "Yes," explain in Section C.		

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group University of Miami Hospital & Clinics

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>sylvester.org</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group University of Miami Hospital & Clinics

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>uhealthsystem.com/billing/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group University of Miami Hospital & Clinics

	Yes	No
<p><b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....</p>	x	
<p><b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p><b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p><b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)</p> <p><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party</p> <p><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process</p> <p><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)</p>		x
<p><b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs</p> <p><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process</p> <p><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications</p> <p><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p> <p><b>f</b> <input type="checkbox"/> None of these efforts were made</p>		

**Policy Relating to Emergency Medical Care**

<p><b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....</p> <p>If "No," indicate why:</p> <p><b>a</b> <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p><b>d</b> <input type="checkbox"/> Other (describe in Section C)</p>	21		x
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**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group University of Miami Hospital & Clinics

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Anne Bates Leach Eye Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>bascompalmer.org</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** *(continued)*

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Anne Bates Leach Eye Hospital

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>uhealthsystem.com/billing/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Anne Bates Leach Eye Hospital

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	x	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		x
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	x	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group Anne Bates Leach Eye Hospital

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

**Part V Facility Information** (continued)

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

University of Miami Hospital:

Part V, Section B, Line 5: As a part of the Community Health Needs

Assessment in 2016, both external and internal consumers were surveyed,

and various focus groups were developed to get opinions on leading health

issues. A telephone interview methodology was conducted of 2,701

individuals/healthcare consumers throughout Miami-Dade County, ages 18 and

above by Professional Research Consultants, Inc. (PRC) Unite for Dignity,

a non-profit organization, conducted a 4-week community health needs

survey in the top 5 PSAs for UMH, distributed online and in paper format.

The paper format was available in English, Spanish, and Creole. This

survey focused on union members of 1199SEIU and community members within

the target zip codes. Press Ganey surveys were used in 2015-2016 to

internally survey patients at UMH following treatment. UMH contracted

with Healthcare Council of South Florida (HCSF) to develop focus groups of

health system leadership (in early 2016) and to consolidate the data of

the community resident surveys and hospital data sets.

University of Miami Hospital & Clinics:

Part V, Section B, Line 5: As a part of the Community Health Needs

Assessment in 2016, both external and internal consumers were surveyed,

and various focus groups were developed to get opinions on leading health

issues. A telephone interview methodology was conducted of 2,701

individuals/healthcare consumers throughout Miami-Dade County, ages 18 and

above, by Professional Research Consultants, Inc. (PRC). Press Ganey

surveys were used in 2015-2016 to internally survey patients at UMHC

following treatment. UMHC contracted with Healthcare Council of South

**Part V Facility Information** *(continued)*

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

Florida (HCSF) to develop focus groups of health system leadership (in early 2016) and to consolidate the data of the community resident surveys and hospital data sets.

Anne Bates Leach Eye Hospital:

Part V, Section B, Line 5: As a part of the Community Health Needs Assessment in 2016, both external and internal consumers were surveyed, and various focus groups were developed to get opinions on leading health issues. A telephone interview methodology was conducted of 2,701 individuals/healthcare consumers throughout Miami-Dade County, ages 18 and above by Professional Research Consultants, Inc. (PRC). Press Ganey surveys were used in 2015-2016 to internally survey patients at ABLEH following treatment. ABLEH contracted with Healthcare Council of South Florida (HCSF) to develop focus groups of health system leadership (in early 2016) and to consolidate the data of the community resident surveys and hospital data sets.

University of Miami Hospital:

Part V, Section B, Line 11: The hospital completed an Implementation Plan during 2017, which addresses the needs identified in the CHNA. Priority needs include: Availability of Primary Care and Prevention; Cancer Incidence, Mortality, and Screening; Chronic Disease Management; Neurology; and Elder Care/Geriatrics. As indicated in the Implementation Plan, all 5 of these priority needs have been addressed in the Implementation Strategy.



**Part V Facility Information** (continued)

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

University of Miami Hospital & Clinics:

Part V, Section B, Line 11: The hospital completed an Implementation Plan

during 2017, which addresses the needs identified in the CHNA. Priority

needs include: Cancer Prevention and Treatment; Availability of Primary

Care and Prevention; Access to Care (for uninsured); Healthy Life Styles:

Exercise/Nutrition; and Chronic Disease Management. As indicated in the

Implementation Plan, all 5 of these priority needs have been addressed in

the Implementation Strategy.

Anne Bates Leach Eye Hospital:

Part V, Section B, Line 11: The hospital completed an Implementation Plan

during 2017, which addresses the needs identified in the CHNA. Priority

needs include: Access to Care; Chronic Disease Management; Availability of

Primary Care and Prevention; Healthy Lifestyles: Exercise and Nutrition;

and Elder Care/Geriatrics. As indicated in the Implementation Plan, all 5

of these priority needs have been addressed in the Implementation

Strategy.

University of Miami Hospital

Part V, line 16b, FAP Application website:

uhealthsystem.com/billing/financial-assistance

University of Miami Hospital & Clinics

Part V, line 16b, FAP Application website:

uhealthsystem.com/billing/financial-assistance

**Part V** Facility Information *(continued)*

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

Anne Bates Leach Eye Hospital

Part V, line 16b, FAP Application website:

uhealthsystem.com/billing/financial-assistance

University of Miami Hospital

Part V, line 16c, FAP Plain Language Summary website:

uhealthsystem.com/billing/financial-assistance

University of Miami Hospital & Clinics

Part V, line 16c, FAP Plain Language Summary website:

uhealthsystem.com/billing/financial-assistance

Anne Bates Leach Eye Hospital

Part V, line 16c, FAP Plain Language Summary website:

uhealthsystem.com/billing/financial-assistance



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Although each of the organization's three hospitals determine eligibility for discounted care differently (as seen in Schedule H's Part V section B) we have answered the question in Part I line 3b using the organization's largest bed hospital's policy (UMH).

Part I, Line 6a:

The organization did not prepare a community benefit report during the tax year.

Part I, Line 7:

The Medicare cost report was used, except for 7b (Medicaid and other means-tested government programs). For 7b, a cost-to-charge ratio was used. The cost to charge ratio used for Medicaid cost calculation is based on the actual cost of Traditional Medicaid Fee-for-Service claims as reported on the Medicare Cost Report. These calculated costs (Inpatient Routine, Inpatient Ancillary, and Outpatient) are compared to the charges for these services reported on the same cost report. This ratio is used

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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as the Medicaid cost-to-charge ratio to be applied to total gross Medicaid

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charges (both Traditional Fee for Service and Managed Care) as reported on

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the AHCA FUHRS report.

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Part II, Community Building Activities:

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Community building activities include child abuse protection programs

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Part III, Line 2:

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Total bad debt expense is determined using the hospital's patient

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accounting records.

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Part III, Line 3:

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Patients who render sufficient financial information to make a

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determination of eligibility under the hospitals' financial assistance

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policy are either treated as charity care (if they qualify) or given a

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"self-pay" discount (if they do not qualify as charity care).

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Part III, Line 4:

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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The hospitals' financial statements do not contain a footnote concerning bad debt. The University's financial statements account for bad debt as a reduction of revenue.

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Part III, Line 8:

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The source of this information is the Medicare Cost Report data, which uses a "cost to charge" ratio methodology. The University of Miami Hospital and Anne Bates Leach Eye Hospital are reimbursed under the Medicare Prospective Payment System (PPS). For inpatient services, the reimbursement methodology is the Inpatient Prospective Payment System (IPPS), which uses the Diagnostic Related Groups (DRGS) methodology to reimburse the hospital. The DRG amounts are updated by the Medicare program annually by an updating factor. However, the amount of the updating factor is always significantly less than the actual healthcare inflation factor because the Medicare program includes a "budget neutrality" factor for the overall Medicare program. Thus, the hospital does not receive full reimbursement of its cost for inpatient services.

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For outpatient services, the reimbursement methodology is the Outpatient

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Prospective Payment System (OPPS), which uses ambulatory payment classifications (APCS) to reimburse the hospital. The APC amounts are updated by the Medicare program annually by an updating factor. However, the amount of the updating factor is always significantly less than the actual healthcare inflation factor because the Medicare program includes a "budget neutrality" factor for the overall Medicare program. Thus, the hospital does not receive full reimbursement for its cost for outpatient services. The University of Miami Hospital and Clinics is a cancer specialty hospital and, as such, is cost based reimbursed for both inpatient and outpatient services. For inpatient services, the limit is the TEFRA target limit. The hospital, on occasion, exceeds the target rate and does not receive full cost reimbursement. The TEFRA target amount is updated by the Medicare program annually by the TEFRA updating factor. However, the amount of the TEFRA updating factor is always significantly less than the actual healthcare inflation factor because the Medicare program includes a "budget neutrality" factor for the overall Medicare program. For outpatient services, the limit is the payment to cost ratio (PCR). The PCR was established using a base year, which was 1996, at a

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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rate of 85.5% of cost. The PCR for all exempt cancer centers was 92% through 12/31/16, and then 91% from 1/1/17 to 5/31/17; therefore, the hospital currently does not receive payment for a range of 8% to 9% of its outpatient cost.

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Part III, Line 9b:

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Note 3 of the financial statements reads in-part as follows: "the hospital provides care to patients who are financially unable to pay for the healthcare services they receive, and because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in revenue."

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Part VI, Line 2:

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Needs assessment: The communities' healthcare needs are assessed by the organization in collaboration with the Miami-Dade County Public Health Trust (PHT).

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Part VI, Line 3:

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**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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Patient education of eligibility for assistance: The organization informs

and educates patients through public service announcements, advertising,

and development activities. Further, patients are assisted with

qualifying for Medicaid and other state programs.

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Part VI, Line 4:

Community information: The community served by the organization is

Miami-Dade County, Broward County, Collier County and the Palm Beaches,

which are large urban areas. Since these South Florida counties have a

large immigration population, many patients are uninsured, under-insured,

or Medicaid recipients.

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Part VI, Line 5:

Promotion of community health: (1) A majority of the Hospital's governing

body is comprised of persons who reside in the Hospital's primary service

area who are neither employees nor contractors of the Hospital, nor family

members thereof. (2) The Hospital extends medical staff privileges to all

qualified physicians in its community for some or all of its departments.

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

(3) In order to improve patient care and access to the specialized healthcare services, the organization applies a significant portion of any surplus to capital budget for new technology, new medical equipment, building renovations, and other betterments & improvements.

Part VI, Line 6:

Affiliated health care system: The organization has an affiliation agreement with Miami-Dade County's Public Health Trust (PHT) to provide teaching physicians who supervise PHT's interns and residents at Jackson Memorial Hospital.

Part VI, Line 7:

State filing of community benefit report: Not applicable

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization University of Miami Employer identification number 59-0624458

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALGYNOMICS INC PO BOX 2451 CHAPEL HILL, NC 27514	20-3217603		98,944.	0.	N/A	N/A	RESEARCH
AMERICAN HEART ASSOCIATION PO BOX 841750 DALLAS, TX 75284	13-5613797	501(c)(3)	603,534.	0.	N/A	N/A	RESEARCH
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 85287	86-0196696	State of AZ	124,345.	0.	N/A	N/A	RESEARCH
AUBURN UNIVERSITY 208 M WHITE SMITH HALL 381 MELL ST AUBURN, AL 36849	63-6000724	State of AL	25,718.	0.	N/A	N/A	RESEARCH
BAYSTATE MEDICAL CENTER PO BOX 414168 BOSTON, MA 02241	04-2790311	501(c)(3)	57,108.	0.	N/A	N/A	RESEARCH
BENAROYA RESEARCH INSTITUTE 1201 NINTH AVE SEATTLE, WA 98101	91-0653422	501(c)(3)	47,631.	0.	N/A	N/A	RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 149.

**3** Enter total number of other organizations listed in the line 1 table ▶ 18.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule I (Form 990) (2016)**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BERMUDA INSTITUTE OF OCEAN SCIENCES - 15201 ROCKAWAY BLVD - JAMAICA, NY 11434	06-0706038	501(c)(3)	7,257.	0.	N/A	N/A	RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - 1220 CAPITOL CT - MADISON, WI 53715	39-1805963	501(c)(3)	1,229,441.	0.	N/A	N/A	RESEARCH
BOARD OF TRUSTEES OF THE LELAND STANFORD UNIVERSITY JUNIOR UNIV - P O BOX 44253 - SAN FRANCISCO, CA 94144	94-1156365	501(c)(3)	286,838.	0.	N/A	N/A	RESEARCH
BOSTON CHILDRENS HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(c)(3)	205,852.	0.	N/A	N/A	RESEARCH
BRANDEIS UNIVERSITY PO BOX 549110 WALTHAM, MA 02454	04-2103552	501(c)(3)	21,493.	0.	N/A	N/A	RESEARCH
BROWN UNIVERSITY BOX 1911 PROVIDENCE, RI 02912	05-0258809	501(c)(3)	143,330.	0.	N/A	N/A	RESEARCH
CANCER RESEARCH AND BIostatISTICS 1730 MINOR AVENUE SUITE 1900 SEATTLE, WA 98101	91-1828539	501(c)(3)	46,174.	0.	N/A	N/A	RESEARCH
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(c)(3)	651,209.	0.	N/A	N/A	RESEARCH
CENTER FOR HAITIAN STUDIES INC 8260 NE 2ND AVENUE MIAMI, FL 33138	65-0136723	501(c)(3)	51,456.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CHILDRENS HOSP OF PHILADELPHIA PO BOX 8500 LOCKBOX# 1457 PHILADELPHIA, PA 19178	23-1352166	501(c)(3)	13,293.	0.	N/A	N/A	RESEARCH
COLORADO STATE UNIVERSITY 2002 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	State of CO	129,583.	0.	N/A	N/A	RESEARCH
COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501(c)(3)	3,120,423.	0.	N/A	N/A	RESEARCH
CONCEPT HEALTH SYSTEMS INC 162 NE 49TH ST MIAMI, FL 33137	23-7063810	501(c)(3)	29,765.	0.	N/A	N/A	RESEARCH
CONSOLIDATED SAFETY SERVICES 10301 DEMOCRACY LANE STE 300 FAIRFAX, VA 22030	54-1480935		30,528.	0.	N/A	N/A	RESEARCH
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501(c)(3)	100,502.	0.	N/A	N/A	RESEARCH
CRAIG HOSPITAL 3425 S CLARKSON STREET ENGLEWOOD, CO 80113	84-0404233	501(c)(3)	122,642.	0.	N/A	N/A	RESEARCH
CYSHI FIBROSIS RESEARCH INC 1731 EMBARCADERO ROAD, SUITE 2 PALO ALTO, CA 94303	51-0169988	501(c)(3)	25,000.	0.	N/A	N/A	RESEARCH
DREXEL UNIVERSITY COLLEGE OF MEDICINE - PO BOX 95000-1090 - PHILADELPHIA, PA 19195	23-1352630	501(c)(3)	83,269.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(c)(3)	288,414.	0.	N/A	N/A	RESEARCH
EMMUNE INC 130 SCRIPPS WAY JUPITER, FL 33458	46-2445960		59,630.	0.	N/A	N/A	RESEARCH
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(c)(3)	571,076.	0.	N/A	N/A	RESEARCH
FAAST 3333 W PENSACOLA ST STE 140 TALLAHASSEE, FL 32304	59-3352342	501(c)(3)	156,410.	0.	N/A	N/A	RESEARCH
FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 ATLANTA, GA 30384	65-0385507	State of FL	118,325.	0.	N/A	N/A	RESEARCH
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION - P.O. BOX 6150 - TALLAHASSEE, FL 33701	59-3105845	State of FL	15,132.	0.	N/A	N/A	RESEARCH
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MIAMI, FL 33199	65-0177616	State of FL	456,583.	0.	N/A	N/A	RESEARCH
FLORIDA KEYS AHEC INC 5800 OVERSEAS HIGHWAY SUITE# 38 MARATHON, FL 33050	65-0183810	501(c)(3)	595,339.	0.	N/A	N/A	RESEARCH
FLORIDA REHAB PROFESSIONALS 401 MIRACLE MILE SUITE 403 CORAL GABLES, FL 33134	45-0601954		127,935.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY PO BOX 3064166 TALLAHASSEE, FL 32306	59-1961248	State of FL	1,006,211.	0.	N/A	N/A	RESEARCH
FROST MUSEUM OF SCIENCE INC 1101 BISCAYNE BLVD MIAMI, FL 33132	59-0854960	501(c)(3)	117,517.	0.	N/A	N/A	RESEARCH
GATEWAY COMMUNITY SERVICES 555 STOCKTON STREET JACKSONVILLE, FL 32204	59-1881828	501(c)(3)	240,344.	0.	N/A	N/A	RESEARCH
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE, MSN 4C6 FAIRFAX, VA 22030	54-0836354	State of VA	28,649.	0.	N/A	N/A	RESEARCH
GEORGIA TECH RESEARCH CORP PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(c)(3)	294,940.	0.	N/A	N/A	RESEARCH
H LEE MOFFITT CANCER CNTR & R PO BOX 742801 ATLANTA, GA 30374	59-3238634	501(c)(3)	791,617.	0.	N/A	N/A	RESEARCH
HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02241	04-2103580	501(c)(3)	7,198.	0.	N/A	N/A	RESEARCH
HEALTH CHOICE NETWORK INC 9064 NW 13 TERRACE DORAL, FL 33172	65-0504316	501(c)(3)	250,020.	0.	N/A	N/A	RESEARCH
HENRY FORD HEALTH SYSTEM 1 FORD PL, 5E DETROIT, MI 48202	38-1357020	501(c)(3)	110,653.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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HJR REEFSCAPING PO BOX 1126 HORMIGUEROS, PR 00660	66-0704731		105,744.	0.	N/A	N/A	RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1 GUSTAVE L LEVY PL - NEW YORK, NY 10029	13-6171197	501(c)(3)	9,716.	0.	N/A	N/A	RESEARCH
INDIANA UNIVERSITY -RESEARCH PO BOX 78000 DETROIT, MI 48278	35-6001673	State of IN	127,381.	0.	N/A	N/A	RESEARCH
INTERNATIONAL AIDS VACCINE INITIATIVE INC - 125 BROAD STREET 9TH FLOOR - NEW YORK, NY 10004	13-3870223	501(c)(3)	355,752.	0.	N/A	N/A	RESEARCH
J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE LA JOLLA, CA 92037	52-1842938	501(c)(3)	312,327.	0.	N/A	N/A	RESEARCH
JESSIE TRICE COMMUNITY HEALTH 5607 NW 27TH AVE STE 1 MIAMI, FL 33142	59-1235617	501(c)(3)	55,565.	0.	N/A	N/A	RESEARCH
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	501(c)(3)	152,101.	0.	N/A	N/A	RESEARCH
KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BLVD MAIL STOP 1039 KANSAS CITY, KS 66160	48-1108830	501(c)(3)	29,801.	0.	N/A	N/A	RESEARCH
LA JOLLA INSTITUTE FOR ALLERGY 9420 ATHENA CIR LA JOLLA, CA 92037	33-0328688	501(c)(3)	9,228.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LIBERTY KIDS INC 50 NE 128TH ST MIAMI, FL 33161	20-5019202		5,245.	0.	N/A	N/A	RESEARCH
LOS ANGELES BIOMEDICAL RESEARCH 1124 W CARSON ST J-3 TORRANCE, CA 90502	95-2138184	501(c)(3)	99,456.	0.	N/A	N/A	RESEARCH
MASS GENERAL HOSPITAL CORP. PO BOX 3829 BOSTON, MA 02241	04-2697983	501(c)(3)	97,375.	0.	N/A	N/A	RESEARCH
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139	04-2103594	501(c)(3)	96,884.	0.	N/A	N/A	RESEARCH
MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(c)(3)	6,905.	0.	N/A	N/A	RESEARCH
MAYO CLINIC JACKSONVILLE PO BOX 4006 ROCHESTER, MN 55903	59-3337028	501(c)(3)	43,967.	0.	N/A	N/A	RESEARCH
MCLEAN HOSPITAL PO BOX 3951 BOSTON, MA 02241	04-2697981	501(c)(3)	249,851.	0.	N/A	N/A	RESEARCH
MEDICAL UNIV OF SOUTH CAROLINA 19 HAGOOD AVE STE 606 MSC 805 CHARLESTON, SC 29425	57-6000722	State of SC	24,276.	0.	N/A	N/A	RESEARCH
MEDSTAR HEALTH RESEARCH INSTITUTE PO BOX 418223 BOSTON, MA 02241	52-6056274	501(c)(3)	61,757.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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MER CONSULTANTS LLC 5521 SE NASSAU TER STUART, FL 34997	37-1692116		127,355.	0.	N/A	N/A	RESEARCH
MIAMI DADE AHEC 1200 NW 78TH AVENUE SUITE 209 MIAMI, FL 33126	65-0009277	501(c)(3)	619,650.	0.	N/A	N/A	RESEARCH
MIAMI DADE COLLEGE 11011 SW 104 STREET MIAMI, FL 33176	59-1210485	State of FL	22,872.	0.	N/A	N/A	RESEARCH
MIAMI-DADE COUNTY HEALTH DEPT 8175 NW 12TH STREET SUITE 306 MIAMI, FL 33126	59-3502843	M. Dade County	6,013.	0.	N/A	N/A	RESEARCH
MONTEREY BAY AQUARIUM RESEARCH 7700 SANDHOLDT RD MOSS LAND, CA 95039	77-0150058	501(c)(3)	15,767.	0.	N/A	N/A	RESEARCH
MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH, FL 33140	59-0624424	501(c)(3)	9,202.	0.	N/A	N/A	RESEARCH
NATIONAL JEWISH HEALTH PO BOX 17379 DENVER, CO 80217	74-2044647	501(c)(3)	23,537.	0.	N/A	N/A	RESEARCH
NAVAL RESEARCH LABORATORY 4555 OVERLOOK AVE SW BLDG222 RM217 WASHINGTON, DC 20375	31-1575142	US Govt	832,087.	0.	N/A	N/A	RESEARCH
NEW JERSEY INSTITUTE OF TECHNOLOGY PO BOX 18110 NEWARK, NJ 07191	22-6000910	State of NJ	41,334.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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NORTH CAROLINA AGRICULTURAL & TECHNICAL ST UNIVERSITY - 1601 E. MARKET ST. - GREENSBORO, NC 27411	56-6000007	State of NC	88,741.	0.	N/A	N/A	RESEARCH
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7533 RALEIGH, NC 27695	56-6000756	State of NC	231,281.	0.	N/A	N/A	RESEARCH
NORTHWESTERN UNIVERSITY 2205 TECH DR. RM 2-150 EVANSTON, IL 60208	36-2167817	501(c)(3)	86,178.	0.	N/A	N/A	RESEARCH
NOVA SOUTHEASTERN UNIVERSITY 3321 COLLEGE AVE STE 490 DAVIE, FL 33314	59-1083502	501(c)(3)	1,132,946.	0.	N/A	N/A	RESEARCH
OREGON STATE UNIVERISITY 312 KERR ADMINISTRATION BLD CORVALLIS, OR 97331	61-1730890	State of OR	156,696.	0.	N/A	N/A	RESEARCH
OUNCE OF PREVENTION FUND 33 W. MONROE, SUITE 2400 CHICAGO, IL 60603	36-3186328	501(c)(3)	23,427.	0.	N/A	N/A	RESEARCH
PALO ALTO RESEARCH CENTER INC 3333 COYOTE HILL ROAD PALO ALTO, CA 94304	06-1568182		443,989.	0.	N/A	N/A	RESEARCH
PENNSYLVANIA STATE UNIVERSITY 227 W BEARVER AVE STE 401 STATE COLLEGE, PA 16801	24-6000376	State of PA	137,844.	0.	N/A	N/A	RESEARCH
PRINCETON UNIVERSITY 701 CARNEGIE CTR STE 443 PRINCETON, NJ 08540	21-0634501	501(c)(3)	28,454.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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REAL PREVENTION LLC 130 PEARL BROOK DR CLIFTON, NJ 07013	46-2906812		24,248.	0.	N/A	N/A	RESEARCH
REGENTS OF THE UNIV OF CALIFORNIA LOS ANGELES - BOX 957089, 1125 MURPHY HALL - LOS ANGELES, CA 90095	95-6006142	State of CA	411,921.	0.	N/A	N/A	RESEARCH
REGENTS OF THE UNIV OF CALIFORNIA SAN DIEGO - 9500 GILMAN DRIVE MC0672 - LA JOLLA, CA 92093	95-6006144	State of CA	322,345.	0.	N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 120 THEORY STE 200 - IRVINE, CA 92697	94-3067788	501(c)(3)	661,788.	0.	N/A	N/A	RESEARCH
REGENTS OF UNIV OF COLORADO PO BOX 910220 DENVER, CO 80291	84-6000555	State of CO	61,425.	0.	N/A	N/A	RESEARCH
REMOTE MEASUREMENTS AND RESEARCH 214 EUCLID AVE SEATTLE, WA 98122	26-0728644		18,257.	0.	N/A	N/A	RESEARCH
RESEARCH FOUNDATION FOR STATE UNIV OF NY - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(c)(3)	340,415.	0.	N/A	N/A	RESEARCH
RUSH UNIVERSITY 1700 W VAN BUREN ST STE 277 CHICAGO, IL 60612	36-2174823	501(c)(3)	26,367.	0.	N/A	N/A	RESEARCH
SAN JOSE STATE UNIVERSITY 210 N FOURTH STREET 4TH FLOOR SAN JOSE, CA 95112	94-6017638	501(c)(3)	2,817,231.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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SANFORD BURNHAM PREBYS 10901 NORTH TORREY PINES RD LA JOLLA, CA 92307	51-0197108	501(c)(3)	29,283.	0.	N/A	N/A	RESEARCH
SCHOOL BOARD MIAMI DADE COUNTY 1450 NE 2ND AVE STE 615 MIAMI, FL 33132	59-6000572	M. Dade County	93,591.	0.	N/A	N/A	RESEARCH
SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(c)(3)	404,083.	0.	N/A	N/A	RESEARCH
SIEMENS MEDICAL SOLUTIONS USA PO BOX 223692 PITTSBURGH, PA 15251	94-2784998		342,989.	0.	N/A	N/A	RESEARCH
SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION - 1201 NW 16TH ST ROOM D806 - MIAMI, FL 33125	65-0207903	501(c)(3)	73,004.	0.	N/A	N/A	RESEARCH
SPECTRUM PROGRAMS INC 6100 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126	59-1415981	501(c)(3)	115,143.	0.	N/A	N/A	RESEARCH
SPEECH PATHOLOGY AND EDUCATIONAL CENTER INC - 8510 SW 8TH ST - MIAMI, FL 33144	65-0303523		195,905.	0.	N/A	N/A	RESEARCH
SRI INTERNATIONAL PO BOX 2767 MENLO PARK, CA 94025	94-1160950	501(c)(3)	23,392.	0.	N/A	N/A	RESEARCH
ST JUDE CHILDRENS RESEARCH HOSPITAL - P O BOX 1000 DEPT #949 - MEMPHIS, TN 38148	62-0646012	501(c)(3)	13,658.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
TEXAS A&M UNIVERSITY 400 HARVEY MITCHELL PARKWAY S #300 COLLEGE STA, TX 77845	74-2907553	State of TX	86,739.	0.	N/A	N/A	RESEARCH
TEXAS A&M UNIVERSITY CORPUS CHRISTI - 6300 OCEAN DRIVE - CORPUS CHRISTI, TX 78412	74-1760663	State of TX	109,123.	0.	N/A	N/A	RESEARCH
THE REGENTS OF THE UNIV OF CA SAN FRANCISCO - 9500 GILMAN DRIVE MC0009 - LA JOLLA, CA 92093	94-6036493	State of CA	344,812.	0.	N/A	N/A	RESEARCH
THE REGENTS OF THE UNIV OF CALIFORNIA SANTA BARBARA - SAASB BUILDING ROOM 1212 - SANTA BARBARA, CA 93106	95-6006145	State of CA	120,625.	0.	N/A	N/A	RESEARCH
THE REGENTS OF U OF MICHIGAN PO BOX 223131 PITTSBURGH, PA 15251	38-6006309	501(c)(3)	11,452.	0.	N/A	N/A	RESEARCH
THE REGENTS OF UC P O BOX 989062 W. SACRAMENTO, CA 95798	94-6036494	State of CA	34,667.	0.	N/A	N/A	RESEARCH
THE REGENTS UNIVERSITY OF CAL, LOS ANGELES - PO BOX 957089 1125 MURPHY HALL - LOS ANGELES, CA 90095	95-6006143	State of CA	24,275.	0.	N/A	N/A	RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVENUE SOUTH NEPHROLOGY 638C - BIRMINGHAM, AL 35294	63-6005396	State of AL	35,277.	0.	N/A	N/A	RESEARCH
THE UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985045 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198	47-0049123	501(c)(3)	29,188.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

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(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
THE VILLAGE 169 E FLAGLER ST STE 1300 MIAMI, FL 33131	59-1452736	501(c)(3)	6,921.	0.	N/A	N/A	RESEARCH
THERAPY AND LEARNING CORP PO BOX 565142 MIAMI, FL 33256	83-0471851		22,730.	0.	N/A	N/A	RESEARCH
TRANSLATIONAL GENOMICS RESEARCH 445 NORTH FIFTH STREET SUITE# 600 PHOENIX, AZ 85004	75-3065445	501(c)(3)	174,338.	0.	N/A	N/A	RESEARCH
TULANE UNIVERSITY 800 E COMMERCE RD STE 203 HARAHAN, LA 70123	72-0423889	501(c)(3)	278,008.	0.	N/A	N/A	RESEARCH
UNIV OF LOUISIANA AT LAFAYETTE PO BOX 42570 LAFAYETTE, LA 70504	72-6000820	State of LA	370,380.	0.	N/A	N/A	RESEARCH
UNIV OF PUERTO RICO PO BOX 365067 SAN JUAN, PR 00936	66-0433762	Gov't of PR	23,980.	0.	N/A	N/A	RESEARCH
UNIV OF TEXAS S. WESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-6002868	State of TX	6,286.	0.	N/A	N/A	RESEARCH
UNIVERSIDAD CENTRAL DEL CARIBE INC PO BOX 60327 BAYAMON, PR 00960	66-0349669	501(c)(3)	69,102.	0.	N/A	N/A	RESEARCH
UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH - P O BOX 3000 - BOULDER, CO 80307	84-0412668	501(c)(3)	179,150.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 85719	86-6004791	State of AZ	46,866.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO, FL 32816	59-2924021	State of FL	118,821.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF CINCINNATI PO BOX 932641 CLEVELAND, OH 44193	31-6000989	State of OH	43,700.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF COLORADO DENVER 12850 E MONTVIEW BLVD AURORA, CO 80045	84-6000555	State of CO	20,663.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BLDG NEWARK, DE 19716	51-6000297	501(c)(3)	170,377.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF DENVER PO BOX 911811 DENVER, CO 80291	84-6000555	State of CO	56,764.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF FLORIDA 123 GRINTER HALL PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	State of FL	618,322.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD BOX 368 HONOLULU, HI 96822	99-0085260	State of HI	44,881.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF HOUSTON PO BOX 988 HOUSTON, TX 77001	74-6001399	State of TX	39,848.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF ILLINOIS LIBRARY 28395 NETWORK PLACE CHICAGO, IL 60673	37-6000511	501(c)(3)	389,711.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF IOWA 118 S. CLINTON ST IOWA CITY, IA 52242	42-6004813	State of IA	158,473.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501(c)(3)	7,412.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF MARYLAND P O BOX 41428 BALTIMORE, MD 21203	52-6002033	State of MD	7,418.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	State of MA	35,533.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF MINNESOTA PO BOX 1450 NW 5957 MINNEAPOLIS, MN 55485	41-6007513	State of MN	290,225.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF NEBRASKA-LINCOLN WHITTIER ROOM 151J PO BOX 830861 LINCOLN, NE 68583	47-0491233	State of NE	10,671.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384	56-6001393	State of NC	312,228.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF NORTH TEXAS 1155 UNION CIR # 305250 DENTON, TX 76203	75-6002149	State of TX	707,114.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(c)(3)	302,307.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 7406 PITTSBURGH, PA 15213	25-0965591	501(c)(3)	376,218.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF PUERTO RICO AT MAYAGUEZ - CALL BOX 9000 - MAYAGUEZ, PR 00681	66-0433461	Gov't of PR	27,094.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE BOX 673 ROCHESTER, NY 14642	16-0743209	501(c)(3)	46,549.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886	59-2959590	501(c)(3)	526,340.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 SOUTH FIGUEROA ST STE 102 LOS ANGELES, CA 90089	95-1642394	501(c)(3)	41,963.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF TENNESSEE 62 S DUNLAP STE 300 MEMPHIS, TN 38163	62-6001636	State of TN	9,973.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7159 AUSTIN, TX 78713	74-6000203	State of TX	350,659.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS AT DALLAS 800 W CAMPBELL RD., AD37 RICHARDSON, TX 75080	75-1305566	State of TX	161,246.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-1586031	State of TX	29,308.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF VIRGINIA PO BOX 400201 CHARLOTTESVILLE, VA 22904	54-6001796	501(c)(3)	5,046.	0.	N/A	N/A	RESEARCH
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 60693	91-6001537	State of WA	247,254.	0.	N/A	N/A	RESEARCH
VANDERBILT UNIVERSITY MEDICAL PO BOX 121236 DALLAS, TX 75312	62-0476822	501(c)(3)	232,295.	0.	N/A	N/A	RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980617 RICHMOND, VA 23298	54-6001758	State of VA	9,037.	0.	N/A	N/A	RESEARCH
VIRGINIA INSTITUTE OF MARINE P O BOX 1346 GLOUCESTER PT, VA 23062	54-6001802		275,967.	0.	N/A	N/A	RESEARCH
WATER MAPPING LLC 3010 CORAL STRIP PKWY GULF BREEZE, FL 32563	47-3600220		84,500.	0.	N/A	N/A	RESEARCH
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	38-6028429	State of MI	6,631.	0.	N/A	N/A	RESEARCH
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE NEW YORK, NY 10022	13-1623978	501(c)(3)	53,844.	0.	N/A	N/A	RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508	06-0646697	501(c)(3)	468,430.	0.	N/A	N/A	RESEARCH
AMERICAN CANCER SOCIETY 3709 W JETTON AVE TAMPA, FL 33629	52-2340031	501(c)4	53,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN REAL ESTATE & URBAN PO BOX 3061110 TALLAHASSEE, FL 32306	23-7119584	501(c)3	7,500.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605	501(c)3	50,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN SOCIETY FOR ENGINEERING P.O BOX 222822 CHANTILLY, VA 20153	37-0730118	501(c)3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
BROWARD COUNTY MEDICAL ASSOCIATION 5101 NW NW 21ST AVE STE 450 FT LAUDERDALE, FL 33309	59-0834012	501(c)6	9,700.	0.	N/A	N/A	GENERAL SUPPORT
CAMP KESEM NATIONAL 1300 MILLER DR CORALGABLES, FL 33146	51-0454157	501(c)3	6,500.	0.	N/A	N/A	GENERAL SUPPORT
CROHNS & COLITIS FDN OF AMERICA CCFA-FLORIDA CHAPTER BOCA RATON, FL 33433	13-6193105	501(c)3	17,500.	0.	N/A	N/A	GENERAL SUPPORT
EL HERALDO DE BROWARD INC P.O. BOX 70577 OAKLAND PARK, FL 33307	59-2013604		10,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LEUKEMIA & LYMPHOMA SOCIETY 200 S. PARK RD STE 140 HOLLYWOOD, FL 33021	13-5644916	501(c) 3	25,000.	0.	N/A	N/A	GENERAL SUPPORT
NORTH CAROLINA STATE UNIV CAMPUS BOX 7533 RALEIGH, NC 27695	56-6000756	State of NC	40,000.	0.	N/A	N/A	GENERAL SUPPORT
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE MANHATTAN BCH, CA 90266	33-0841281	501(c) 3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SHARSHERET INC 1086 TEANECK RD TEANECK, NJ 07666	13-4198529	501(c) 3	15,000.	0.	N/A	N/A	GENERAL SUPPORT
SOCIETY FOR INTEGRATIVE ONCOLOGY 136 EVERETT ROAD ALBANY, NY 12205	33-1071221	501(c) 3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SUSAN G KOMEN MIAMI FT LAUDERDALE 1333 S UNIVERSITY DR STE 206 PLANTATION, FL 33324	75-2844638	501(c) 3	42,000.	0.	N/A	N/A	GENERAL SUPPORT
THE ALS RECOVERY FUND ONE GROVE ISLE DRIVE UNIT 1602 COCONUT GROVE, FL 33133	65-0265802	501(c) 3	10,000.	0.	N/A	N/A	GENERAL SUPPORT
THE BUONICONTI FUND TO CURE PARALYSIS - 1095 NW 14TH TERRACE - MIAMI, FL 33136	65-0244316	501(c) 3	8,500.	0.	N/A	N/A	GENERAL SUPPORT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships for tuition housing meals and books	13492	414,638,608.	0.	N/A	N/A
Grants and Other Assistance - Research	2	20,050.	0.	N/A	N/A

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

Part I, Line 2:

Procedure for Monitoring Grants:

Grants to organizations and individuals awarded for the purpose of

conducting research are monitored as follows:

Subcontracts are issued with a defined scope of work and a budget and

include other terms and conditions such as frequency of required reporting.

The faculty member at the University of Miami responsible for the grant

monitors the scientific progress via site visits, correspondence, reports,

**Part IV Supplemental Information**

etc. Invoices submitted for payments by the outside organization or by an

individual are approved by the University of Miami Faculty member

responsible for the grant.

Schedule I, Part III:

Assistance to the University students in the form of scholarships are

awarded for the purpose of aiding with the cost of attending the

University (i.e., for tuition, housing and meals). Scholarships are

based on need and academic achievement. Total scholarships, grants and

loans cannot exceed the total cost of attendance. The University

publishes criteria for the eligibility requirements needed to award a

scholarship. The amount of aid awarded is based on a need analysis

formula developed by the federal government and includes verification

of the information submitted by the student.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>University of Miami</b>	Employer identification number <b>59-0624458</b>
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**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>	X	
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Marc Buoniconti Trustee/Senior Director	(i)	174,366.	0.	138.	2,917.	694.	178,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Julio Frenk President	(i)	1,123,370.	150,000.	72,241.	19,988.	515,548.	1,881,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Thomas J. LeBlanc Executive VP & Provost	(i)	765,657.	100,000.	82,351.	29,150.	20,900.	998,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Joseph T. Natoli Sr VP Business & Finance and CFO	(i)	989,337.	500,000.	1,165,024.	26,500.	21,416.	2,702,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Aileen M. Ugalde Secretary of the University	(i)	569,786.	0.	48,001.	31,683.	23,964.	673,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Steven Mark Altschuler Sr. VP & CEO of Uhealth	(i)	1,096,151.	458,333.	161,711.	0.	20,284.	1,736,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Nestor de la Cruz-Munoz Associate Professor Dept of Surgery	(i)	902,717.	419,839.	462,121.	26,500.	16,685.	1,827,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Lee D. Kaplan Professor, Orthopaedics	(i)	667,924.	296,005.	527,777.	26,500.	23,088.	1,541,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) James J. Larranaga Head Coach, Basketball	(i)	245,875.	120,000.	1,638,209.	26,500.	16,936.	2,047,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Dipen J. Parekh Professor, Urology	(i)	857,223.	146,250.	255,353.	26,500.	20,549.	1,305,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Mark Richt Head Coach, Football	(i)	244,407.	0.	3,792,586.	0.	21,068.	4,058,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Richard Ballard CEO, UMHC (former)	(i)	429,855.	88,368.	36,171.	26,500.	21,504.	602,398.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Steven Falcone Chief Exec, UHealth Clinic (fmr)	(i)	563,759.	122,265.	173,852.	29,150.	22,377.	911,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) Michael Gittelman CEO, ABLEH (former)	(i)	390,494.	78,367.	70,111.	26,500.	19,737.	585,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Alan S. Livingstone MD Chief Exec, UHealth Clinic (fmr)	(i)	789,071.	58,331.	75,657.	29,150.	19,369.	971,578.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Donna E. Shalala President (former)	(i)	0.	0.	739,806.	7,590.	311.	747,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) John Sory	(i)	456,645.	73,915.	138.	26,500.	20,746.	577,944.	0.
Chief Exec,UHealth Rgnl Alliance(fmr	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

First Class Travel:

First class travel was provided to President Julio Frenk, Steven Altschuler, and James J. Larranaga. The amounts were not included in taxable income.

House and Household Assistance:

A house and household assistance is provided to the President Julio Frenk at the convenience of the employer as a condition of employment. Certain amounts were included in taxable income for President Julio Frenk.

Club Dues:

Club dues were provided for Thomas J. Leblanc, Julio Frenk, James J. Larranaga, and Mark Richt. The amounts were included in taxable income.

Social Club Dues:

Social club dues were provided for Julio Frenk. The amounts were not included in taxable income.

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Tax Gross-Up Payments:

Tax Gross-Up Payments were provided to President Julio Frenk.

Part I, Question 4a, Severance Payments:

Severance payments were provided to Donna E. Shalala of \$666,000; Joseph T.

Natoli of \$1,000,000.

Part I, Line 6:

Hospital & Clinic may provide incentives to certain officers, and highly

compensated individuals. Incentive payment are based on productivity /

efficiency measures, as well as certain financial targets.

Part I, Line 7:

Certain officers received sign-on bonuses, and one time payments for

assuming duties outside of their job requirements / description

**Supplemental Information on Tax-Exempt Bonds**

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

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **University of Miami** Employer identification number **59-0624458**

Part I	Bond Issues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Miami-Dade Co Educ Fac Authority	59-6000573	59333AFW6	04/26/07	473,302,568.	See Schedule K, Part VI	X			X		X
<b>B</b>	Miami-Dade Co Educ Fac Authority	59-6000573	59333ALR0	12/12/12	106,138,985.	See Schedule K, Part VI		X		X		X
<b>C</b>	Miami-Dade Co Educ Fac Authority	59-6000573	59333AMB4	10/07/15	432,889,335.	See Schedule K, Part VI		X		X		X
<b>D</b>												

Part II	Proceeds								
	A		B		C		D		
<b>1</b>	Amount of bonds retired	79,995,000.							
<b>2</b>	Amount of bonds legally defeased	155,070,000.							
<b>3</b>	Total proceeds of issue	480,088,974.	106,148,878.		433,409,770.				
<b>4</b>	Gross proceeds in reserve funds								
<b>5</b>	Capitalized interest from proceeds	17,381,191.	1,362,336.		9,393,455.				
<b>6</b>	Proceeds in refunding escrows	303,488,136.			221,307,671.				
<b>7</b>	Issuance costs from proceeds	3,097,405.	929,658.		2,151,674.				
<b>8</b>	Credit enhancement from proceeds	3,351,958.							
<b>9</b>	Working capital expenditures from proceeds		25,082,031.						
<b>10</b>	Capital expenditures from proceeds	152,770,285.	78,681,201.		171,609,748.				
<b>11</b>	Other spent proceeds								
<b>12</b>	Other unspent proceeds		93,652.		28,947,222.				
<b>13</b>	Year of substantial completion	2009		2014		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue?	X		X		X			
<b>15</b>	Were the bonds issued as part of an advance refunding issue?	X			X	X			
<b>16</b>	Has the final allocation of proceeds been made?	X			X		X		
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III	Private Business Use								
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	X		X		X			
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....	X		X		X			
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.28 %		.10 %		.58 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.66 %		%		%		%
<b>6</b> Total of lines 4 and 5 .....		.94 %		.10 %		.58 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....	X			X		X		
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....			X		X			
<b>b</b> Exception to rebate? .....				X		X		
<b>c</b> No rebate due? .....			X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....	X			X		X		
<b>b</b> Name of provider .....	Bayerische Landesba							
<b>c</b> Term of GIC .....	2.1000000							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....	X							
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....	X		X		X			
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X			

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

Schedule K, Part I - Line A, Column F:

Acquire, construct, equip and renovate University facilities and refunding of prior issues:

- Series 1993- Issue Date January 5, 1994;
- Series 1996A- Issue Date March 13, 1996;
- Series 1996B - Issue Date October 1, 1996;
- Series 1997A - Issue Date January 10, 1997;
- Series 1997B - Issue Date April 1, 1997;
- Series 2000A - Issue Date December 7, 1999;
- Series 2000B - Issue Date February 3, 2000;
- Series 2004A - Issue Date January 16, 2004.

Schedule K, Part I - Line B, Column F:

Finance or refinance the acquisition, construction, renovation and equipping of University facilities.

Schedule K, Part I - Line C, Column F:

Finance or refinance the costs of the acquisition, construction, renovation and equipping of University facilities and refunding of prior issues:

- Series 2007A - Issue date April 26, 2007
- Series 2008A - Issue date May 8, 2008

Schedule K, Part I - Line C, Column C: CUSIP #59333AMB4,59333AMA6

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

Schedule K, Part II -- Line 3, Column A:

Variance of \$6,786,406 when compared to Part I - Line A, Column (e) is due primarily to interest earnings.

Schedule K, Part II -- Line 3, Column B:

Variance of \$9,893 when compared to Part I - Line B, Column (e) is due primarily to interest earnings and unspent issuance cost.

Schedule K, Part II -- Line 3, Column C:

Variance of \$520,436 when compared to Part I - Line C, Column (e) is due primarily to interest earnings.

Schedule K, Part III - Line 7, Column A, B, & C:

Analysis of the private security and payment test results that the bond issues do not meet the test.

Schedule K, Part IV -- Line 1, Column A:

Form 8038-T filed on 6/28/2016 for the Series 2007.

Schedule K, Part IV -- Line 2c, Column B and C:

Rebate computation date of 5/31/17. In addition, no rebate due and no filing required on the 2012A and 2015A series.





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Rosemarie Ugalde	See Part V	126,072.	See Part V		X
Susan Dandes	See Part V	110,800.	See Part V		X
Eric Winter	See Part V	106,614.	See Part V		X
Gino DiMare	See Part V	162,247.	See Part V		X
Ryan Dandes	See Part V	65,675.	See Part V		X
Jeanette Gonzalez-Calles	See Part V	23,897.	See Part V		X
George Williamson III	See Part V	32,500.	See Part V		X
Marc Buoniconti	See Part V	175,000.	See Part V		X
Felicia Knaul	See Part V	361,889.	See Part V		X
Carolyn Rubenstein	See Part V	21,007.	See Part V		X

**Part V Supplemental Information**

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Brian Leblanc

(b) Relationship Between Interested Person and Organization:

See Part V

(c) Amount of Transaction \$ 65,000.

(d) Description of Transaction: See Part V

(e) Sharing of Organization Revenues? = No

Schedule L, Part IV - Lines 2-10 Col B

Family member of trustee.

Schedule L, Part IV - Lines 1,9,11 Col B

Family member of officer.

Schedule L, Part IV - Lines 1-11, Col D

Family member employment.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization: **University of Miami** Employer identification number: **59-0624458**

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	<input checked="" type="checkbox"/>	836	2,393,365.	Fair Market Value	
2	<input type="checkbox"/>				
3	<input type="checkbox"/>				
4	<input type="checkbox"/>				
5	<input type="checkbox"/>				
6	<input type="checkbox"/>				
7	<input type="checkbox"/>				
8	<input type="checkbox"/>				
9	<input checked="" type="checkbox"/>	199	8,828,419.	Fair Market Value	
10	<input type="checkbox"/>				
11	<input type="checkbox"/>				
12	<input type="checkbox"/>				
13	<input type="checkbox"/>				
14	<input type="checkbox"/>				
15	<input type="checkbox"/>				
16	<input type="checkbox"/>				
17	<input type="checkbox"/>				
18	<input type="checkbox"/>				
19	<input type="checkbox"/>				
20	<input type="checkbox"/>				
21	<input type="checkbox"/>				
22	<input type="checkbox"/>				
23	<input type="checkbox"/>				
24	<input type="checkbox"/>				
25	<input checked="" type="checkbox"/>	4	39,311.	Fair Market Value	
26	<input checked="" type="checkbox"/>	406	0.	See Part II	
27	<input type="checkbox"/>				
28	<input type="checkbox"/>				

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** 10

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

Third Party or Related Organizations Utilized:

The University utilizes external brokers to sell securities when the donated securities are not deemed to fit into the University's investment portfolio.

Schedule M, Line 33:

Items Included On Schedule M Not In Revenue:

b. Part I, Line 26 - Auction items:

Columns B and C include items donated for sale at fundraising event auctions (such as gift certificates, etc.) which are subsequently sold at fundraising event auctions but which are not included on form 990, Part VIII, Line 1(g).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization University of Miami	Employer identification number 59-0624458
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Form 990, Part I, Line 1, Description of Organization Mission:

The University of Miami's mission is to educate and nurture students,  
to create knowledge through its comprehensive research programs, and to  
provide patient care services to our community and beyond.

Form 990, Part III, Line 1, Description of Organization Mission:

See Form 990, Part I, Line 1, Description of Organization Mission.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Instruction, academic support, student services:

The University of Miami (UM) is a private not-for-profit institution  
with more than 16,000 students. The University's 11 colleges and  
schools offer the following degree options: 133 bachelors, 139 masters,  
and 68 doctoral (64 research/scholarship and 4 professional practice).  
The School of Architecture, founded in 1983, offers accredited  
professional undergraduate and graduate degrees in architecture and  
several post-professional graduate degrees. Programs include the  
professional Bachelor of Architecture (B.Arch) and the Master of  
Architecture (M.Arch); the post-professional Master of Science in  
Architecture (M.S.Arch) with 2 possible tracks- Architectural Design  
and Architectural Studies; the Master of Urban Design (M.U.D); and the  
Master of Real Estate Development and Urbanism (M.R.E.D.U.), an  
interdisciplinary one-year graduate program that draws on the real-life  
experience of Developers-in-Residence and faculty support from the  
Schools of Business Administration and Law as well as Architecture.

The College of Arts and Sciences enrolls over 4,200 undergraduate and

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization University of Miami	Employer identification number 59-0624458
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600 graduate students in 20 departments and 10 interdisciplinary programs. Sixteen departments offer graduate degrees in the fine arts, natural sciences, humanities, and social sciences.

The College of Engineering comprises five departments that offer degrees in aerospace, architectural, biomedical, civil, computer, electrical, environmental, industrial, and mechanical engineering, as well as engineering science. The College of Engineering offers five-year B.S./M.S. degree programs for our undergraduates, as well as traditional master's and doctoral degrees in a number of disciplines, with several specializations in each field of study. Consistent with the tradition of collaboration among the University of Miami schools and colleges, engineering students participate in a number of interdisciplinary programs as well as joint research projects with other faculty and academic units at UM. Consisting of over 1,000 undergraduate students and over 200 graduate students, the College boasts an impressively diverse student body, consisting of students from 45 different countries. At the undergraduate level, 23% of the student population is Hispanic and 9% is Black. Females represent 31% of the students (compared to an 18% national average, according to the most recent statistics from the American Society for Engineering Education).

The School of Law presently enrolls around 1,192 candidates for either J.D., LL.M. or dual degrees, and has over 20,000 alumni worldwide. The J.D. program enrolls approximately 1,026 students from more than 113 colleges and universities throughout the United States. Of the entering J.D. students, approximately 49% are women, 47% are members of minority groups, and 35% are from outside Florida. 60% speak one or more foreign language. The School offers graduate programs in International Law

Name of the organization University of Miami	Employer identification number 59-0624458
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(specializations in Inter-American Law, General International Law, and

U.S. and Transnational Law for Foreign Lawyers), International

Arbitration, Maritime Law, Entertainment, Art and Sports, Taxation,

Taxation of Cross Border Investments, Estate Planning, and Real

Property Development, the latter 2 offer courses online as well as

on-campus. The graduate program in International Law includes three

different specializations. The School also offers several joint degree

programs. It is the only law school to offer a J.D./Master's in Music

Business, J.D./M.A. in Arts Presenting, and J.D/M.A. in Latin American

Studies. In addition, the School offers a J.D./M.B.A., J.D./M.P.S. in

Marine Affairs, J.D./M.P.H. in Public Health, J.D./M.S. Ed. in Law,

Community and Social Change, J.D./PH.D. in Law and Environmental

Policy, J.D./M.D., J.D./M.P.A. in Public Administration, J.D./LL.M. in

Tax, International Law, Maritime Law, Estate Planning or Real Property

Development, and a J.D./M.B.A./LL.M. in Tax, Real Property Development

or Estate Planning. The School is regularly ranked among the top law

schools by U.S. News and World Report for Tax Programs, and its alumni

are regularly featured in Super Lawyers Magazine.

The Leonard M. Miller School of Medicine has grown rapidly in both size

and reputation, earning international acclaim for research, clinical

care, and biomedical innovations. Our 800 medical students are joined

by 1,200 residents, 580 graduate students and over 190 postdoctoral

fellows, and we have one of the largest graduate medical education

systems in the country. Along with the M.D. degree, the school offers a

combined M.D./Ph.D. program, a 5-year M.D./M.B.A. program, a 4-year and

a 5-year M.D./M.P.H. program and 4-year M.D./M.S. in Genomic Medicine,

a six-year M.D./J.D. program, graduate degrees in ten areas,

postdoctoral programs, and continuing medical education courses.

Name of the organization University of Miami	Employer identification number 59-0624458
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Form 990, Part III, Line 4b, Program Service Accomplishments:

Research and Public Service:

UM has been classified by the Carnegie Commission as a Doctoral

University with Highest Research Activity.

The School of Architecture's areas of focus include Urban Design,

Planning & Real Estate Development, Construction Management, Technology

and Computation, Coastal Resilience, Health and the Built Environment,

Historical Preservation and Adaptive Use, Classical and Traditional

Design, Housing and Hospitality Design, Building in the Caribbean,

Latin America and the Tropical World, Architectural History, and

Theory. Faculty and students are actively engaged in interdisciplinary

research with numerous schools including the Miller School of Medicine,

The Leonard and Jayne Abess Center for Ecosystem Science and Policy and

the Center for Computational Science.

The College of Arts and Sciences provides numerous community outreach

activities, including student musical theatre productions at the Jerry

Herman Ring Theatre and Alvin Sherman Family Stage; student, faculty,

and visiting artist exhibitions in the Project Space in the design

district of downtown Miami; faculty curated exhibitions at the Lowe Art

Museum; lectures and other educational programs sponsored by the Center

for the Humanities; volunteer activities in the public schools,

hospitals and community clinics for developmentally disabled children;

technology workshops for Miami-Dade public school teachers sponsored by

the Department of Modern Languages Laboratory; and a series of

programs, hosted by several departments and funded by various federal

agencies and private foundations, to enhance the diversity of students

pursuing scientific careers through research opportunities for



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pre-college and undergraduate students; and career development

opportunities for high-school and community-college faculty.

The School of Law offers externship programs and foreign exchange

programs in Argentina, Belgium, Brazil, China, Colombia,

France, Germany, India, Ireland, Israel, Spain, Switzerland, and

Vietnam. The School's award-winning clinics, focusing on different

areas of the law, offer exceptional training grounds and give students

practical, hands-on lawyering while also helping needy and

underrepresented individuals. The School is also home to

LawWithoutWalls (LWOW), an innovative academic model that brings

together students, faculty, practitioners, and entrepreneurs from

around the country and the world to explore innovation in legal

education and practice.

The Rosenstiel School of Marine & Atmospheric Science is one of the

leading oceanographic research and education institutions in the

nation. Known originally as the University's marine laboratory, it was

founded in 1943. It evolved into the Institute for Marine Science in

1961, and eight years later became the Rosenstiel School of Marine &

Atmospheric Science (RSMAS) within the University of Miami. The

Virginia Key campus has grown to include modern research and teaching

facilities, a dedicated academic library, and an internationally

recognized Marine Invertebrate Museum. RSMAS also operates a

state-of-the-art 96-foot catamaran research vessel, the F.G. Walton

Smith. The latest addition to RSMAS research and education

infrastructure is the Helicopter Observation Platform (HOP), a flying

scientific laboratory equipped with state-of-the-art technology and

scientific instrumentation, which provides scientists with a unique

capability to obtain vital information on environmental processes and

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mechanisms that affect our climate and impact human health. CSTARS (Center for Southeastern Tropical Advanced Remote Sensing), located on the Richmond campus in south Miami-Dade county was launched in 2003, and conducts research with remotely sensed data received from earth-orbiting satellite systems. This state-of-the-art real-time reception and analysis facility provides data for environmental monitoring. The predictive power concentrated on this 78-acre campus is helping to provide vital, life-saving information regarding earthquakes, hurricanes, typhoons, freak waves and other natural and manmade disasters, including monitoring of the earthquakes in Haiti and Chile, and oil spills.

The Leonard M. Miller School of Medicine has been designated a Center for AIDS Research (CFAR) in Florida, and is leading the University's prestigious Clinical and Translational Science Institute (CTSI), awarded by the NIH. Other clinical and research programs include the John P. Hussman Institute for Human Genomics, the Interdisciplinary Stem Cell Institute, the Dr. John T. Macdonald Foundation Biomedical Nanotechnology Institute, the Miami Transplant Institute, The Miami Project to Cure Paralysis, the Diabetes Research Institute, the Mailman Center for Child Development, and many more.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Health Care:

Located north of downtown Miami near the Civic Center in the Miami Health District, the Leonard M. Miller School of Medicine's campus consists of approximately 72-acres of owned and leased land within the 153-acre University of Miami/Jackson Memorial Hospital complex. Each year the University of Miami Health System's nearly 1,400 physicians

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represent more than 100 specialties and subspecialties and have more than two million scheduled patient encounters with outcomes that are among the best in the nation. The health system is comprised of Sylvester/UMHC, Bascom Palmer Eye Institute, and University of Miami Hospital. Bascom Palmer has been recognized as the number one eye hospital in the country for 16 years by U.S. News & World Report in its annual "America's Best Hospitals" issue. In addition to the three University-owned hospitals, there are also three primary hospitals affiliated with UHealth: Jackson Memorial Hospital, the primary teaching hospital for the medical school; Holtz Children's Hospital; and the Bruce W. Carter VA Medical Center. There are also about three dozen outpatient clinics across Miami-Dade, Broward, Palm Beach, and Collier counties. The Lennar Foundation Medical Center, the new Coral Gables campus location of UHealth, opened in 2016. The 200,000-square-foot diagnostic and treatment center provides the local community more convenient access to world-class medical care provided by UM physicians and specialists.

Form 990, Part III, Line 4d, Other Program Services:

Expenses primarily represent auxiliary enterprises, including intercollegiate athletics, parking, student housing and student dining.

Other program services revenues primarily represent auxiliary enterprises revenue, investment income, and investment losses.

Exp. \$ 512,384,254. incl grants of \$ 22,729,369. Revenue \$ 135,078,659.

Form 990, Part VI, Section A, line 2:

Family and Business Relationships:

Stuart Miller - Trustee, and Steven Saiontz - Trustee - Business

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Relationship;

Charles Cobb-Trustee, Jorge Perez - Trustee - Business Relationship;

Phillip T. Frost - Trustee, Phillip T. George - Trustee - Business

Relationship;

Marc Buoniconti - Trustee, Nicolas Buoniconti - Trustee, Paul DiMare -

Trustee, - Business Relationship; Marc Buoniconti - Trustee, Nicolas

Buoniconti - Trustee - Family Relationship

Form 990, Part VI, Section B, line 11b:

Board Review of Form 990:

Process by which the governing body was provided a copy of form 990 prior

to filing:

Form 990 is prepared by the University's Office of the Controller and

reviewed by KPMG, LLP. Due to schedule constraints of committee chairs and

members, the meeting dates for the Audit and Compliance Committee fluctuate

from year to year. The University provides Form 990 to the Committee prior

to filing. If the Committee's meeting dates do not coincide with the

availability of the return, it is provided to the Committee electronically

with time provided for questions and comments. Subsequent to the

Committee's review a copy of the final return is shared with all voting

members of the Board prior to filing.

Form 990, Part VI, Section B, Line 12c:

Monitoring and Compliance with Conflict of Interest Policy:

The Office of the Secretary of the Board of Trustees sends an annual

conflict of interest questionnaire together with the policy adopted by the

Board to all trustees, officers and key employees. Once replies are

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received, they are reviewed by the Vice President and Chief Compliance

Officer and the Chair of The Conflict of Interest Sub-Committee. When

apparent conflicts arise, the Sub-Committee reviews and makes

recommendations to the Executive Committee for management or denial of the

relationship or proposal creating the conflict.

Form 990, Part VI, Section B, Line 15:

Process for Review of Compensation of Officers and Key Employees:

The Compensation Review Sub-Committee of the Executive Committee reviews a

summary of proposed compensation and survey data for any offer to a new

officer or key employee of the University, including the President and

trustees who are employees of the University. Once the compensation is

approved, it is provided to the payroll office as a record of the

committee's approval. Minutes of the meeting of the Compensation Review

Sub-Committee of the Executive Committee are recorded by the Office of the

Secretary.

The following process is performed annually, typically at the April/May

meeting of the Compensation Review Sub-Committee of the Executive Committee

to approve compensation for the President, Executive Vice President and

Provost, Senior Vice Presidents, the Vice President, General Counsel and

Secretary, Vice President and Chief Compliance Officer, the Intercollegiate

Athletic Director, and employees who are current trustees and former

trustees for up to 5 years following conclusion of their service on the

board: each officer's supervisor completes a written performance review and

proposes a salary increase, prior to the meeting. The University

participates in an annual comprehensive compensation survey compiled by an

actuarial firm. The actuarial firm produces a survey of universities across

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the United States and, separately, data from for-profit corporations for

positions that have a for-profit equivalent. The Compensation Review

Sub-Committee of the Executive Committee receives the performance

appraisals for each officer, key employee and trustee/employee, the

completed survey prepared by the actuary, and the current and proposed

salaries and other cash compensation for each officer and key employee,

including the President and trustees who are employees of the University.

After review and discussion, the Compensation Review Sub-Committee of the

Executive Committee approves the compensation for those officers listed

above, including the President, who is excused while deliberation about

his/her compensation is discussed, and trustees who are employees of the

University. Once the compensation is approved, it is provided to the

payroll office as a record of the committee's approval. Minutes of the

meeting of the Compensation Review Sub-Committee of the Executive Committee

are recorded by the Office of the Secretary. The sub-committee reviews

executive compensation in April/May as described above.

Form 990, Part VI, Section C, Line 19:

Governing Documents, Conflict of Interest Policy and Financial Statements

Made Available to the General Public:

The State of Florida, Department of State, Division of Corporations

requires an annual registration filing, including any changes to Charter.

Once filed, the Charter can be viewed on the State of Florida web site.

Financial statements of the university are made available on the

University's website. The University's financial statements are also made

available to the general public on the federal government's census bureau

website. The University's Bylaws and the Board's Conflict of Interest

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Policy are not made available to the public.

Form 990, Part VII, Section A, Officers, Directors, Trustees:

Edward A. Dauer is a Trustee and also serves as Research Associate

Professor in the College of Engineering. Average hours per week

estimate of 40 hours is based on a full time teaching load.

Marc Buoniconti is a Trustee and also Senior Director - Advocacy and

Donor Relations at the Miami Project to Cure Paralysis. Average hours

per week estimate of 40 hours minimum is based on his being a full

time, exempt employee.

Form 990, Part XI, line 9, Changes in Net Assets:

Various Other Adjustments	668,846.
Other Pension Related Gains / Losses	55,381,224.
Refunds of Contributions	-47,008.
Total to Form 990, Part XI, Line 9	56,003,062.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization **University of Miami** Employer identification number **59-0624458**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Biscayne View Properties, LLC - 59-0624458 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida			University of Miami
Crestre, LLC - 20-2458426 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida	9,110.	656,431.	Biscayne View Properties, LLC
1509 Venture, LLC - 20-2458426 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida		1,798,585.	Biscayne View Properties, LLC
East Urban, LLC - 20-2458426 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida	31,567.	1,084,117.	Biscayne View Properties, LLC

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WVUM, Inc. - 59-1729614 PO Box 248191 Coral Gables, FL 33124	Edu Radio	Florida	501(C)(3)	Line 7	N/A	X	
University Rathskeller, Inc. - 59-1410632 1330 Miller Drive Coral Gables, FL 33146	Student Food & Beverage	Florida	501(C)(3)	Line 5	N/A	X	
Ophthalmology Research Foundation, Inc. - 23-7081974, PO Box 015869, Miami, FL 33101	Fundraising	Florida	501(C)(3)	Line 12c, III-FI	N/A		X
The Buoniconti Fund to Cure Paralysis - 65-0244316, 1095 NW 14th Terrace, Miami, FL 33136	Fundraising	Florida	501(C)(3)	Line 7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016



**Part I** Continuation of 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
Tripop, LLC - 20-2458426 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida		4,310,996.	Biscayne View Properties, LLC
7th Avenue Market, LLC - 20-2458426 1320 South Dixie Hwy, Suite 705 Coral Gables, FL 33146	Real Estate	Florida		3,018,772.	Biscayne View Properties, LLC
Equi Terra, LLC - 59-0624458 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida			University of Miami
Ten Bor, LLC - 27-3025289 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida			Equi Terra, LLC
PT Property Holding, LLC - 27-3025289 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida			Equi Terra, LLC
University of Miami Preservation, LLC - 59-0624458, 1252 Memorial Drive, Room 230, Coral Gables, FL 33146	Hold UM Designated Easement	Florida			University of Miami
Boston House, LLC - 59-0624458 1395 Brickell Avenue, 14th Floor Miami, FL 33131	Real Estate	Florida			University of Miami





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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WVUM, Inc.	R	130,297.	See Part VII
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Form 990 - Schedule, R, Part V, Line 2

Method used to determine the transaction amounts with controlled

organizations is based on cash provided to, or received from each

controlled organization.