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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 06-01-2012, 2012, and ending 05-31-2013

B

Check if applicable

☐

Address change

☐

Name change

☐

Initial return

☐

Terminated

☐

Amended return

☐

Application pending

C

Name of organization
University of Miami

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
PO Box 248106

Room/suite

City or town, state or country, and ZIP + 4
Coral Gables, FL 331242912

D

Employer identification number

59-0624458

E

Telephone number

(305) 284-4877

G

Gross receipts \$ 5,099,358,817

F

Name and address of principal officer
Donna E Shalala
1252 Memorial Dr Rm 230
CG, FL 33146

H(a)

Is this a group return for affiliates?

☐ Yes☒ No

H(b)

Are all affiliates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c)

Group exemption number ▶

I

Tax-exempt status

☒ 501(c)(3)☐ 501(c) () ◀(Insert no)☐ 4947(a)(1) or☐ 527

J

Website: ▶ WWW MIAMI EDU

K

Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ▶

L

Year of formation 1925

M

State of legal domicile FL

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities 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		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	72
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	66
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	23,047
Revenue	6	Total number of volunteers (estimate if necessary)	6	1,239
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,763,678
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	664,112,561	665,082,826
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,088,707,356	2,222,586,241
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,368,945	58,409,005
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,965,946	9,934,921
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,816,154,808	2,956,012,993
	14	Benefits paid to or for members (Part IX, column (A), line 4)	412,766,546	422,663,616
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,468,906,808	1,447,200,087
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶22,903,772	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	921,416,014	1,030,882,631
	19	Revenue less expenses Subtract line 18 from line 12	2,803,089,368	2,900,746,334
Net Assets or Fund Balances			13,065,440	55,266,659
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,180,301,463	3,338,566,084
	22	Net assets or fund balances Subtract line 21 from line 20	1,847,235,442	1,785,472,291
			1,333,066,021	1,553,093,793

Part II

Signature Block

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

Sign Here

Signature of officer

Date

John R Shipley VP of Fin & Treasurer

Type or print name and title

Paid Preparer Use Only

Prnt/Type preparer's name
Allison H Franklin

Preparer's signature

Date

Check ☐ if self-employed

PTIN
P00448640

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 300 North Greene Street Suite 400
Greensboro, NC 27401

Phone no (336) 275-3394

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 \$ 1,000,140,202 including grants of \$ 371,096,256) (Revenue \$ 701,224,872)
See Schedule OInstruction, 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 110 undergraduate, 103 masters, and 62 doctoral (58 research/scholarship and 4 professional practice) The School of Architecture, founded in 1983, offers accredited professional undergraduate and graduate degrees in architecture and post-graduate degrees in architecture, urban design and real estate development New programs include the Certificate in Historic Preservation and the Certificate in Classical Architecture, the post-professional Master of Science in Architecture, and the Master of Real Estate Development and Urbanism (MRED+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 In 2012, the School appeared for the first time among the top twenty architecture programs in the Design Intelligence annual survey The College of Arts and Sciences enrolls over 4,300 undergraduate and over 650 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 a five-year B S /M S degree program 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, including partnerships between the biomedical engineering program and the School of Medicine (premedical concentration), the architectural engineering program and the School of Architecture, the audio engineering program and the School of Music, and the industrial engineering program and the School of Business Administration Consisting of over 1,050 undergraduate students and over 250 graduate students, the College boasts an impressively diverse student body, consisting of students from 45 different countries including 29% Hispanic and 7% Black Females represent 28% 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 nearly 1,300 candidates for either J D , LL M or dual degrees, and has over 19,000 alumni worldwide The J D program enrolls over 1,170 students from more than 126 colleges and universities throughout the United States Of the entering J D students, approximately 45% are women, 39% are members of minority groups, and 45% are from outside Florida Close to 50% speak more than one language The School offers graduate programs in International Law (specializations in Inter-American Law, International Arbitration, International Law, and U S and Transnational Law for Foreign Lawyers), Ocean and Coastal Law, Taxation, Estate Planning, and Real Property Development, the latter offered online as well as on-campus The graduate program in International Law and its four different specializations enroll over 45 foreign lawyers from nearly 20 nations The School also offers several joint degree programs It is the only law school to offer a J D /Master's in Music Business, in addition to J D /M B A , J D /M P S in Marine Affairs, J D /M P H in Public Health, J D /M A in Law and Communications, J D /M D , J D /M P A in Public Administration, J D /LL M in Tax, International Law, Ocean and Coastal Law, or Real Property Development, and a J D /M B A /LL M in Tax The School is regularly ranked among the top law schools by Hispanic Business Magazine and 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 The school has more than 1,400 full-time clinical and basic science faculty members and an additional 1,460 professionals from the community serving as voluntary faculty in various departments Along with the M D degree, the school offers two specialized B S /M D programs, a combined M D /Ph D program, an M D /M B A program, a 4-year M D /M P H program and 4-year M D /M S in Genomic Medicine, a newly created M D /J D program, graduate degrees in ten areas, postdoctoral programs, and continuing medical education courses	

4b	(Code) (Expenses \$ 362,241,581 including grants of \$ 35,330,080) (Revenue \$ 115,912,316)
See Schedule OResearch and Public Service UM has been classified by the Carnegie Commission as a Very High Research University The School of Architecture's areas of focus include new urbanism, classical and traditional architecture, and contemporary modernism They also include health and the built environment, with health care design studios and courses and a continuing research partnership with faculty in the Miller School of Medicine, tropical and subtropical coastal design, building on faculty experience in locations such as Santo Domingo, Mumbai, Cape Town, and Barranquilla The College of Arts and Sciences provides numerous community outreach activities, including student musical theatre and drama productions at the Jerry Herman Ring Theatre and Alvin Sherman Family Stage, student, faculty, and visiting artist exhibitions in the College of Arts and Sciences Gallery and the Project Space in the design district of downtown Miami, 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 pre-college and undergraduate students, and career development opportunities for high-school and community-college faculty The School of Law offers numerous domestic and international externship programs and foreign exchange programs in Belgium, Brazil, China,France, Germany, Ireland, Israel, Spain, and Switzerland The School's award-winning clinics, currently ten 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, and pioneered the first-ever marine and atmospheric laboratory aboard a cruise ship, Royal Caribbean Cruise Lines' Explorer of the Seas 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 from 16 commercial satellites, available 24/7 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 in the past two years monitoring of the earthquakes in Haiti and Chile, and the Deepwater Horizon oil spill The Leonard M Miller School of Medicine has been designated a Center for AIDS Research (CFAR), the only such center 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	

4c	(Code) (Expenses \$ 1,189,365,042 including grants of \$ 101,587) (Revenue \$ 1,316,791,769)
See Schedule OHealth 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 Medical Center complex Each year the University of Miami Health System's more than 900 faculty physicians have more than one million scheduled patient encounters in primary care and 100 medical specialties and sub-specialties University of Miami Hospital is the flagship hospital of the University of Miami Health System (UHealth) The University also owns two other hospitals Sylvester Comprehensive Cancer Center/UMHC - University of Miami Hospital & Clinics and Anne Bates Leach Eye Hospital, home of Bascom Palmer Eye Institute For the tenth year in a row, Bascom Palmer was named the number one eye hospital in the country by U S News & World Report in its annual "America's Best Hospitals" issue Six additional specialties were rated high-performing Six pediatric specialties made the list of "America's Best Children's Hospitals " 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 Miami VA Healthcare System There are also more than 30 outpatient clinics across Miami-Dade, Broward, Palm Beach, and Collier counties including multi-disciplinary clinics at UHealth at Kendall and UHealth at Plantation	





















(Code) (Expenses \$ 201,216,474 including grants of \$ 16,135,693) (Revenue \$ 157,001,210)
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

4d	Other program services (Describe in Schedule O)				
	(Expenses \$	201,216,474	including grants of \$	16,135,693)	(Revenue \$ 157,001,210)

4e	Total program service expenses	2,752,963,299
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	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> 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
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> 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
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> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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> 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 		No
18	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> 	Yes	
19	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> 		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, 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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	28,136			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	23,047			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes			
b	If "Yes," enter the name of the foreign country: BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c				No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d	0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	72	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	66	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Ana C Paneda Interim Controller 1320 S Dixie Highway Suite 150 Coral Gables, FL (305) 284-4877

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2012)

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							19,940,076	0	1,441,638	

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 **2,282**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed 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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Jackson Memorial Hospital 1611 NW 12 Avenue Miami FL 33136	Hospital Services	24,593,673
Moss and Associates LLC 2102 N Andrews Avenue Fort Lauderdale FL 33311	Construction Services	19,531,925
Arrellano Construction Co 7255 NW 19 St Suite B Miami FL 33126	Construction Services	16,726,906
Unicco Svc Co 7417 US Hwy 64E Suite 105-107 Knightdale NC 27545	Janitorial Services	16,238,214
Integrated Regional Laboratory 5361 NW 33 Avenue Fort Lauderdale FL 33309	Laboratory Services	9,128,589

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 431

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a894,164				
	b	Membership dues	1b				
	c	Fundraising events	1c1,922,566				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e460,187,722				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f202,078,374				
	g	Noncash contributions included in lines 1a-1f \$	8,180,784				
	h	Total. Add lines 1a-1f		665,082,826			
Program Service Revenue			Business Code				
	2a	Hospitals and Clinics	900099	874,900,313	874,900,313		
	b	Tuition and Fees	900099	643,382,448	643,382,448		
	c	Medical Prof Practice	900099	406,930,459	406,494,630	435,829	
	d	Local Grants and Contr	900099	147,708,165	147,708,165		
	e	Auxiliary Enterprises	900099	114,170,986	50,654,327	3,039,226	60,477,433
	f	All other program service revenue		35,493,870	32,761,313	2,732,557	
	g	Total. Add lines 2a-2f		2,222,586,241			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		19,978,743			19,978,743
	4	Income from investment of tax-exempt bond proceeds . .		982			982
	5	Royalties		8,047,236			8,047,236
	6a	(i) Real		(ii) Personal			
		5,727,996					
		3,164,925					
		2,563,071					
	d	Net rental income or (loss)		2,563,071			2,563,071
	7a	(i) Securities		(ii) Other			
		2,176,337,063		1,017,869			
		2,137,942,491		983,161			
		38,394,572		34,708			
	d	Net gain or (loss)		38,429,280		425,401	38,003,879
	8a	Gross income from fundraising events (not including \$ 1,922,566 of contributions reported on line 1c) See Part IV, line 18					
	a	445,569					
	b	Less direct expenses		b1,251,620			
	c	Net income or (loss) from fundraising events . .		-806,051			-806,051
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses		b			
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances					
	a	10,713					
b	Less cost of goods sold		b3,627				
c	Net income or (loss) from sales of inventory . .		7,086		7,086		
Miscellaneous Revenue		Business Code					
11a	Other Revenue	531390	90,567		90,567		
b	Advertising	541800	33,012		33,012		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		123,579				
12	Total revenue. See Instructions			2,956,012,993	2,155,901,196	6,763,678	128,265,293

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 to any question in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	33,042,237	33,042,237		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	386,179,308	386,179,308		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	3,442,071	3,442,071		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	14,304,985	5,761,679	8,251,320	291,986
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	124,884		124,884	
7	Other salaries and wages.	1,118,659,836	1,058,197,101	47,143,347	13,319,388
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	106,506,782	98,395,759	6,284,414	1,826,609
9	Other employee benefits.	138,447,101	129,941,554	6,252,011	2,253,536
10	Payroll taxes.	69,156,499	63,801,612	4,340,154	1,014,733
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	6,110,324	3,425,298	2,677,301	7,725
c	Accounting.	985,975	36,765	949,210	
d	Lobbying.	301,917	106,783	187,879	7,255
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	8,418,392	8,418,392		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	218,999,236	196,998,061	21,517,344	483,831
12	Advertising and promotion.	7,969,137	7,557,221	283,379	128,537
13	Office expenses.	63,548,424	61,126,231	1,191,248	1,230,945
14	Information technology.	21,982,438	15,794,982	6,186,556	900
15	Royalties.	562,005	562,005		
16	Occupancy.	111,429,446	104,774,212	6,477,734	177,500
17	Travel.	20,880,184	20,226,010	286,144	368,030
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	19,174,096	17,122,645	952,404	1,099,047
20	Interest.	38,506,912	37,523,459	983,453	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	121,276,433	116,901,957	4,374,476	
23	Insurance.	24,044,209	22,841,754	1,195,016	7,439
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	Medical supplies.	222,142,424	222,142,424		
b	Goodwill impairment.	99,203,913	99,203,913		
c	Miscellaneous.	45,347,166	39,439,866	5,220,989	686,311
d					
e	All other expenses.				
25	Total functional expenses. Add lines 1 through 24e.	2,900,746,334	2,752,963,299	124,879,263	22,903,772
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		43,514,075	1	45,164,001
	2	Savings and temporary cash investments		187,822,047	2	104,245,076
	3	Pledges and grants receivable, net		137,171,460	3	146,633,529
	4	Accounts receivable, net		233,695,140	4	232,481,767
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		300,000	5	300,000
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		76,421,555	7	72,690,049
	8	Inventories for sale or use		18,684,562	8	20,770,174
	9	Prepaid expenses and deferred charges		56,392,816	9	38,066,193
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,744,060,707			
	b	Less accumulated depreciation	10b1,207,911,358	1,465,204,154	10c	1,536,149,349
	11	Investments—publicly traded securities		96,113,936	11	227,772,081
	12	Investments—other securities See Part IV, line 11		705,179,990	12	849,905,985
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		100,330,913	14	1,127,000
	15	Other assets See Part IV, line 11		59,470,815	15	63,260,880
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,180,301,463	16	3,338,566,084
Liabilities	17	Accounts payable and accrued expenses		190,323,501	17	184,030,478
	18	Grants payable			18	
	19	Deferred revenue		82,322,617	19	81,103,205
	20	Tax-exempt bond liabilities		730,067,880	20	823,598,716
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		318,478	23	
	24	Unsecured notes and loans payable to unrelated third parties		148,257,301	24	100,180,292
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		695,945,665	25	596,559,600
	26	Total liabilities. Add lines 17 through 25		1,847,235,442	26	1,785,472,291
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		786,986,990	27	769,398,516
	28	Temporarily restricted net assets		146,535,036	28	367,660,735
	29	Permanently restricted net assets		399,543,995	29	416,034,542
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,333,066,021	33	1,553,093,793
	34	Total liabilities and net assets/fund balances		3,180,301,463	34	3,338,566,084

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,956,012,993
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,900,746,334
3	Revenue less expenses Subtract line 2 from line 1	3	55,266,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,333,066,021
5	Net unrealized gains (losses) on investments	5	86,945,776
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	77,815,337
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,553,093,793

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Leonard Abess Trustee & Chairman	20 00	X						0	0	0
Stuart A Miller Trustee & Vice Chairman	4 00	X						0	0	0
Wayne E Chaplin Trustee & Vice Chairman	2 00	X						0	0	0
William L Morrison Trustee & Vice Chairman	2 00	X						0	0	0
Aaron S Podhurst Trustee	10 00	X						0	0	0
Adrienne Arsht Trustee	1 00	X						0	0	0
Alex E Rodriguez Trustee	1 00	X						0	0	0
Alfred R Camner Trustee	3 00	X						0	0	0
Allan M Herbert Trustee	20 00	X						0	0	0
Arthur H Hertz Trustee	3 00	X						0	0	0
Arva Parks McCabe Trustee	5 00	X						0	0	0
Barbara A Weintraub Trustee	5 00	X						0	0	0
Barbara Hecht Havenick Trustee	3 00	X						0	0	0
Bernard J Kosar Jr Trustee	1 00	X						0	0	0
Betty G Amos Trustee	4 00	X						0	0	0
Carlos M de la Cruz Sr Trustee	1 00	X						0	0	0
Carlos M Gutierrez Trustee	2 00	X						0	0	0
Charles E Cobb Trustee	5 00	X						0	0	0
Dany Garcia Trustee	1 00	X						0	0	0
David Kraslow Trustee	1 00	X						0	0	0
David L Epstein Trustee	3 00	X						0	0	0
David R Weaver Trustee	20 00	X						0	0	0
E Roe Stamps IV Trustee	2 00	X						0	0	0
Edward A Dauer Trustee / Faculty Member	40 00	X						84,902	0	25,649
Fred Berens Trustee	3 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Ed Williamson Trustee	2 00	X						0	0	0
George Feldenkreis Trustee	1 00	X						0	0	0
HT Smith Jr Trustee	5 00	X						0	0	0
Hilarie Bass Trustee	2 00	X						0	0	0
Jayne Sylvester Malfitano Trustee	7 00	X						0	0	0
Jenna Winchester Trustee	1 00	X						0	0	0
Joaquin F Blaya Trustee	5 00	X						0	0	0
John E Calles Trustee	1 00	X						0	0	0
Jon Batchelor Trustee	3 00	X						0	0	0
Jorge M Perez Trustee	2 00	X						0	0	0
Jose P Bared Trustee	4 00	X						0	0	0
Joseph Echevarria Trustee	2 00	X						0	0	0
Judi Prokop Newman Trustee	4 00	X						0	0	0
Laura G Coulter-Jones Trustee	1 00	X						0	0	0
Laurie S Silvers Trustee	1 00	X						0	0	0
Lois Pope Trustee	2 00	X						0	0	0
M Anthony Burns Trustee	5 00	X						0	0	0
M Christine Schwartz Trustee	0 00	X						0	0	0
Manuel Kadre Trustee	4 00	X						0	0	0
Marc Buoniconti Trustee	10 00	X						0	0	0
Manlyn J Holifield Trustee	1 00	X						0	0	0
Michael I Abrams Trustee	1 00	X						0	0	0
Nicholas A Buoniconti Trustee	10 00	X						0	0	0
Nicholas A Crane Trustee	1 00	X						0	0	0
Patricia W Toppel Trustee	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patrick Barron Trustee	6 00	X						0	0	0
Paul J DiMare Trustee	4 00	X						0	0	0
Peggy M Hollander Trustee	4 00	X						0	0	0
Phillip Frost Trustee	1 00	X						0	0	0
Phillip T George Trustee	4 00	X						0	0	0
Richard D Fain Trustee	2 00	X						0	0	0
Robert A Mann Trustee	12 00	X						0	0	0
Robert C Strauss Trustee	0 00	X						0	0	0
Roger A Saunders Trustee	1 00	X						0	0	0
Ronald G Stone Trustee	10 00	X						0	0	0
Rose Ellen Greene Trustee	1 00	X						0	0	0
Stanley H Arkin Trustee	0 00	X						0	0	0
Steven Brodie Trustee	3 00	X						0	0	0
Steven J Green Trustee	0 00	X						0	0	0
Steven J Saiontz Trustee	2 00	X						0	0	0
Steven Sonberg Trustee	5 00	X						0	0	0
T Kendall Hunt Trustee	1 00	X						0	0	0
Thelma VA Gibson Trustee	1 00	X						0	0	0
Thomas D Wood Trustee	3 00	X						0	0	0
Tracey Berkowitz Trustee	10 00	X						0	0	0
William A Koenigsberg Trustee	2 00	X						0	0	0
Donna E Shalala President	80 00	X		X				908,520	0	344,669
Thomas J LeBlanc Executive VP & Provost	50 00			X				705,618	0	46,247
P Goldschmidt-Clermont Sr VP Medical Affairs-Dean Sch Med	80 00			X				1,199,905	0	45,635
Joseph T Natoli Sr VP Business & Finance and CFO	70 00			X				671,000	0	44,150

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sergio M Gonzalez Sr VP, Advancement & External Affair	60 00			X				571,254	0	51,248
John R Shipley VP & Treasurer	55 00			X				379,628	0	41,372
Rodolfo Fernandez VP for Government Affairs	50 00			X				199,080	0	33,258
Larry D Marbert VP for Real Estate & Facilities	65 00			X				346,606	0	55,901
Jacqueline R Menendez VP for University Communications	60 00			X				228,960	0	72,570
Aileen M Ugalde VP, General Counsel, University Sec	60 00			X				499,277	0	40,805
Patricia A Whitely VP for Student Affairs	80 00			X				364,046	0	59,851
Nerissa Morris VP for Human Resources	60 00			X				333,753	0	34,000
Leslie Dellinger Aceituno Assistant University Secretary	60 00			X				107,105	0	27,568
Jonathan Jack T Lord VP and Chief Operating Officer	55 00			X				794,332	0	37,827
Theresa L Ashman Associate VP & Controller	50 00			X				263,179	0	22,859
Steven Cawley VP for Information Technology	80 00			X				398,371	0	36,334
Mark Diaz VP of Budget and Planning	70 00			X				339,507	0	84,615
Rudolph Rudy Green VP & Chief Compliance Officer	50 00			X				0	0	0
David A Lubarsky CEO, UHealth Physician Prac (fmr)	80 00				X			1,195,554	0	53,562
Michele Chulick Ended 7712 Assoc VP & Director Hospital Ops	55 00				X			910,848	0	271
William W O'Neill Executive Dean for Clinical Affairs	55 00				X			585,482	0	25,590
Alan S Livingstone MD CEO, UHealth Physician Practice	90 00				X			834,025	0	43,773
Alfred J Golden Head Coach, Football	84 00					X		2,205,758	0	45,185
James J Larranaga Head Coach, Basketball	80 00					X		1,153,356	0	26,991
Nestor de la Cruz-Munoz Associate Professor Dept of Surgery	60 00					X		1,592,367	0	48,862
William Donelan Ended 53112 VP for Medical Administration	55 00					X		1,374,047	0	389
Steven E Lipshultz Professor, Pediatrics	55 00					X		1,591,788	0	76,730
Diane M Cook Former VP & Treasurer	10 00						X	101,808	0	15,727

SCHEDULE A
(Form 990 or 990EZ)

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. ► See separate instructions.

OMB No 1545-0047

2012

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 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		301,917													
c Total lobbying expenditures (add lines 1a and 1b)		301,917													
d Other exempt purpose expenditures		2,894,974,790													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,895,276,707													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	295,972	312,283	300,005	301,917	1,210,177
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

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

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

	Held at the End of the Year
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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ 2,336,259
(ii) Assets included in Form 990, Part X	▶ \$ 54,818,034
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 Revenues included in Form 990, Part VIII, line 1	▶ \$ 0
b Assets included in Form 990, Part X	▶ \$ 0

Part III

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

3

Using the organization's 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

d

☒

Loan or exchange programs

b

☒

Scholarly research

e

☐

Other

c

☒

Preservation for future generations

4

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

5

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

☐ Yes

☒ No

Part IV

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

1a

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

☐ Yes

☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	678,694,294	719,851,550	618,236,320	538,605,730	736,238,938
b	Contributions	22,091,982	21,377,588	15,963,186	25,696,152	20,846,313
c	Net investment earnings, gains, and losses	109,828,176	-32,451,356	116,702,475	86,621,587	-183,817,432
d	Grants or scholarships	6,177,708	5,541,013	5,675,165	5,993,766	6,488,508
e	Other expenditures for facilities and programs	26,489,902	24,542,475	25,375,267	26,693,383	28,173,581
f	Administrative expenses					
g	End of year balance	777,946,842	678,694,294	719,851,550	618,236,320	538,605,730

2

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

a

Board designated or quasi-endowment

22.060%

b

Permanent endowment

46.590%

c

Temporarily restricted endowment

31.350%

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

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐

☐

4

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

Part VI

Land, Buildings, and Equipment. 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	94,227,582		94,227,582
b	Buildings	1,597,951,761	701,894,172	896,057,589
c	Leasehold improvements	47,872,484	25,836,664	22,035,820
d	Equipment	589,318,983	384,901,833	204,417,150
e	Other	414,689,897	95,278,689	319,411,208
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,536,149,349

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	2,658,192,337
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a	86,945,776		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-7,915,750		
e	Add lines 2a through 2d			2e	79,030,026
3	Subtract line 2e from line 1			3	2,579,162,311
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,418,392		
b	Other (Describe in Part XIII)	4b	368,432,290		
c	Add lines 4a and 4b				
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	2,956,012,993
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	2,523,895,652
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	2,523,895,652
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,418,392		
b	Other (Describe in Part XIII)	4b	368,432,290		
c	Add lines 4a and 4b				
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	2,900,746,334

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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.

Identifier	Return Reference	Explanation
	Part III, Line 4	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 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 .
Description of Intended Use of Endowment Funds	Part V, Line 4	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.
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	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, 2013, 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 go back to the year ended May 31, 2010.
Part XI, Line 2d - Other Adjustments		Refunds of Program service Rev - Hospitals & Clinics - \$7,824,000 Refunds of Contributions - \$91,750
Part XI, Line 4b - Other Adjustments		See Part XI
Part XII, Line 4b - Other Adjustments		See Part XI
		Part XI and XII, Line 4b Other Revenue and Expense Reconciling Items Tuition discounting \$192,268,403 and grants and contracts pass-through transactions from sponsoring agencies \$180,821,757 Less non-program related rental expenses \$3,164,925, cost of sales of inventories/other assets \$241,325, and direct expenses related to fundraising events \$1,251,620

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
	4a	Yes	
<div>2</div> <div>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?</div>	4b	Yes	
	4c	Yes	
	4d	Yes	
	5a		No
<div>3</div> <div>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</div>	5b		No
	5c		No
	5d		No
	5e		No
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	5f		No
	5g		No
	5h		No
	6a	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	6b		No
	7	Yes	
<div>6a</div> <div>Does the organization receive any financial aid or assistance from a governmental agency?</div> <div>b Has the organization's right to such aid ever been revoked or suspended?</div> <div>If you answered "Yes" to either line 6a or line 6b, explain on Part II</div>			
<div>7</div> <div>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</div>			

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

Identifier	Return Reference	Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	The University publishes its Equal Opportunity Policy and Non-discrimination Policy Statement in the following publications * Equality Administration 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
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	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" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			3,442,071
b Total from continuation sheets to Part I	0	60			93,753,897
c Totals (add lines 3a and 3b)	0	60			97,195,968

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

[illegible]

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 27

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☒ Yes ☐ No

Supplemental Information

Complete this part to 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).

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Grants to Recipients	47,957
Europe	0	0	Program Services	Grants to Recipients	316,892
North America	0	0	Program Services	Grants to Recipients	953,419

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Grants to Recipients	494,048
South Asia	0	0	Program Services	Grants to Recipients	16,369
Central America and the Caribbean	0	0	Program Services	Grants to Recipients	996,779

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Grants to Recipients	482,795
Middle East and North Africa	0	0	Program Services	Grants to Recipients	133,812
Antarctica	0	0	Program Services	Travel - Institutional Research and Education	904

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Program Services	Travel - Institutional Research and Education	394,096
Europe	0	0	Program Services	Travel - Institutional Research and Education	949,958
North America	0	0	Program Services	Travel - Institutional Research and Education	193,875

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Travel - Institutional Research and Education	352,018
South Asia	0	0	Program Services	Travel - Institutional Research and Education	70,624
Central America and the Caribbean	0	0	Program Services	Travel - Institutional Research and Education	220,107

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Travel - Institutional Research and Education	70,996
Middle East and North Africa	0	0	Program Services	Travel - Institutional Research and Education	119,650
Russia and the Newly Ind States	0	0	Program Services	Travel - Institutional Research and Education	4,012

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	N/A	90,501,206
Central America and the Caribbean	0	4	Program Services	Independent Contractors-Public Service and Education	24,638
East Asia and the Pacific	0	7	Program Services	Independent Contractors-Institutional Research and Education	98,574

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe	0	23	Program Services	Independent Contractors-Institutional Research and Education	530,334
Middle East and North Africa	0	2	Program Services	Independent Contractors-Institutional Research and Education	14,375
North America	0	14	Program Services	Independent Contractors-Institutional Research and Education	153,903

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Russia and the Newly Ind States	0	1	Program Services	Independent Contractors-Institutional Research and Education	4,600
South America	0	5	Program Services	Independent Contractors-Institutional Research and Education	4,389
South Asia	0	2	Program Services	Independent Contractors-Institutional Research and Education	39,138

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	2	Program Services	Independent Contractors-Institutional Research and Education	6,500

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	173,939	Wire Transfer		N/A	N/A
		Central America & the Caribbean	Research	72,795	Wire Transfer		N/A	N/A
		Central America & the Caribbean	Research	18,747	Wire Transfer		N/A	N/A
		Central America & the Caribbean	Research	731,298	Check		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia & the Pacific	Research	12,940	Check		N/A	N/A
		East Asia & the Pacific	Research	35,018	Check		N/A	N/A
		Europe	Research	52,268	Wire Transfer		N/A	N/A
		Europe	Research	35,790	Wire Transfer		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	12,598	Check		N/A	N/A
		Europe	Research	32,400	Check		N/A	N/A
		Europe	Research	107,973	Check		N/A	N/A
		Europe	Research	11,200	Check		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	64,664	Check		N/A	N/A
		Middle East & North Africa	Research	46,232	Check		N/A	N/A
		Middle East & North Africa	Research	73,980	Wire Transfer		N/A	N/A
		Middle East & North Africa	Research	3,600	Check		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East & North Africa	General Support	10,000	Wire Transfer		N/A	N/A
		North America	Research	24,743	Check		N/A	N/A
		North America	Research	28,260	Check		N/A	N/A
		North America	Research	5,400	Check		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	38,340	Check		N/A	N/A
		North America	Research	70,824	Check		N/A	N/A
		North America	Research	249,946	Check		N/A	N/A
		North America	Research	36,720	Check		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	44,280	Check		N/A	N/A
		North America	Research	46,010	Check		N/A	N/A
		North America	Research	58,501	Check		N/A	N/A
		North America	Research	17,281	Check		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	333,113	Check		N/A	N/A
		South America	Research	23,450	Check		N/A	N/A
		South America	Research	195,480	Check		N/A	N/A
		South America	Research	21,750	Wire Transfer		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	195,480	Wire Transfer		N/A	N/A
		South America	Research	57,888	Wire Transfer		N/A	N/A
		South Asia	Research	16,369	Check		N/A	N/A
		Sub-Saharan Africa	Research	28,012	Wire Transfer		N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	183,575	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	271,207	Check		N/A	N/A

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Dinner Gala</u> (event type)	<u>Dinner Gala</u> (event type)	<u>13</u> (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	761,705	395,795	1,210,635
	2	Less Contributions	718,962	334,055	869,549
	3	Gross income (line 1 minus line 2)	42,743	61,740	341,086
Direct Expenses	4	Cash prizes		1,750	1,750
	5	Noncash prizes	464	675	6,062
	6	Rent/facility costs		50,300	50,300
	7	Food and beverages	81,693	60,726	429,078
	8	Entertainment	91,971	15,987	143,634
	9	Other direct expenses	84,492	22,193	262,595
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(1,251,620)
	11	Net income summary Combine line 3, column (d), and line 10 ▶			-806,051

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ 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 _____

Does the organization operate 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 operated in



a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  _____

Address  _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____


c If "Yes," enter name and address of the third party

Name  _____

Address  _____

16 Gaming manager information

Name  _____


Gaming manager compensation  \$ _____

Description of services provided  _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV Supplemental Information. Complete this part to 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 complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2012

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	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <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			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b		No
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,327,638	14,726	20,312,912	0 700 %
b Medicaid (from Worksheet 3, column a)			73,748,034	62,977,842	10,770,192	0 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			94,075,672	62,992,568	31,083,104	1 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,686,311		3,686,311	0 130 %
f Health professions education (from Worksheet 5)			15,739,666	3,715,846	12,023,820	0 410 %
g Subsidized health services (from Worksheet 6)			2,158,981		2,158,981	0 070 %
h Research (from Worksheet 7)			183,341,464	938,602	182,402,862	6 290 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			231,028		231,028	0 010 %
j Total. Other Benefits			205,157,450	4,654,448	200,503,002	6 910 %
k Total. Add lines 7d and 7j			299,233,122	67,647,016	231,586,106	7 980 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support			1,514,452	127,644	1,386,808	0.050 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			1,514,452	127,644	1,386,808	0.050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

61,665,413

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

211,207,147

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

207,901,632

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

3,305,515

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
3

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	University of Miami Hospital 1400 NW 12 Avenue Miami, FL 33136	X	X		X			X			
2	University of Miami Hospital & Clinics 1475 NW 12 Avenue Miami, FL 33136	X	X								
3	Anne Bates Leach Eye Hospital 900 NW 17 Street Miami, FL 33136	X						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)

University of Miami Hospital

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9 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 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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	Yes	
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	Yes	
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date) a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA b <input checked="" type="checkbox"/> Execution of the implementation strategy c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input checked="" type="checkbox"/> Prioritization of health needs in its community h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a 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)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u> </u> % If "No," explain in Part VI the criteria the hospital facility used		11	No
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input checked="" type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input checked="" type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input checked="" type="checkbox"/> Medicaid/Medicare			
g <input checked="" type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?		15	Yes
16 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 patient's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		17	Yes
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☒

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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 Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

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)

University of Miami Hospital & Clinics

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

2

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1 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 9 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 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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	Yes	
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>			
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		No
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	Yes	
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date) a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA b <input checked="" type="checkbox"/> Execution of the implementation strategy c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input checked="" type="checkbox"/> Prioritization of health needs in its community h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes	
8a 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)?	8a		No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?		15	Yes
16 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 patient's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	Yes
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		No
a	<input checked="" 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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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 Part VI	21	No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI	22	No

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)

Anne Bates Leach Eye Hospital

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

3

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	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 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The 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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	Yes
8a	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)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, 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		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input checked="" type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input checked="" type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input type="checkbox"/> The policy was attached to billing invoices			
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 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 actions the hospital facility may take upon non-payment?		15	Yes
16 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 patient's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	Yes
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☒

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals 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 Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year?

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

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		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) At UMH an uninsured patient not qualifying for any federal assistance programs or charity write-off automatically is eligible for discounted emergency care
		Part I, Line 7 The Medicare cost report was used

Identifier	ReturnReference	Explanation
		Part II Community building activities include child abuse protection programs
		Part III, Line 4 (1) A "ratio of cost to charges (RCC)" was used based on the Medicare/Medicaid cost report (2) Total bad debt expense is determined using the hospital's patient accounting records (3) Patients who render sufficient financial information to make a determination of eligibility under the hospitals' charity care policy are either treated as charity care (if they qualify) or given a "self- pay" discount (if they do not qualify as charity care) (4) The hospital's financial statements account for bad debt as a reduction of revenue

Identifier	ReturnReference	Explanation
		<p>Part III, Line 8 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 For outpatient services, the reimbursement methodology is the Outpatient 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 reimbursement 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 rate of 85.5% of cost In calendar year 2012, the PCR was updated for all exempt cancer centers to 91%, therefore, the hospital currently does not receive payment for 9% of its cost</p>
		<p>Part III, Line 9b The Hospital provides care to patients who are financially unable to pay for the hospital 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</p>

Identifier	ReturnReference	Explanation
University of Miami Hospital		Part V, Section B, Line 3 The organization conducted focus groups to gather information about health concerns from particular interest groups in Miami-Dade County to add richness to the quantitative data collected At University of Miami Hospital, three focus groups were conducted during December 4-6, 2012, two consultants from Carnahan Group facilitated each session at UMH A total of 26 individuals participated in the focus groups, one of which consisted of Spanish-speaking adults, another of African American community members and one general group of adult community members Community members consulted Gepsie Metellus, Director, Sant La Haitian Neighborhood Center, Dr Reynald Jean, Director, Tuberculosis Program, Miami-Dade County Health Department, Tori Gabriel, Director, Education and Prevention, Florida Heart Research Institute, Kathleen Ducasse, CEO, Florida Heart Research Institute, Pamela Toomer, Director, School Health Program, Miami-Dade County Health Department, Dr Lillian Rivera, Administrator, Miami-Dade County Health Department, Betty Gomez-Galan, Specialist, American Diabetes Association, Angenys Gonzalez-Eilert, Executive Director, Colombian American Service Association, Helene Good, President and CEO, CCDH) formerly Community Committee for Developmental Handicaps), Dr Erin Kobetz, Assistant Research Professor, Dept of Epidemiology and Public Health, UM Miller School of Medicine, Director, SCCC Disparities and Community Outreach Core Resource, Director, Jay Weiss Center for Social Medicine and Health Equity, Dr Noella Dietz, Research Assistant Professor, Dept of Epidemiology and Public Health, UM Miller School of Medicine, Ann-Karen Weller, Director, Office of Community Health and Planning, Miami-Dade County Health Department, Dr David Lubarsky, Chair, Dept of Anesthesiology, Perioperative Medicine and Pain Management, University of Miami Hospital, Dr Dan Brady, Executive Director, Douglas Gardens Community Mental Health Center of Miami Beach
University of Miami Hospital & Clinics		Part V, Section B, Line 3 At University of Miami Hospital & Clinics, a focus group consisting of cancer patients, cancer survivors and caregivers was conducted on December 4, 2012 at Sylvester Comprehensive Cancer Center, the session was facilitated by two consultants from Carnahan Group Community leaders consulted Dr Jerry Goodwin, Chief Medical Officer, SCCC, Dr Teresa Neira, Social Worker, Courtelis Center, SCCC, Dr Erin Kobetz, Assistant Research Professor, Dept of Epidemiology and Public Health, UM Miller School of Medicine, Director, SCCC Disparities and Community Outreach Core Resource, Director, Jay Weiss Center for Social Medicine and Health Equity, Dr Noella Dietz, Research Assistant Professor, Dept of Epidemiology and Public Health, UM Miller School of Medicine, Dr Ana Espinosa, Director of Outpatient Clinics, SCCC, Director, Ask for Ana Program, SCCC, Vivi Carreras, Nurse Navigator, SCCC, Dawn Albright, Nurse Navigator, SCCC, Dr Jill MacKinnon, Project Director, Florida Cancer Data System, Richard Ballard, Chief Executive Officer, SCCC, Lazara Barreras-Pagan, Chief Operating and Nursing Officer, SCCC, Alyssia Crews, Director of Clinical Operations, SCCC, Antonieta Sauerteig, Associate Director of Administration, SCCC, Harry Rohrer, Chief Financial Officer, SCCC

Identifier	ReturnReference	Explanation
Anne Bates Leach Eye Hospital		Part V, Section B, Line 3 At Anne Bates Leach Eye Hospital, a focus group was conducted on December 6, 2012 at Bascom Palmer Eye Institute, the session was facilitated by two consultants from Carnahan Group A total of 10 individuals participated in the focus group, which consisted of adult community members living with various eye conditions Community leaders consulted Betty Gomez-Galan, Specialist, American Diabetes Association, Charles Pappas, Chief Operations Officer, BPEI, Marla Bercuson, Director of Business Operations, BPEI
University of Miami Hospital		Part V, Section B, Line 11 At UMH an uninsured patient not qualifying for any federal assistance programs or charity write-off automatically is eligible for discounted emergency care Not applicable at UMHC and ABLEH

Identifier	ReturnReference	Explanation
University of Miami Hospital		Part V, Section B, Line 16e At UMH the hospital's policy allows the following actions to be taken against an individual, only after making reasonable efforts to determine the patient's eligibility under the FAP Reporting to credit agency, lawsuits, liens on residences These reasonable efforts are made in the front-end prior to discharge and/or in the back-end These efforts are identified in Part V, section B line 18
University of Miami Hospital & Clinics		Part V, Section B, Line 16e At UMHC hospital's policy allows the following actions to be taken against an individual, only after making reasonable efforts to determine the patient's eligibility under the FAP Reporting to credit agency These reasonable efforts are made in the front-end prior to discharge and/or in the back-end These efforts are identified in Part V, section B line 18

Identifier	ReturnReference	Explanation
Anne Bates Leach Eye Hospital		Part V, Section B, Line 16e At Ableh the hospital's policy allows the following actions to be taken against an individual, only after making reasonable efforts to determine the patient's eligibility under the FAP Reporting to credit agency These reasonable efforts are made in the front-end prior to discharge and/or in the back-end These efforts are identified in Part V, section B line 18
University of Miami Hospital		Part V, Section B, Line 17e At UMH the hospital performed the following actions against an individual, only after making reasonable efforts to determine the patient's eligibility under the FAP Reporting to credit agency, lawsuits, liens on residences These reasonable efforts are made in the front-end prior to discharge and/or in the back-end These efforts are identified in Part V, section B line 18

Identifier	ReturnReference	Explanation
University of Miami Hospital & Clinics		Part V, Section B, Line 17e At UMHC the hospital performed the following actions against an individual, only after making reasonable efforts to determine the patient's eligibility under the FAP Reporting to credit agency These reasonable efforts are made in the front-end prior to discharge and/or in the back-end These efforts are identified in Part V, section B line 18
Anne Bates Leach Eye Hospital		Part V, Section B, Line 17e At Ableh the hospital performed the following actions against an individual, only after making reasonable efforts to determine the patient's eligibility under the FAP Reporting to credit agency These reasonable efforts are made in the front-end prior to discharge and/or in the back-end These efforts are identified in Part V, section B line 18

Identifier	ReturnReference	Explanation
University of Miami Hospital		Part V, Section B, Line 20d Based upon 75% of the contracted managed care PPO payers for the hospital
University of Miami Hospital & Clinics		Part V, Section B, Line 20d Low income patients are charged based on FPG, and self-pay patients are entitled to a 30-40% discount for prompt payment

Identifier	ReturnReference	Explanation
Anne Bates Leach Eye Hospital		Part V, Section B, Line 20d Low income patients are charged based on FPG, and self-pay patients are entitled to a 30-40% discount for prompt payment
University of Miami Hospital & Clinics		Part V, Section B, Line 22 International patients pay full amounts if fees are not negotiated prior to admission Patients who do not pay promptly are expected to pay full charges

Identifier	ReturnReference	Explanation
Anne Bates Leach Eye Hospital		Part V, Section B, Line 22 International patients pay full amounts if fees are not negotiated prior to admission Patients who do not pay promptly are expected to pay full charges
		Part VI, Line 2 The communities' healthcare needs are assessed by the organization in collaboration with the Miami-Dade County Public Health Trust (PHT)

Identifier	ReturnReference	Explanation
		Part VI, Line 3 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
		Part VI, Line 4 The community served by the organization is Miami-Dade County, Broward County and the Palm Beaches, which are large urban areas Since these South Florida counties have a large immigrant population, many patients are uninsured, under-insured, or Medicaid recipients The national economic crisis and the high level of unemployment have exacerbated this issue

Identifier	ReturnReference	Explanation
		Part VI, Line 5 (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 (3) In order to improve patient care and access to the specialized healthcare services, the organization applies a significant portion of any surplus to new technology, new medical equipment, building renovations, and other betterments & improvements
		Part VI, Line 6 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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

159

3

Enter total number of other organizations listed in the line 1 table

21

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Scholarships for tuition housing meals and books	13526	386,139,211		N/A	N/A
(2) Grants and Other Assistance - Research	2	40,097		N/A	N/A

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, 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, 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

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANCED BEHAVIORAL HEALTH213 COURT STREET MIDDLETOWN,CT 06457	06-1422326		36,922	0	N/A	N/A	Research
ALLIANCE FOR SUSTAINABLE ENERGY 15013 DENVER WEST PARKWAY GOLDEN,CO 80401	26-1939342	501(c)(3)	39,927	0	N/A	N/A	Research

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

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ALLOGY INTERACTIVE LLC 3625 E AMELIA STREET ORLANDO,FL 32803	27-0305949		150,000	0	N/A	N/A	Research
AMERICAN HEART ASSOCIATIONGREATER SOUTHEAST PO BOX 4002900 DES MOINES,IA 50340	13-5613797	501(c)(3)	577,302	0	N/A	N/A	Research

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

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ARAPAHOE HOUSE INC 3530 WEST LEHIGH AVE DENVER,CO 80236	84-0705495	501(c)(3)	201,489	0	N/A	N/A	Research
ARGONNE NATIONAL LABORATORYPO BOX 87916 CAROL STREAM,IL 60188	68-0628477	US Dept of Energ	39,129	0	N/A	N/A	Research

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

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ARIZONA STATE UNIVERSITY BIODESIGN INSTITUTEPO BOX 876401 TEMPE,AZ 85287	86-0196696	State of AZ	6,066	0	N/A	N/A	Research
BAE SYSTEMS TECHNOLOGIES INCPO BOX 7247-6675 PHILADELPHIA,PA 19170	95-4069563		43,711	0	N/A	N/A	Research

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

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BATTELLE MEMORIAL INSTITUTEPO BOX 84262 SEATTLE,WA 98124	31-4379427	501(c)(3)	161,716	0	N/A	N/A	Research
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501(c)(3)	44,612	0	N/A	N/A	Research

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

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BENAROYA RESEARCH INSTITUTE1201 NINTH AVENUE SEATTLE,WA 98101	91-0653422	501(c)(3)	55,294	0	N/A	N/A	Research
BETH ISRAEL DEACONESS MED CTR330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501(c)(3)	20,782	0	N/A	N/A	Research

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

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BIOQUAL INC9600 MEDICAL CENTER DR SUITE 200 ROCKVILLE,MD 20850	13-3078199		65,482	0	N/A	N/A	Research
BOARD OF REG OF THE UNIV OF OKLAHOMAPO BOX 26901 SCB 228 OKLAHOMA CITY,OK 73126	73-6017987	State of OK	161,291	0	N/A	N/A	Research

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

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BRIGHAM AND WOMENS HOSPITALPO BOX 417125 BOSTON,MA 02241	04-2312909	501(c)(3)	16,126	0	N/A	N/A	Research
BRONXLEBANON HOSPITAL CENTER1276 FULTON AVE BRONX,NY 10457	13-1974191	501(c)(3)	8,700	0	N/A	N/A	Research

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

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BROWARD COUNTY PUBLIC SCHOOLS600 SW 3 AVE 5TH FLOOR FT LAUDERDALE, FL 33301	59-6000530	Broward County	27,917	0	N/A	N/A	Research
CALIFORNIA ACADEMY OF SCIENCE55 MUSIC CONCOURSE DRIVE SAN FRANSISCO, CA 94118	94-1156258	501(c)(3)	41,160	0	N/A	N/A	Research

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

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CALIFORNIA INSTITUTE OF TECH1200 E CALIFORNIA BLVD PASADENA,CA 91125	95-1643307	501(c)(3)	96,641	0	N/A	N/A	Research
CALIFORNIA STATE UNIVERSITY6300 STATE UNIVERSITY DR ST 332 LONG BEACH,CA 90815	91-2153805	State of CA	5,384	0	N/A	N/A	Research

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

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CANCER RESEARCH AND BIOSTATIS1730 MINOR AVENUE SUITE 1900 SEATTLE,WA 98101	91-1828539	501(c)(3)	88,443	0	N/A	N/A	Research
CENTER FOR HAITIAN STUDIES INC8260 NE 2ND AVENUE MIAMI,FL 33138	65-0136723	501(c)(3)	505,621	0	N/A	N/A	Research

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

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CHARLEE OF DADE COUNTY155 SOUTH MIAMI AVENUE 700 MIAMI,FL 33130	59-2302250	501(c)(3)	11,025	0	N/A	N/A	Research
CHEN MEDICAL ASSOCIATES1000 PARK CENTRE BLVD SUITE 100 MIAMI,FL 33169	65-0272881	501(c)(3)	19,560	0	N/A	N/A	Research

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

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CHILDREN'S HEALTH AND EDUC MANAGEMENT INC 7800 SW 57TH AVE SUITE 228 SOUTH MIAMI,FL 33143	02-0552323		93,345	0	N/A	N/A	Research
CHILDRENS HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501(c)(3)	24,271	0	N/A	N/A	Research

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

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CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD MAIL STOP 97 LOS ANGELES,CA 90027	95-1690977	501(c)(3)	18,288	0	N/A	N/A	Research
CHILDRENS HOSPITAL OF CHICAGO225 E CHICAGO AV BOX 205 CHICAGO,IL 60611	36-2170833	501(c)(3)	23,832	0	N/A	N/A	Research

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

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CINCINNATI CHILDREN S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501(c)(3)	321,020	0	N/A	N/A	Research
CLEVELAND CLINIC FOUNDATIONPO BOX 931653 CLEVELAND,OH 44193	34-0714585	501(c)(3)	163,704	0	N/A	N/A	Research

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

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COLUMBIA UNIVERSITYPO BOX 29789 NEWYORK,NY 10087	13-5598093	501(c)(3)	2,122,734	0	N/A	N/A	Research
DAYMARK RECOVERY SERVICES INC2129 STATESVILLE BLVD SALISBURY,NC 28147	02-0707661	501(c)(3)	15,954	0	N/A	N/A	Research

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

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DFAS REF CODE 7320 US NAVALDEPARTMENT ESTABLISHMENT WASHINGTON,DC 20375	31-1575142	US Govt	1,165,012	0	N/A	N/A	Research
DREXEL UNIVERSITY COLLEGE OF MEDPO BOX 95000-1090 PHILADELPHIA,PA 19195	23-1352630	501(c)(3)	9,999	0	N/A	N/A	Research

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

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DUKE UNIVERSITYPO BOX 602651 CHARLOTTE,NC 28260	56-0532129	501(c)(3)	212,287	0	N/A	N/A	Research
DUVAL COUNTY HEALTH DEPT900 UNIVERSITY BLVD NORTH ST 505 JACKSONVILLE,FL 32211	59-3502843	Duval County	41,819	0	N/A	N/A	Research

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

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EMORY UNIVERSITYPO BOX 935084 ATLANTA,GA 31193	58-0566256	501(c)(3)	550,408	0	N/A	N/A	Research
ENFAMILIA INCPO BOX 924229 HOMESTEAD,FL 33092	52-2284294	501(c)(3)	14,700	0	N/A	N/A	Research

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

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EXAMINATION MGMT SERVICES INCPO BOX 202669 DALLAS,TX 75320	75-1444139		6,659	0	N/A	N/A	Research
FAMILY COUNSELING SERVICES7412 SUNSET DRIVE MIAMI,FL 33143	59-1312775	501(c)(3)	12,930	0	N/A	N/A	Research

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

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FLORIDA ATLANTIC UNIVERSITYPO BOX 198660 ATLANTA,GA 30384	65-0385507	State of FL	110,894	0	N/A	N/A	Research
FLORIDA HOSPITAL2400 BEDFORD ROAD 3RD FLOOR ORLANDO,FL 32803	59-0724459		28,815	0	N/A	N/A	Research

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

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FLORIDA INTERNATIONAL UNIV11200 SW 8TH STREET MIAMI,FL 33199	65-0177616	State of FL	675,036	0	N/A	N/A	Research
FLORIDA KEYS AHEC INC 5800 OVERSEAS HIGHWAY SUITE 38 MARATHON,FL 33050	65-0183810	501(c)(3)	817,372	0	N/A	N/A	Research

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

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FLORIDA STATE UNIVERSITY874 TRADITIONS WAY PO BOX 3064166 TALLAHASSEE,FL 32306	59-6001874	State of FL	456,891	0	N/A	N/A	Research
FOX CHASE CANCER CENTER604 COTTMAN AVENUE CHELTENHAM,PA 19012	23-2003072	501(c)(3)	24,270	0	N/A	N/A	Research

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FRONTIER SCIENCE & TECHNOLOGYPO BOX 983027 BOSTON,MA 02298	16-1056814	501(c)(3)	11,423	0	N/A	N/A	Research
GATEWAY COMMUNITY SERVICES555 STOCKTON STREET JACKSONVILLE,FL 32204	59-1881828	501(c)(3)	590,197	0	N/A	N/A	Research

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

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GEORGETOWN UNIVERSITY3900 RESERVOIR ROAD RM LR10C WASHINGTON,DC 20057	53-0196603	501(c)(3)	7,520	0	N/A	N/A	Research
GEORGIA TECH RESEARCH CORPPO BOX 100117 ATLANTA,GA 30384	58-0603146	501(c)(3)	415,469	0	N/A	N/A	Research

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

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H LEE MOFFITT CANCER CNTR & RE12902 MAGNOLIA DRIVE TAMPA,FL 33612	59-3238634	501(c)(3)	76,183	0	N/A	N/A	Research
HARVARD UNIVERSITYPO BOX 415649 BOSTON,MA 02241	04-2103580	501(c)(3)	136,817	0	N/A	N/A	Research

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

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HEALTH CHOICE NETWORK INC9064 NW 13 TERRACE DORAL,FL 33172	65-0504316	501(c)(3)	228,456	0	N/A	N/A	Research
HEALTH FOUNDATION OF SOUTH FL2 SOUTH BISCAYNE BLVD SUITE 1710 MIAMI,FL 33131	65-0005384	501(c)(3)	105,874	0	N/A	N/A	Research

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

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HEALTHEAST ST JOSEPHS HOSP45 W 10TH STREET ST PAUL,MN 55102	41-0693880	501(c)(3)	7,800	0	N/A	N/A	Research
HEALTHY START COALITION OF MIA701 SW 27TH AVENUE SUITE 1401 MIAMI,FL 33135	65-1102736	501(c)(3)	67,867	0	N/A	N/A	Research

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

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HUMANA INC3594 RELIABLE PARKWAY CHICAGO,IL 60686	61-0647538		25,875	0	N/A	N/A	Research
IMPACT RESEARCH LLC 10420 LITTLE PATUXENT PKWY ST 530 COLUMBIA,MD 21044	27-1635564		40,608	0	N/A	N/A	Research

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

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INDIANA UNIVERSITYPO BOX 66057 INDIANAPOLIS,IN 46266	35-6001673	State of IN	195,187	0	N/A	N/A	Research
INNER CITY YOUTH OF S FLORIDA8955 NE 2 AVE APT 1 MIAMI,FL 33138	65-0943813	501(c)(3)	36,307	0	N/A	N/A	Research

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

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INTERCOASTAL MEDICAL GROUP943 S BENEVA ROAD SUITE 102 SARASOTA,FL 34232	65-0784345		5,600	0	N/A	N/A	Research
INTERNATIONAL AIDS VACCINE INITIATIVE INC 125 BROAD STREET 9TH FLOOR NEWYORK,NY 10004	13-3870223	501(c)(3)	45,733	0	N/A	N/A	Research

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

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JOHNS HOPKINS UNIVERSITY12529 COLLECTIONS CENTER DRIVE CHICAGO,IL 60693	52-0595110	501(c)(3)	249,004	0	N/A	N/A	Research
LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY9420 ATHENA CIRCLE LA JOLLA,CA 92037	33-0328688	501(c)(3)	108,669	0	N/A	N/A	Research

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

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LARKIN COMMUNITY HOSPITAL INC7031 SW 62ND AVENUE SOUTH MIAMI,FL 33143	65-0729921		22,995	0	N/A	N/A	Research
LELAND STANFORD JUNIOR UNIVPO BOX 44253 SAN FRANCISCO,CA 94144	94-1156365	501(c)(3)	488,503	0	N/A	N/A	Research

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

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LOUISIANA STATE UNIVERSITY433 BOLIVIA STREET NEWORLEANS,LA 70112	72-0702002	State of LA	63,372	0	N/A	N/A	Research
LOYOLA UNIVERSITY OF CHICAGO2160 SO 1ST AVENUE MAYWOOD,IL 60153	36-1408475	501(c)(3)	12,363	0	N/A	N/A	Research

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

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MAYO CLINIC ARIZONAPO BOX 4008 ROCHESTER, MN 55903	86-0800150	501(c)(3)	73,490	0	N/A	N/A	Research
MAYO MEDICAL LABORATORIESPO BOX 9146 MINNEAPOLIS, MN 55480	41-1346366		22,001	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIV OF SOUTH CAROLINA171 ASHLEY AVE MSC 908 CHARLESTON, SC 29425	57-6000722	State of SC	21,612	0	N/A	N/A	Research
MERCY HOSPITAL OF BUFFALO515 ABBOTT ROAD SUITE 310 BUFFALO,NY 14220	16-0756336	501(c)(3)	34,020	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI CHILDRENS HOSPITAL3601 NW 107 AVE MIAMI,FL 33178	59-0638499	501(c)(3)	13,619	0	N/A	N/A	Research
MIAMI DADE AHEC1200 NW 78TH AVENUE ST 209 MIAMI,FL 33126	65-0009277	501(c)(3)	516,125	0	N/A	N/A	Research

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

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MIAMI DADE COLLEGE300 NE SECOND AVE MIAMI,FL 33132	59-1210485	State of FL	67,277	0	N/A	N/A	Research
MIAMI DADE COUNTY PUBLIC SCHOOL1450 NE SECOND AVENUE ST 615 MIAMI,FL 33132	59-6000572	M-Dade County	100,183	0	N/A	N/A	Research

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

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MIAMI SCIENCE MUSEUM 3280 S MIAMI AVE MIAMI,FL 33129	59-0854960	501(c)(3)	101,024	0	N/A	N/A	Research
MOREHOUSE SCHOOL OF MEDICINE720 WESTVIEW DRIVE SW ATLANTA,GA 30310	58-1438873	501(c)(3)	38,298	0	N/A	N/A	Research

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

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NATIONAL CENTER FOR LATINO CHILD AND FAMILY RESEARCH INC 22610 WOODFIELD ROAD LAYTONSVILLE,MD 20882	56-2345883	501(c)(3)	31,700	0	N/A	N/A	Research
NAVAL POSTGRADUATE SCHOOL699 DYER RD HALLIGAN RM 226 MONTEREY,CA 93943	57-1000830	US Govt	410,090	0	N/A	N/A	Research

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

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NEW ENGLAND RESEARCH INSTITUTE9 GALEN STREET WATERTOWN,MA 02472	04-2919509	501(c)(3)	157,453	0	N/A	N/A	Research
NEW YORK HALL OF SCIENCE47-01 111 STREET QUEENS,NY 11368	11-2104059	501(c)(3)	8,551	0	N/A	N/A	Research

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

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NORTHWESTERN UNIVERSITY619 CLARK STREET EVANSTON,IL 60208	36-2167817	501(c)(3)	50,578	0	N/A	N/A	Research
NOVA SOUTHEASTERN UNIVERSITY3301 COLLEGE AVE FT LAUDERDALE,FL 33314	59-1083502	501(c)(3)	515,014	0	N/A	N/A	Research

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

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OPERATION PAR INC6655 66 STREET NORTH PINELLAS PARK,FL 33781	59-1349234	501(c)(3)	22,165	0	N/A	N/A	Research
OREGON HEALTH & SCIENCE UNIVPO BOX 3595 PORTLAND,OR 97207	93-1176109	State of OR	198,213	0	N/A	N/A	Research

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

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OREGON STATE UNIVERSITYPO BOX 1086 CORVALLIS,OR 97339	48-1278540	State of OR	29,081	0	N/A	N/A	Research
PALO ALTO RESEARCH CENTER INC3333 COYOTE HILL ROAD PALO ALTO,CA 94304	06-1568182		14,835	0	N/A	N/A	Research

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

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PRINCETON UNIVERSITY5 NEW SOUTH BUILDING PRINCETON,NJ 08544	21-0634501	501(c)(3)	11,743	0	N/A	N/A	Research
PUBLIC HEALTH FOUNDATION12801 CROSSROADS PKWY S SUITE 200 C INDUSTRY,CA 91746	95-2557063	501(c)(3)	178,998	0	N/A	N/A	Research

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

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PUBLIC HEALTH TRUST - JMH1611 NW 12TH AVENUE MIAMI,FL 33136	59-1713947	501(c)(3)	1,534,543	0	N/A	N/A	Research
PURDUE UNIVERSITY 23510 NETWORK PLACE CHICAGO,IL 60673	60-0204123	State of IN	28,119	0	N/A	N/A	Research

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

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RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA101 HOSP DR DAVIS 5 RM 5293 CHARLOTTSVILE, VA 22908	54-6001796	State of VA	20,698	0	N/A	N/A	Research
REGENTS OF THE UNIV OF CA9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	State of CA	303,241	0	N/A	N/A	Research

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

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REGENTS OF UNIV OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS,MN 55485	41-6007513	State of MN	68,794	0	N/A	N/A	Research
RESEARCH FOUNDATION FOR MENTAL 150 BROADWAY RIVERVIEW CTR ST 301 MENANDA,NY 12204	14-1410842	501(c)(3)	42,024	0	N/A	N/A	Research

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

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RHEGAL CONSULTING INC PO BOX 403146 MIAMI BEACH,FL 33140	20-3165284		133,319	0	N/A	N/A	Research
RUSH UNIVERSITY MEDICAL CENTER1700 W VAN BUREN STREET CHICAGO,IL 60612	36-2174823	501(c)(3)	61,588	0	N/A	N/A	Research

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

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SAN JOSE STATE UNIVERSITY210 N FOURTH STREET SAN JOSE,CA 95112	94-6017638	501(c)(3)	1,624,680	0	N/A	N/A	Research
SANFORD-BURNHAM MEDICAL10901 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	51-0197108	501(c)(3)	809,768	0	N/A	N/A	Research

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

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SCHILLINGER GENETICS INC4401 WESTOWN PKWY SUITE 225 W DES MOINES,IA 50266	42-1496452		55,151	0	N/A	N/A	Research
SENSEI INC2300 GLADES ROAD 250 WEST BOCA RATON,FL 33431	20-3355580		55,100	0	N/A	N/A	Research

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

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SHEPHERD CENTER INC 2020 PEACHTREE ROAD NW ATLANTA,GA 30309	51-0141601	501(c)(3)	163,788	0	N/A	N/A	Research
SOUTH FLORIDA VA FOUNDATION FOR RESEARCH AND EDUCATION INC1201 NW 16 STREET MIAMI,FL 33125	65-0207903	501(c)(3)	380,604	0	N/A	N/A	Research

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

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SOUTHERN METHODIST UNIVERSITYPO BOX 750259 DALLAS,TX 75275	75-0800689	501(c)(3)	138,914	0	N/A	N/A	Research
SPECTRUM PROGRAMS INC 11031 NE 6TH AVENUE MIAMI,FL 33161	59-1415981	501(c)(3)	31,686	0	N/A	N/A	Research

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

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SPEECH PATHOLOGY8510 SOUTHWEST 8TH STREET MIAMI,FL 33144	65-0303523		123,015	0	N/A	N/A	Research
SRI INTERNATIONALPO BOX 2767 MENLO PARK,CA 94025	94-1160950	501(c)(3)	29,494	0	N/A	N/A	Research

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

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SUWANNEE RIVER AHEC 14646 NW 151 BLVD ALACHUA,FL 32615	59-3112649	501(c)(3)	40,500	0	N/A	N/A	Research
TEXAS A&M UNIVERSITY CORPUS CHRISTI6300 OCEAN DRIVE CORPUS CHRISTI,TX 78412	74-1760663	State of TX	141,205	0	N/A	N/A	Research

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

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THE CROSSROADS CENTER 311 MARTIN LUTHER KING DR CINCINNATI,OH 45219	31-1327938	501(c)(3)	9,096	0	N/A	N/A	Research
THE CTR FOR DRUG FREE LIVING 5151 ADANSON STREET ORLANDO,FL 32804	59-1532941	501(c)(3)	70,853	0	N/A	N/A	Research

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

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THE GEORGE WASHINGTON UNIVERSITY45155 RESEARCH PLACE ASHBURN,VA 20147	53-0196584	501(c)(3)	185,232	0	N/A	N/A	Research
THE MASSACHUSETTS GENERAL HOSPITAL INC 149 13TH STREET ROOM 2301 CHARLESTOWN,MA 02129	04-1564655	501(c)(3)	17,467	0	N/A	N/A	Research

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

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THE OHIO STATE UNIVERSITY RES1960 KENNY ROAD COLUMBUS,OH 43210	31-6401599	State of OH	67,186	0	N/A	N/A	Research
THE REGENTS OF THE UNIV OF CA3227 CHEADLE HALL SANTA BARBARA,CA 93106	95-6006145	State of CA	156,759	0	N/A	N/A	Research

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THE REGENTS OF THE UNIV OF CA924 WESTWOOD BLVD SUITE 400A LOS ANGELES,CA 90095	95-6006143	State of CA	217,407	0	N/A	N/A	Research
THE REGENTS OF THE UNIV OF CA AT BERKLELEY 2195 HEARST AVENUE RM 130 BERKELEY,CA 94720	94-6002123	State of CA	9,581	0	N/A	N/A	Research

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THE REGENTS OF U OF MICHIGANPO BOX 223131 PITTSBURGH,PA 15251	38-6006309	501(c)(3)	615,653	0	N/A	N/A	Research
THE REGENTS OF UC (DAVIS)PO BOX 989062 W SACRAMENTO,CA 95798	94-6036494	State of CA	84,895	0	N/A	N/A	Research

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THE RESEARCH FOUNDATION OF SUNYPO BOX 9 ALBANY,NY 12201	14-1368361	501(c)(3)	235,039	0	N/A	N/A	Research
THE ROCKEFELLER UNIVERSITY1230 YORK AVENUE BOX 259 NEW YORK,NY 10065	13-1624158	501(c)(3)	191,958	0	N/A	N/A	Research

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THE SCRIPPS RESEARCH INST10550 NORTH TORREY PINES RD LA JOLLA,CA 92037	33-0435954	501(c)(3)	393,467	0	N/A	N/A	Research
THE UNIVERSITY OF TEXAS HEALTH CENTER AT HOUSTONPO BOX 203382 HOUSTON,TX 77216	74-1761309	501(c)(3)	14,685	0	N/A	N/A	Research

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THE VILLAGE3050 BISCAYNE BOULEVARD 9TH FLOOR MIAMI,FL 33137	59-1452736	501(c)(3)	38,267	0	N/A	N/A	Research
THERAPY AND LEARNING CORP621 NE 13 STREET HOMESTEAD,FL 33030	83-0471851		23,170	0	N/A	N/A	Research

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

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THERAPY FOR TODAY INC 11719 SW 95 TERRACE MIAMI,FL 33186	20-4979540		26,250	0	N/A	N/A	Research
TRUSTEES OF BOSTON UNIVERSITY 25 BUICK STREET 2ND FLOOR BOSTON,MA 02215	04-2103547	501(c)(3)	32,806	0	N/A	N/A	Research

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TRUSTEES OF DARTMOUTH COLLEGE11 ROPE FERRY ROAD 6210 HANOVER,NH 03755	02-0222111	501(c)(3)	28,347	0	N/A	N/A	Research
TRUSTEES UNIV OF PENNSYLVANIAPO BOX 785541 PHILADELPHIA,PA 19178	23-1352685	501(c)(3)	349,501	0	N/A	N/A	Research

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TULANE UNIVERSITY WOLTERING OUTREACH 100 JONES HALL NEW ORLEANS, LA 70118	72-0423889	501(c)(3)	188,613	0	N/A	N/A	Research
UNIV OF CONNECTICUT HEALTH CENTER AUXILIARY263 FARMINGTON AVENUE FARMINGTON,CT 06030	15-2172554	501(c)(3)	10,261	0	N/A	N/A	Research

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UNIV OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE 3901 RAINBOW BLVD KANSAS CITY,KS 66106	48-1108830	501(c)(3)	11,141	0	N/A	N/A	Research
UNIV OF PUERTO RICO PO BOX 365067 SAN JUAN,PR 00936	66-0433762	Gov't of PR	69,857	0	N/A	N/A	Research

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UNIV OF ROCHESTER601 ELMWOOD AVE ROOM 4-7218 ROCHESTER, NY 14611	16-0743209	501(c)(3)	88,736	0	N/A	N/A	Research
UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH PO BOX 3000 BOULDER,CO 80307	84-0412668	501(c)(3)	80,317	0	N/A	N/A	Research

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

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UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON,AZ 85719	86-6004791	State of AZ	237,380	0	N/A	N/A	Research
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES4301 W MARKHAM STREET LITTLE ROCK,AR 72205	71-6046242	State of AR	21,794	0	N/A	N/A	Research

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

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UNIVERSITY OF CA IRVINE 109 WILSHIRE BLVD SUITE 1200 LOS ANGELES,CA 90024	95-2226406	State of CA	255,974	0	N/A	N/A	Research
UNIVERSITY OF CENTRAL FLORIDABOX 162455 ENGINEERING BLDG IRM381 ORLANDO,FL 32816	59-2924021	State of FL	675,228	0	N/A	N/A	Research

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

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UNIVERSITY OF CHICAGO 105 WEST ADAMS ST SUITE 1700 CHICAGO,IL 60603	36-2177139	501(c)(3)	14,926	0	N/A	N/A	Research
UNIVERSITY OF COLORADO DENVER13123 E 16TH AVENUE BOX 055 AURORA,CO 80045	84-6000555	State of CO	74,075	0	N/A	N/A	Research

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DELAWARE116 STUDENT SERVICES BLDG NEWARK,DE 19716	51-6000297	501(c)(3)	338,598	0	N/A	N/A	Research
UNIVERSITY OF FLORIDA 123 GRINTER HALL BOX 113001 GAINESVILLE,FL 32611	59-6002052	State of FL	2,308,568	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HAWAII 2440 CAMPUS ROAD BOX 368 HONOLULU,HI 96822	99-0085260	State of HI	288,379	0	N/A	N/A	Research
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD,IL 62708	37-6000511	State of IL	1,259,185	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA200 HAWKINS DRIVE IOWA CITY,IA 52242	42-6004813	State of IA	44,356	0	N/A	N/A	Research
UNIVERSITY OF KENTUCKY PO BOX 931113 CLEVELAND,OH 44193	61-6033693	501(c)(3)	47,539		N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLANDPO BOX 41428 BALTIMORE, MD 21203	52-6002033	State of MD	341,140	0	N/A	N/A	Research
UNIVERSITY OF MEDICINE & DENTISTRYPO BOX 2685 NEW BRUNSWICK, NJ 08803	22-1775306	State of NJ	15,626	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILLPO BOX 402420 ATLANTA,GA 30384	56-6001393	State of NC	52,654	0	N/A	N/A	Research
UNIVERSITY OF OREGON PO BOX 3237 EUGENE,OR 97403	48-1278531	State of OR	5,713	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGHPO BOX 371220 PITTSBURGH,PA 15251	25-0965591	501(c)(3)	131,968	0	N/A	N/A	Research
UNIVERSITY OF SOUTH FLORIDAPO BOX 864568 ORLANDO,FL 32886	59-3102112	State of FL	25,226	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA STREET ST 102 LOS ANGELES,CA 90089	95-1642394	501(c)(3)	265,418	0	N/A	N/A	Research
UNIVERSITY OF TEXASPO BOX 4390 HOUSTON,TX 77210	74-6001118	State of TX	6,964	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTINPO BOX 7159 AUSTIN,TX 78713	74-6000203	State of TX	133,346	0	N/A	N/A	Research
UNIVERSITY OF UTAH201 S PRESIDENTS CIRCLE RM 406 SALT LK CITY,UT 84112	87-6000525	State of UT	10,492	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON12455 COLLECTIONS DRIVE CHICAGO,IL 60693	91-6001537	State of WA	47,149	0	N/A	N/A	Research
UNIVERSITY OF WISCONSINUW-MADISON OFF RESEARCH SPONSORED PROG DRAWER 538 MILWAUKEE,WI 53278	39-1805963	501(c)(3)	71,595	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USF RESEARCH FOUNDATION INCPO BOX 864568 ORLANDO,FL 32886	59-2959590	501(c)(3)	333,319	0	N/A	N/A	Research
VACCINE & GENE THERAPY INSTIT9801 SW DISCOVERY WAY PORT ST LUCIE,FL 34987	36-4631835	501(c)(3)	137,037	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICALDEPT OF FINANCE DEPT AT 40303 ATLANTA,GA 31192	62-0476822	501(c)(3)	1,113,926	0	N/A	N/A	Research
VIRGINIA INSTITUTE OF MARINE SCIENCESPO BOX 1346 GLOUCESTER PT,VA 23062	54-6001802		70,708	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SERVICES MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	22-3849199	501(c)(3)	179,143	0	N/A	N/A	Research
WALSH COLLEGE3838 LIVERNOIS ROAD PO BOX 7006 TROY,MI 48007	38-1308480	501(c)(3)	125,000	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CAMPUS BOX 1034 SAINT LOUIS,MO 63112	43-0653611	501(c)(3)	9,671	0	N/A	N/A	Research
WAYNE STATE UNIVERSITY 275 E HANCOCK RM 020 MOTT CENTER DETROIT,MI 48201	38-6028429	State of MI	125,000	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL CORNELL MEDICAL COLLEGE575 LEXINGTON AVE 9 FLOOR NEW YORK,NY 10022	13-1623978	501(c)(3)	65,358	0	N/A	N/A	Research
WEST VIRGINIA UNIVERSITYPO BOX 6002 MORGANTOWN,WV 26506	55-0665758	501(c)(3)	10,378	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTHROP UNIVERSITY HOSPITAL259 FIRST STREET MINEOLA,NY 11501	11-1633486	501(c)(3)	22,952	0	N/A	N/A	Research
YALE UNIVERSITY333 CEDAR STREET I-100 SHM TREAS OPER PO BOX 208087 NEW HAVEN,CT 06520	06-0646973	501(c)(3)	6,589	0	N/A	N/A	Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER MIAMI 730 NW 107 AVE SUITE 200 MIAMI,FL 33172	59-0624464	501(c)(3)	72,120	0	N/A	N/A	Research
GENETICS POLICY INSTITUTE 11924 FOREST HILL BLVD ST 22-290 WELLINGTON,FL 33414	20-5509308	501(c)(3)	20,000	0	N/A	N/A	General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WASHINGTON ECONOMIC GROUP2655 LE JEUNE ROAD SUITE 608 CORAL GABLES,FL 33134	65-0376970		10,000	0	N/A	N/A	General Support
DUKE UNIVERSITY200 WEST DUKE BLDG BOX 90743 DURHAM,NC 27708	56-0532129	501(c)(3)	11,500	0	N/A	N/A	General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATCRIT INCPO BOX 248243 CORAL GABLES,FL 33124	59-3557150	501(c)(3)	40,000	0	N/A	N/A	General Support
THE ALS RECOVERY FUND ONE GROVE ISLE UNIT 1602 COCONUT GROVE,FL 33133	65-0265802	501(c)(3)	10,000	0	N/A	N/A	General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LSU HEALTH SCIENCES CENTER FOUNDATION 450A SOUTH CLAIBORNE AVENUE NEW ORLEANS, LA 70112	72-1115391	501(c)(3)	10,000	0	N/A	N/A	General Support
CITY OF CORAL GABLES 405 BILTMORE WAY CORAL GABLES, FL 33134	59-6000293	M-Dade County	30,000	0	N/A	N/A	General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4aYes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6aYes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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

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

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

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

Part III Supplemental Information

Complete this part to 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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Part I, Line 1a First Class Travel First class travel was provided to President, Donna E Shalala 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, Donna E Shalala, at the convenience of the employer as a condition of employment The amounts were not included in taxable income Travel for Companions Companion travel was provided for Sergio M Gonzalez and James J Larranaga Amount was included in taxable income Gross Up Payment Gross up payment was provided to Alfred J Golden, Steven E Lipshultz, and Patricia A Whitely This amount was included in taxable income Club Dues Club dues were provided for Sergio M Gonzalez, Thomas J Leblanc, Joseph T Natoli, Donna E Shalala, James J Larranaga and Alfred J Golden The amounts were included in taxable income Social Club Dues Social club dues were provided for Sergio M Gonzalez and Donna E Shalala The amounts were not included in taxable income
	Part I, Lines 4a-b	Part I, Lines 4a-b Severance Payments Michele Chulick \$554,585 and William J Donelan \$788,776 Supplemental Non-Qualified Retirement Plan Steven E Lipshultz participated in a split dollar benefit plan and made contributions of \$30,417 on a pre-tax basis
	Part I, Line 6	Bonus/Incentives Based on School of Medicine (MSOM) performance metric Target represents 100% payment expected under the bonus program if all goals are achieved and financial performance is on plan, additional bonus payments may be earned if MSOM operating income exceeds budget, no bonus is earned if budgeted operating income is not achieved

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Donna E Shalala	(i)	840,000	0	68,520	27,500	317,169	1,253,189	0
	(ii)	0	0	0	0	0	0	0
Thomas J LeBlanc	(i)	646,608	0	59,010	27,500	18,747	751,865	0
	(ii)	0	0	0	0	0	0	0
P Goldschmidt-Clermont	(i)	1,109,127	0	90,778	27,500	18,135	1,245,540	0
	(ii)	0	0	0	0	0	0	0
Joseph T Natoli	(i)	637,401	0	33,599	25,000	19,150	715,150	0
	(ii)	0	0	0	0	0	0	0
Sergio M Gonzalez	(i)	520,750	0	50,504	24,033	27,215	622,502	0
	(ii)	0	0	0	0	0	0	0
John R Shipley	(i)	368,692	0	10,936	27,142	14,230	421,000	0
	(ii)	0	0	0	0	0	0	0
Rodolfo Fernandez	(i)	198,918	0	162	20,548	12,710	232,338	0
	(ii)	0	0	0	0	0	0	0
Larry D Marbert	(i)	345,832	0	774	25,667	30,234	402,507	0
	(ii)	0	0	0	0	0	0	0
Jacqueline R Menendez	(i)	222,608	0	6,352	22,362	50,208	301,530	0
	(ii)	0	0	0	0	0	0	0
Aileen M Ugalde	(i)	466,180	0	33,097	29,614	11,191	540,082	0
	(ii)	0	0	0	0	0	0	0
Patricia A Whitely	(i)	281,577	0	82,469	35,985	23,866	423,897	0
	(ii)	0	0	0	0	0	0	0
Nerissa Morris	(i)	326,089	0	7,664	25,611	8,389	367,753	0
	(ii)	0	0	0	0	0	0	0
Jonathan Jack T Lord	(i)	684,537	0	109,795	20,422	17,405	832,159	0
	(ii)	0	0	0	0	0	0	0
Theresa L Ashman	(i)	251,649	0	11,530	8,531	14,328	286,038	0
	(ii)	0	0	0	0	0	0	0
Steven Cawley	(i)	396,191	0	2,180	23,625	12,709	434,705	0
	(ii)	0	0	0	0	0	0	0
Mark Diaz	(i)	272,558	0	66,949	22,485	62,130	424,122	0
	(ii)	0	0	0	0	0	0	0
David A Lubarsky	(i)	639,400	200,000	356,154	27,500	26,062	1,249,116	0
	(ii)	0	0	0	0	0	0	0
Michele Chulick Ended 7712	(i)	194,651	0	716,197	0	271	911,119	0
	(ii)	0	0	0	0	0	0	0
William W O'Neill	(i)	444,717	0	140,765	15,235	10,355	611,072	0
	(ii)	0	0	0	0	0	0	0
Alan S Livingstone MD	(i)	763,066	9,562	61,397	27,500	16,273	877,798	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Alfred J Golden	(i) (ii)	155,466 0	115,000 0	1,935,292 0	27,583 0	17,602 0	2,250,943 0	0 0
James J Larranaga	(i) (ii)	144,408 0	0 0	1,008,948 0	10,000 0	16,991 0	1,180,347 0	0 0
Nestor de la Cruz-Munoz	(i) (ii)	591,600 0	878,525 0	122,242 0	25,000 0	23,862 0	1,641,229 0	0 0
William Donegan Ended 53112	(i) (ii)	317,851 0	0 0	1,056,196 0	0 0	389 0	1,374,436 0	0 0
Steven E Lipshultz	(i) (ii)	715,632 0	0 0	876,156 0	27,500 0	49,230 0	1,668,518 0	0 0
Diane M Cook	(i) (ii)	89,103 0	0 0	12,705 0	0 0	15,727 0	117,535 0	0 0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</div> <div>▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2012
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization University of Miami	Employer identification number 59-0624458
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Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Miami-Dade Co Educ Fac Authority	59-6000573	59333AFW6	04-26-2007	473,302,567	See Schedule K, Part VI		X		X		X
B	Miami-Dade Co Educ Fac Authority	59-6000573	59333AJW2	05-08-2008	293,597,924	See Schedule K, Part VI		X		X		X
C	Miami-Dade Co Educ Fac Authority	59-6000573	59333ALR0	12-12-2012	106,138,985	See Schedule K, Part VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	35,440,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	478,963,291		294,962,040		106,138,985			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	16,255,508		5,500,732		1,362,175			
6	Proceeds in refunding escrows	303,488,136							
7	Issuance costs from proceeds	3,097,405		2,148,447		949,210			
8	Credit enhancement from proceeds	3,351,958							
9	Working capital expenditures from proceeds	25,082,030				25,082,030			
10	Capital expenditures from proceeds	152,770,284		287,312,862		60,231,356			
11	Other spent proceeds								
12	Other unspent proceeds	18,514,214				18,514,214			
13	Year of substantial completion	2009		2009		2014		YesNo	
		Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	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
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	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
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0%		0%		0 00000%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0%		0 00000%		0 00000%		%	
6	Total of lines 4 and 5	0%		0%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X			X		
b	Name of provider	Bayerische Landesbank		AEGONTransamerica Occidental Life					
c	Term of GIC	2 1000000000000		2 4000000000000					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X		X					
6	Were any gross proceeds invested beyond an available temporary period?	X					X		
7	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
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
		Schedule K, Part I - Line A, Column F Acquire, construct, equip and renovate University facilities and refunding of the following 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 28, 2004 Schedule K, Part I - Line B, Column F Acquire, construct, equip, and renovate University facilities and refunding of Promissory Note - Executed November 28, 2008 Schedule K, Part I - Line C, Column F Acquire, construct, equip, and renovate University facilities and refund working capital Schedule K, Part II - Line 3, Column A Variance of \$5,660,724 when compared to Part I - Line A, Column (e) is due to interest earnings Schedule K, Part II - Line 3, Column B Variance of \$1,364,116 when compared to Part I - Line B, Column (e) is due to interest earnings Schedule K, Part IV - Line 6, Column B Gross proceeds of the Series 2008 Bonds were not invested beyond the available temporary period

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

Employer identification number

59-0624458

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958

\$

3

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

\$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) William O'Neil	Key Employee	Mortgage Assistance		X	300,000	300,000		No		No	Yes	
Total												

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		197,878	Disct Tuition	Tuition Asst

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
Schedule L, Part II - Line 1	Loans to Interested Persons	The loan made to a key employee listed in schedule L for mortgage assistance was reflected as not approved by the board or a committee. However, the loan assistance program for faculty members relocating from other states was approved by the Board of Trustees, including eligibility criteria and loan terms and conditions.
Schedule L, Part IV - Lines 1, 3, 8-10 Col B	Relationship between interested person and the organization	Family member of trustee
Schedule L, Part IV - Lines 2, 4-7, Col B	Relationship between interested person and the organization	Family member of officer
Schedule L, Part IV - Lines 1-10, Col D	Description of Transaction	Family member employment

Additional Data

Software ID:
Software Version:
EIN: 59-0624458
Name: University of Miami

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Susan Dandes	See Part V	96,421	See Part V		No
(2) Brian LeBlanc	See Part V	51,577	See Part V		No
(3) George Williamson	See Part V	22,000	See Part V		No
(4) Lori Shipley	See Part V	163,500	See Part V		No
(5) Jennifer McCafferty	See Part V	263,333	See Part V		No
(6) Marlena Diaz	See Part V	115,285	See Part V		No
(7) Sonia Mora	See Part V	101,346	See Part V		No
(8) Jeanette Gonzalez-Calles	See Part V	17,462	See Part V		No
(9) Eric Winter	See Part V	53,464	See Part V		No
(10) Gino DiMare	See Part V	115,042	See Part V		No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

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.

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 Art—Works of art	X	3,931	2,585,072	Fair Market Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	140	2,502,319	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Equipment</u>)	X	142	3,093,393	Fair Market Value
Auction				
26 Other ► (<u>Items</u>)	X	281	0	See Part II
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

299

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30aYesNo

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

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

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

32aYes

33 If "Yes," describe in Part II

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

Part II

Supplemental Information. Complete this part to 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.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Schedule M, Part I, Column (b) Number of Contributions The number reported in column b represents the number of items received except for items donated for sale at fundraising event auctions and securities which are noted based on the number of contributions
Third Party Use	Part I, Line 32b	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
Non Reporting of Revenue	Part I, Line 33	Schedule M, Line 33 Items Included On Schedule M Not In Revenue a Part I, Line 17 - Real Estate Property The University of Miami's policy is to record the value of donated real estate for accounting purposes at \$1 if the University is not able to use the asset in its exempt mission At such time as the real estate is sold, the proceeds of the sale are recorded as contribution 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 to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Family and Business Relationships Stuart Miller - Trustee, and Steven Saiontz - Trustee - Family Relationship, Stuart Miller - Trustee, and Steven Saiontz - Trustee - Business Relationship, George Feldenkreis - Trustee, Joseph Natoli - Officer - Business Relationship, Roger Medel - Trustee, Carlos Saladrigas - Trustee, Phillip Frost - Trustee - Business Relationship, Roger Medel - Trustee, Manuel Kadre - Trustee, Donna Shalala - Officer, Pascal Goldschmidt - Officer - Business 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, Donna Shalala - Officer, Pascal Goldschmidt - Officer, Sergio Gonzalez - Officer - Business Relationship, Marc Buoniconti - Trustee, Nicolas Buoniconti - Trustee - Family Relationship

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	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.

Identifier	Return Reference	Explanation
	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 received, they are reviewed by the Chair of The Conflict of Interest Review Sub-Committee When there are apparent conflicts, the Sub-Committee Chair ensures the conflict is managed Trustees who may have conflict, recuse themselves from deliberations and voting

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>Process for Review of Compensation of Officers and Key Employees The following process is performed annually, typically at the April/May meeting of the Trustee Services Committee of the Board to approve compensation for all officers and key employees of the University, including the President 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 the United States and, separately, data from for-profit corporations for positions that have a for-profit equivalent The Trustee Services Committee receives the performance appraisals for each officer and key 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 After review and discussion, the Trustee Services Committee approves the compensation for the officers and key employees, including the President, who is excused while deliberation about his/her compensation is discussed 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 Trustee Services Committee are recorded and written by the Office of the Secretary</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	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 organizational documents Once filed, the documents 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 Board's Conflict of Interest Policy is not made available to the public

Identifier	Return Reference	Explanation
	Form 990, Part VII, Section A, Officers, Directors, Trustees	Rudolph "Rudy" Green began employment with the University in 01/2013. Therefore, he is disclosed as a current officer but has no reportable compensation for the 2012 calendar year.

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	Form 990, Part IX, Line 6, Compensation to disqualified persons	Amounts presented on this line represent compensation for former officers

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Pension related changes other than Net Periodic Benefit Cost 85,731,087 Refunds of Program Service Revenue - Hospitals & Clinics -7,824,000 Refunds of Contributions -91,750

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WVUM Inc PO Box 248191 Coral Gables, FL 33124 59-1729614	Edu Radio	FL	501(C)(3)	Line 7	N/A	Yes	
(2) Miami Asset Management Company Inc 1320 S Dixie Highway Suite 150 Coral Gables, FL 33146 11-3642657	Real Estate	FL	501(C)(3)	Line 11c, III-FI	N/A	Yes	
(3) University Rathskeller Inc 1330 Miller Drive Coral Gables, FL 33146 59-1410632	Student Food & Beverage	FL	501(C)(3)	Line 5	N/A	Yes	
(4) Friends of the School of Music 12394 SW 82 Avenue Miami, FL 33156 65-0201227	Fundraising	FL	501(C)(3)	Line 9	N/A		No
(5) Ophthalmology Research Foundation Inc PO Box 015869 Miami, FL 33101 23-7081974	Fundraising	FL	501(C)(3)	Line 11c, III-FI	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WVUM Inc	R	87,799	See Part VII
(2) Miami Asset Management Company Inc	D	830,737	See Part VII
(3) Miami Asset Management Company Inc	B	5,448,919	See Part VII

Schedule R (Form 990) 2012

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

[illegible]

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
Method of Quantification	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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Biscayne View Properties LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL	0	0	University of Miami
Crestre LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	34,820	743,310	Biscayne View Properties LLC
1509 Venture LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	0	1,804,945	Biscayne View Properties LLC
East Urban LLC 200 E Las Olas Boulevard Suite 2100 Fort Lauderdale, FL 33301 20-2458426	Real Estate	FL	33,533	1,071,817	Biscayne View Properties LLC
Tripop LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	0	4,323,880	Biscayne View Properties LLC
7th Avenue Market LLC 1535 Levante Avenue Suite 200 Coral Gables, FL 33146 20-2458426	Real Estate	FL	0	3,031,027	Biscayne View Properties LLC
Equi Terra LLC 200 E Las Olas Boulevard Suite 2100 Fort Lauderdale, FL 33301 59-0624458	Real Estate	FL	0	0	University of Miami
Ten Bor LLC 200 E Las Olas Boulevard Suite 2100 Fort Lauderdale, FL 33301 27-3025289	Real Estate	FL	0	0	Equi Terra LLC
PT Property Holding LLC 200 E Las Olas Boulevard Suite 2100 Fort Lauderdale, FL 33301 27-3025289	Real Estate	FL	0	0	Equi Terra LLC
ND 480 LLC 1535 Levante Avenue Suite 200 Coral Gables, FL 33146 59-0624458	Real Estate	ND	0	0	University of Miami
ND 480 OGM LLC 1535 Levante Avenue Suite 200 Coral Gables, FL 33146 59-0624458	Real Estate	ND	67,018	0	University of Miami
University of Miami Preservation LLC 1252 Memorial Drive Room 230 Coral Gables, FL 33146 59-0624458	Hold UM Designated Easement	FL	0	0	University of Miami

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UMiami-Gumenick 5 CRAT-Imaco BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 20-7434523	Charitable Trust	FL	N/A	T			70 730 %		No
Hans Wedemeyer CRAT #2 co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 65-0161141	Charitable Trust	FL	N/A	T			66 610 %		No
George A Lerner CRUT co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 65-0697479	Charitable Trust	FL	N/A	T			72 530 %		No
Muriel Auerbach 2005 CRUT co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 20-6460061	Charitable Trust	FL	N/A	T			76 690 %		No
Thomas A Curtis CRUT #2 co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 65-6279899	Charitable Trust	FL	N/A	T			76 200 %		No
Thomas A Curtis CRUT #1 co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 25-6229990	Charitable Trust	FL	N/A	T			70 910 %		No
Thomas A Curtis CRUT #5 co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 25-6761823	Charitable Trust	FL	N/A	T			71 110 %		No
William & Flora Payne CRUT co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 25-6761825	Charitable Trust	FL	N/A	T			82 290 %		No
Ena Scott Char Rem Nim CRUT co BNY Mellon NA PO BOX 185 Pittsburgh, PA 152300185 65-6279896	Charitable Trust	FL	N/A	T			70 440 %		No
TUW W Roy Young co US Trust Bank Of America NA 1201 Main Street 8th Floor Dallas, TX 75202 75-6487890	Charitable Trust	FL	N/A	T			94 340 %		No
Edgar Hall Educ Fund co Wells Fargo Bank NA 1 W 4TH ST 2nd Floor WinstonSalem, NC 27101	Charitable Trust	FL	N/A	T			100 000 %		No
Muriel Gammage Trust co Wells Fargo Wealth Management One West 4th St 2nd Floor WinstonSalem, NC 27101 59-6214920	Charitable Trust	FL	N/A	T			99 000 %		No
Michelle Bowman #2 co Northern Trust Bank 700 Brickell Avenue Miami, FL 33131 36-6784342	Charitable Trust	FL	N/A	T			52 680 %		No
Brady (Dr) Hartman co Charles Schwab 211 Main Street San Francisco, CA 94105 94-1737782	Charitable Trust	FL	N/A	T			94 340 %		No
University of Miami Insurance Co Ltd Clarendon House 2 Church St HM 11 BD	Insurance	BD	UM	C	10	160,770	100 000 %	Yes	

**UNIVERSITY
OF ALABAMA**



FINANCIAL STATEMENTS

Fiscal years ended MAY 31, 2013 and 2012

To the Board of Trustees
University of Miami

We have audited the accompanying financial statements of the University of Miami (the University) which comprise the statements of financial position as of May 31, 2013 and 2012, and the related statements of activities and cash flows for the years then ended and the related notes to the financial statements.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

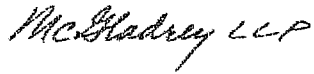
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the University of Miami as of May 31, 2013 and 2012 and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 9 to the financial statements, the University adopted the provisions of Financial Accounting Standards Codification 958-205-50, *Endowments of Not-for-Profit Organizations, Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds*. Our opinion is not modified with respect to this matter.

A handwritten signature in black ink that reads "McGladrey LLP". The signature is written in a cursive, flowing style.

Fort Lauderdale, Florida
August 28, 2013

UNIVERSITY OF MIAMI
STATEMENTS OF FINANCIAL POSITION
As of May 31, 2013 and May 31, 2012
(in millions)

Assets	May 2013	May 2012
Cash and cash equivalents	\$ 135.0	\$ 215.6
Accounts and loans receivable	348.2	345.1
Contributions receivable	103.6	102.5
Other assets	76.4	91.0
Investments	1,092.1	817.0
Property and equipment	1,536.1	1,465.2
Trusts held by others	46.1	43.6
Intangible assets	1.1	100.3
Total Assets	\$ 3,338.6	\$ 3,180.3
Liabilities		
Accounts payable and accrued expenses	\$ 184.0	\$ 190.3
Deferred revenues and other deposits	79.7	82.7
Accrued pension and postretirement benefit costs	301.1	398.1
Other liabilities	173.2	161.9
Actuarial liability of annuities payable	8.7	8.2
Medical self-insurance	92.4	104.8
Government advances for student loans	22.6	22.6
Bonds and notes payable	923.8	878.6
Total Liabilities	1,785.5	1,847.2
Net Assets		
Unrestricted	769.4	787.0
Temporarily restricted	367.6	146.5
Permanently restricted	416.1	399.6
Total Net Assets	1,553.1	1,333.1
Total Liabilities and Net Assets	\$ 3,338.6	\$ 3,180.3

The accompanying notes are an integral part of these financial statements.

UNIVERSITY OF MIAMI
STATEMENTS OF ACTIVITIES
For the years ended May 31, 2013 and 2012
(in millions)

	May 2013	May 2012
Changes in unrestricted net assets		
Operating activities		
Operating revenues		
Tuition and fees, net	\$ 463.4	\$ 432.6
Grants and contracts	515.6	520.4
Medical professional practice	406.9	387.1
Hospitals and clinics	869.1	814.7
Gifts and trusts	60.9	60.7
Net assets released from restrictions	25.8	19.6
Endowment spending distribution	29.9	27.7
Investment return	6.1	3.6
Auxiliary enterprises, net	107.2	105.5
Other sources	39.8	29.2
Total operating revenues	2,524.7	2,401.1
Operating expenses		
Compensation and benefits	1,447.6	1,468.8
Supplies and services	584.4	563.2
Depreciation and amortization	121.3	124.8
Utilities and maintenance	75.7	70.2
Interest	38.5	38.0
Goodwill impairment	99.2	-
Other	151.8	166.5
Total operating expenses	2,518.5	2,431.5
Change in unrestricted net assets from operating activities	6.2	(30.4)
Non-Operating activities		
Net asset reclassification for cumulative effect of a change in accounting principle	(160.8)	-
Endowment, annuity and other investment return, net of distributions	41.3	(70.4)
Gifts and trusts	7.3	4.7
Net (loss) gain on sale, disposal, and exchange of property and equipment	(5.3)	1.8
Net assets released from restrictions	8.7	16.5
Transfer to permanently restricted net assets	(.7)	(2.3)
Change in unrestricted net assets from non-operating activities	(109.5)	(49.7)
Postretirement benefits related changes other than net periodic benefit cost	85.7	(167.0)
Decrease in unrestricted net assets	(17.6)	(247.1)
Changes in temporarily restricted net assets		
Net asset reclassification for cumulative effect of a change in accounting principle	160.8	-
Endowment, annuity and other investment return, net of distributions	54.0	(5)
Gifts and trusts	37.0	32.2
Changes in value of annuities payable and trusts held by others	1.8	(1.3)
Endowment distributions reinvested	2.7	2.4
Net assets released from restrictions	(34.5)	(36.1)
Transfer to permanently restricted net assets	(.7)	(4.3)
Increase (decrease) in temporarily restricted net assets	221.1	(7.6)
Changes in permanently restricted net assets		
Endowment, annuity and other investment return	3.0	(4.1)
Gifts and trusts	12.1	11.7
Transfer from unrestricted and temporarily restricted net assets	1.4	6.6
Increase in permanently restricted net assets	16.5	14.2
Increase (decrease) in total net assets	220.0	(240.5)
Net Assets		
Beginning of year	1,333.1	1,573.6
End of year	\$ 1,553.1	\$ 1,333.1

The accompanying notes are an integral part of these financial statements.

UNIVERSITY OF MIAMI
STATEMENTS OF CASH FLOWS
For the years ended May 31, 2013 and 2012
(in millions)

	May 2013	May 2012
Cash flows from operating activities		
Increase (decrease) in total net assets	\$ 220.0	\$ (240.5)
Adjustments to reconcile increase (decrease) in total net assets to net cash provided by operating activities		
Net realized and unrealized (gains) losses on investments and other assets	(124.9)	54.6
Gifts and trusts	(42.3)	(36.3)
Depreciation and amortization	121.3	124.8
Goodwill impairment	99.2	-
Provision for doubtful accounts	100.5	108.3
Net loss (gain) on sale, disposal, and exchange of property and equipment	5.4	(1.8)
Present value adjustment on annuities payable and trusts held by others	(1.7)	1.3
Amortization of debt premiums and discounts	(1.8)	(1.6)
Change in operating assets and liabilities		
Decrease (increase) in		
Accounts and loans receivable	(106.3)	(96.1)
Contributions receivable, net	20.9	13.2
Other assets	14.2	11.9
Increase (decrease) in		
Accounts payable and accrued expenses	(6.3)	15.3
Deferred revenues annuities payable and other liabilities	7.1	37.5
Accrued pension and postretirement benefit costs	(97.0)	150.2
Medical self-insurance	(12.4)	(1.7)
Government advances for student loans	-	(1)
Net cash provided by operating activities	195.9	139.0
Cash flows from investing activities		
Purchases of investments	(2,326.6)	(153.2)
Proceeds from the sales and maturities of investments and sales of property and equipment	2,178.6	165.4
Capital expenditures for property and equipment	(192.5)	(152.9)
Student and shared appreciation mortgage loans		
New loans made	(4.4)	(3.9)
Principal collected	7.1	5.9
Net cash used in investing activities	(337.8)	(138.7)
Cash flows from financing activities		
Gifts for plant expansion and endowment	14.3	18.1
Proceeds from the issuance of debt	142.4	62.5
Payments to retire bonds and notes payable	(95.4)	(27.6)
Net cash provided by financing activities	61.3	53.0
Cash and cash equivalents		
Net (decrease) increase	(80.6)	53.3
Beginning of year	215.6	162.3
End of year	\$ 135.0	\$ 215.6

The accompanying notes are an integral part of these financial statements

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

1. ORGANIZATION

The University of Miami (the University) is a private not-for-profit institution located in South Florida. Founded in 1925, the University owns and operates educational and research facilities as well as a health care system. Its mission is to educate and nurture students, to create knowledge through innovative research programs, to provide service to our community and beyond, and to pursue excellence in health care.

These financial statements include the accounts of all entities in which the University has a significant financial interest, and over which the University has control, including its hospitals and clinics. All significant intercompany accounts and transactions have been eliminated in the preparation of these statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES

Basis of Presentation

The financial statements of the University, including its hospitals and clinics, have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America for not-for-profit organizations.

The three net asset categories as reflected in the accompanying financial statements are as follows:

- **Unrestricted** - Net assets which are free of donor-imposed restrictions. It includes the University's investment in property and equipment and amounts designated by management for support of operations, programs, and facilities expansion. The University has determined that any donor-imposed restrictions for current or developing programs and activities are generally met within the operating cycle of the University and, therefore, the University's policy is to record these net assets as unrestricted. This category includes all revenues, expenses, gains and losses that are not changes in permanently or temporarily restricted net assets.

Unrestricted non-operating activities reflect transactions of a long-term investment or capital nature, including net investment return and activities related to quasi endowment funds, not used to support current operations as well as contributions to be used for facilities and equipment.

- **Temporarily Restricted** - Net assets whose use by the University is limited by donor-imposed stipulations that either expire with the passage of time or that can be fulfilled or removed by actions of the University pursuant to those stipulations. These net assets are available for program purposes, i.e., education, research, public service, and scholarships, as well as for buildings and equipment.
- **Permanently Restricted** - Net assets whose use by the University is limited by donor-imposed stipulations that neither expire with the passage of time nor can be fulfilled or otherwise removed by actions of the University. These net assets are invested in perpetuity, the income from which is expended for program purposes, i.e., education, research, public service, and scholarships.

Use of Estimates

The preparation of these financial statements requires management of the University to make a number of estimates and assumptions relating to the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

Income Taxes

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, 2013, 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 go back to the year ended May 31, 2010.

Cash Equivalents

All highly liquid investments with a maturity of three months or less when purchased are considered to be cash equivalents.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES
(Continued)

Investments

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 5 for fair value measurements. Realized gains and losses are recognized at date of disposition based on the difference between the net proceeds received and the purchased value of the investment sold, using the specific identification method. Unrealized gains and losses are recognized for the change in fair value between reporting periods. Interest and dividend income is recognized when earned.

The University's investments include various types of investment securities which are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in risks in the near term could materially affect the amounts reported in the financial statements.

Revenue Recognition

Tuition and fees revenue is reported in the fiscal year in which educational programs are primarily conducted. Scholarships and fellowships awarded to students for tuition, fees, and room and board are based upon need and merit, and are netted against tuition and fees, and auxiliary enterprises revenue in the statements of activities as follows (in millions)

	2013	2012
Scholarships and fellowships:		
Institutionally funded	\$ 170.4	\$ 163.9
Externally funded - gifts and grants	9.6	10.2
Total amount netted against tuition and fees revenue	<u>\$ 180.0</u>	<u>\$ 174.1</u>
Amount netted against auxiliary enterprises revenue	<u>\$ 12.3</u>	<u>\$ 11.7</u>

Gifts of cash, property and marketable securities are recorded as revenue at fair value when received. Unconditional pledges (note 4) are recognized as revenue based on the estimated present value of the future cash flows, net of allowances, when the commitment is received. Pledges made and collected in the same reporting period are recorded when received in the appropriate net asset category. Conditional pledges are recorded as revenue only when donor stipulations are substantially met.

Grants and contracts revenue is recognized as expenses are incurred

Medical professional practice, and hospitals and clinics revenue (patient care revenue) are recorded based upon established billing rates less allowances for contractual adjustments. Revenues are recorded in the period the services are provided based upon the estimated amounts due from the patients and third-party payors, including federal and state agencies (under the Medicare and Medicaid programs), managed care health plans, commercial insurance companies, and employers. Estimates of contractual allowances represent the difference between established rates for services and amounts reimbursed by third-party payors based upon the payment terms specified in the related contractual agreements. Third-party payors' contractual payment terms are generally based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount. The estimated reimbursement amounts are adjusted in subsequent periods as cost reports are prepared and filed and as final settlements are determined. In the opinion of management, adequate provisions for adjustments that may result from such reviews and audits have been made through May 31, 2013, in the accompanying financial statements. The impact of such adjustments to operating revenues for the years ended May 31, 2013 and 2012 was a decrease of \$6.4 and \$11.5 million, respectively.

Revenue received before it is earned is deferred

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES
(Continued)**

Annuities Payable and Trusts Held by Others

Certain gift annuities, charitable lead and remainder annuity trust agreements have been entered into with donors. Assets held under these agreements are valued at fair value based on either the present value of expected cash flows or the value of the University's share of the underlying assets. These assets are included in trusts held by others on the statements of financial position, except for gift annuities which are included in cash and cash equivalents and investments. Gift annuities included in cash and cash equivalents, and investments totaled \$20.3 and \$18.4 million at May 31, 2013 and 2012, respectively. Generally, revenue from gift annuities and trusts is recognized at the date the agreements are established net of liabilities for the present value of the estimated future payments to donors and/or other beneficiaries.

The liabilities are adjusted during the term of the trusts for changes in the value of the assets, accretion of the discount, and other changes in the estimates of future benefits.

The University is also the beneficiary of certain perpetual trusts which are also included in trusts held by others on the statements of financial position. The fair value of the trusts, which are based on either the present value of the estimated future cash receipts or the fair value of the assets held in the trust, are recognized as assets and gift and trust revenue as of the date the University is notified of the establishment of the trust. Distributions from the trusts are recorded as gift and trust revenue, and the carrying value of the assets is adjusted for changes in fair value.

Medical School

Faculty physicians, in addition to teaching and conducting research, engage in the practice of medicine, which generates patient care revenue. Revenues and expenses, including compensation and administrative operations from the practice of medicine, are reflected as University revenues and expenses. The net assets of patient care activities are designated for medical school programs.

The University and the Public Health Trust of Miami-Dade County, Florida (PHT), owner and operator of Jackson Memorial Hospital (JMH), have entered into an affiliation agreement related to their independent missions within the designated land and facilities that comprise the Jackson Memorial Medical Center. Pursuant to that agreement, the PHT provides clinical facilities for the teaching of the University's medical students. Medical education of its students is the sole responsibility of the University. In addition, the University has agreed to permit its faculty to apply for privileges at JMH to train and supervise JMH house staff (interns, residents, and fellows) and to treat hospital patients in their capacity as members of JMH's attending medical staff. All such treatment and training is the sole responsibility of the PHT in its capacity as the legal owner and operator of the Jackson Health System's public hospitals and clinics and its statutory teaching hospital (JMH). The affiliation agreement provides the terms for the mutual reimbursement of services provided.

Insurance

The University manages property and liability risks through a combination of commercial insurance policies and self-insurance.

The University is self-insured for medical professional liability and maintains commercial excess loss coverage within specified limits. Provisions for medical professional liability claims and related costs are based on several factors, including an annual actuarial study using a discount rate of 3% at May 31, 2013 and 2012.

Property and Equipment

Property and equipment is stated at cost less accumulated depreciation and amortization. Depreciation is computed on a straight-line basis over the estimated useful lives of the related assets. Depreciation is not recorded on land and art objects. Leasehold improvements are amortized over the lesser of the lease term or the useful life.

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND REPORTING PRACTICES
(Continued)**

Intangible Assets

On December 1, 2007, the University acquired certain assets and liabilities of the University of Miami Hospital (UMH). The University recorded as goodwill the excess of the fair value of the consideration provided in the business acquisition over the fair value of the identifiable net assets acquired. The University is required to assess goodwill for impairment annually (at March 31), or more frequently if circumstances indicate impairment may have occurred. The University assesses goodwill for such impairment by comparing the carrying value of the reporting unit to its estimated fair value. The University's determination of the fair value of UMH is based on a discounted cash flow analysis and the use of comparable market transactions. The cash flow analysis is based on assumptions that are consistent with the University's estimate of future cash flows based on its plans and budgets. The discount rate used is based on the risk-free rate plus an adjustment for risk factors. The use of alternative estimates of cash flow, peer groups, changes in the industry, or adjusting the discount rate would result in a different determination of fair value and would affect the carrying value of goodwill. No goodwill impairment has been recognized in any prior year. As a result of the impairment analysis conducted at March 31, 2013, goodwill was deemed to be fully impaired. In accordance with ASC 350, *Intangibles – Goodwill and Other*, an impairment charge of \$97.5 million was recognized in the accompanying statements of activities for the year ended May 31, 2013. The impairment is the result of the projected results from financial operations not being sufficient to support the reported amount of goodwill.

During the fiscal year 2010, the University acquired a physician practice and recorded \$1.7 million in goodwill. This practice was closed during the fiscal year 2013 and the associated goodwill was written off.

Facilities and Administrative Cost Recovery

The Federal government reimburses the University for facilities and administrative costs incurred in connection with research grants and contracts based on approved rates through 2015. Facilities and administrative cost recovery from government and private sources included in grant and contract revenues totaled \$67.3 and \$72.3 million during the years ended May 31, 2013 and 2012, respectively.

Impairment of Long-Lived Assets

ASC 360 (formerly SFAS No. 144, *Accounting for Impairment or Disposal of Long-Lived Assets*) requires that long-lived assets to be held by an entity, including intangible assets, be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. No asset impairments were recorded by the University in fiscal years 2013 and 2012.

Subsequent events

The University evaluated events and transactions occurring subsequent to May 31, 2013, through August 28, 2013, the date of issuance of the financial statements. During this period, there were no subsequent events requiring recognition in the financial statements.

Reclassifications

Certain amounts in the prior year's financial statements have been reclassified to conform to the current year's presentation.

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

3. ACCOUNTS AND LOANS RECEIVABLE

At May 31, accounts and loans receivable consist of the following (in millions)

	2013	2012
Accounts and loans receivable, net:		
Patient care	\$ 195.0	\$ 193.5
Grants, contracts and other	73.4	68.2
Shared appreciation mortgages	43.8	47.6
Student	6.9	6.9
Student loans, net	29.1	28.9
Total	<u>\$ 348.2</u>	<u>\$ 345.1</u>

Accounts and loans receivable, and student loans receivable are net of allowances for doubtful accounts of \$138.9 and \$.8 million, respectively, for 2013 and \$128.8 and \$.9 million, respectively, for 2012.

Shared appreciation mortgages were provided as part of a program to attract and retain excellent faculty and senior administrators through home mortgage financing assistance. Shared appreciation notes amounting to \$46.3 and \$50.1 million (net of \$2.5 million allowance for doubtful accounts) at May 31, 2013 and 2012, respectively, from University faculty and senior administrators are collateralized by second mortgages on residential properties. The program was suspended effective December 31, 2008 with limited exceptions.

Student loans are made primarily pursuant to federal programs and availability of funding. The related receivables have significant government restrictions as to marketability, interest rates, and repayment terms. Their fair value is not readily determinable.

4. CONTRIBUTIONS RECEIVABLE (PLEDGES)

Unconditional pledges are recorded at the present value of their future cash flows using a discount rate commensurate with the risk involved. They are expected to be realized in the following periods at May 31, (in millions):

	2013	2012
In one year or less	\$ 39.2	\$ 31.7
Between one year and five years	54.7	59.4
More than five years	35.4	39.1
	<u>129.3</u>	<u>130.2</u>
Discount of \$15.5 and allowance of \$10.2 for 2013 and \$17.3 and \$10.4 for 2012, respectively	<u>(25.7)</u>	<u>(27.7)</u>
Total	<u>\$ 103.6</u>	<u>\$ 102.5</u>

5. FAIR VALUE OF FINANCIAL INSTRUMENTS

The valuation methodologies used for other investment instruments measured at fair value consisted of:

Variable Rate Swap Agreement

The University entered into an interest rate swap agreement on October 25, 2004 to manage the market risk associated with outstanding variable-rate debt. The swap agreement provides that the University receive a variable rate based on 3-month LIBOR and pay a fixed rate of 4.2%. Parties to the interest rate swap agreement are subject to market risk for changes in interest rates as well as risk of credit loss in the event of nonperformance by the counterparty. The University deals only with high quality counterparties that meet rating criteria for financial stability and creditworthiness. The estimated cumulative fair value loss of the swap agreement was \$4.6 and \$6.0 million for the years ended May 31, 2013 and 2012, respectively, and is included in other investments in the tables that follow. Changes in the fair value, which for fiscal year 2013 and 2012 amounted to an unrealized gain (loss) of \$1.4 and (\$2.3) million, respectively, are recorded as non-operating activities in the statements of activities. The notional amount was \$18.4 and \$19.0 million for fiscal year 2013 and 2012, respectively.

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

5. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Fair Value Measurements

Investments

The fair market value of investments at May 31, 2013 and 2012 amounted to \$1,092.1 and \$817.0 million, with a cost basis of \$958.7 and \$767.0 million, respectively. Short term investments consist primarily of commercial paper with maturities in excess of three months. Categories included in limited partnerships and limited liability companies and other investments, represent alternative investments which are valued at the net asset value of the entities as determined by the fund managers. The majority of investments are combined in investment pools with each individual account subscribing to or disposing of shares on the basis of the fair value per share. At May 31, 2013 and 2012, the fair value of the University's primary investment pool (the Growth Pool) amounted to \$885.0 and \$770.6 million, with a cost basis of \$758.6 and \$723.5 million, respectively. The Growth Pool is managed by multiple investment managers with asset allocation per the University's investment policy. The total net unrealized gain (loss) on investments for the year ended May 31, 2013 and 2012 was \$84.8 and (\$75.7) million, respectively.

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by the University for investments measured at fair value.

Level 1 — Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Inputs to the valuation methodologies include unadjusted quoted prices in active markets for identical assets or liabilities that are accessible at the measurement date.

Level 2 — Valuations for assets traded in less active dealer or broker markets. Inputs to the valuation methodologies include quoted prices from third party pricing services for identical or similar assets in active and/or inactive markets, inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 — Valuations for assets that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and are not based on market exchange, dealer, or broker traded transactions. Inputs to the valuation methodologies incorporate certain assumptions and projections in determining the fair value assigned to such assets.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level of any input that is significant to the fair value measurement. The University utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at May 31, 2013.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

5. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Fair Value Measurements (continued)

Investments

The following tables set forth by level, within the fair value hierarchy, the University's assets at fair value (in millions):

	At May 31, 2013			
	Total	Level 1	Level 2	Level 3
Assets:				
Short term investments	\$ 14.4	\$ -	\$ 14.4	\$ -
Corporate bonds	56.2	-	56.2	-
Debt securities				
U.S. Treasury & other government agencies	112.1	107.9	4.2	-
Publicly traded stocks				
Large-mid cap	98.9	98.9	-	-
Small cap	21.0	21.0	-	-
Mutual funds:				
Equities				
Emerging markets	30.7	-	30.7	-
International	3.3	-	3.3	-
Large-mid cap	12.5	-	12.5	-
Small cap	29.6	-	29.6	-
Fixed income	37.0	-	37.0	-
Balanced	9.5	-	7	8.8
Limited partnerships and limited liability companies				
Equities				
Emerging markets	34.0	-	34.0	-
International	153.2	-	153.2	-
Large-mid cap	83.5	-	83.5	-
Fixed income	91.6	-	44.6	47.0
Private equity	38.4	-	-	38.4
Other				
Event arbitrage	81.2	-	-	81.2
Long-short composite	118.3	-	92.7	25.6
Real assets related securities	43.4	-	42.9	5
Real estate	25.9	-	-	25.9
Other investments	(2.6)	-	(2.6)	-
Total investments	1,092.1	227.8	636.9	227.4
Trusts held by others	46.1	-	-	46.1
Total assets	\$ 1,138.2	\$ 227.8	\$ 636.9	\$ 273.5

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

5. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Fair Value Measurements (continued)

	At May 31, 2012			
	Total	Level 1	Level 2	Level 3
Assets:				
Short term investments	\$ 15.7	\$ -	\$ 15.7	\$ -
Corporate bonds	6	-	6	-
Debt securities:				
U S Treasury & other government agencies	5.3	5.3	-	-
Publicly traded stocks				
Large-mid cap	70.2	70.2	-	-
Small cap	20.6	20.6	-	-
Mutual funds				
Equities				
Emerging markets	23.2	-	23.2	-
International	3.4	-	3.4	-
Large-mid cap	10.7	-	10.7	-
Small cap	21.6	-	21.6	-
Fixed Income	36.5	-	36.5	-
Balanced	9.3	-	1.6	7.7
Limited partnerships and limited liability companies:				
Equities				
Emerging markets	29.7	-	29.7	-
International	116.6	-	116.6	-
Large-mid cap	76.5	-	76.5	-
Fixed income	86.5	-	43.2	43.3
Private equity	43.4	-	-	43.4
Other:				
Event arbitrage	73.2	-	-	73.2
Long-short composite	107.8	-	85.8	22.0
Real assets related securities	42.3	-	41.4	.9
Real estate	26.8	-	-	26.8
Other investments	(2.9)	1.4	(4.3)	-
Total investments	817.0	97.5	502.2	217.3
Trusts held by others	43.6	-	-	43.6
Total assets	\$ 860.6	\$ 97.5	\$ 502.2	\$ 260.9

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

5. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Fair Value Measurements (continued)

The following tables set forth a summary of changes in the fair value of the University's level 3 assets:

For the year ended May 31, 2013 (in millions):

	May 31, 2012	Purchases	Sales	Net Income Reinvested	Total net gains (losses) included in changes in net assets		Transfers in and/or out of level 3	May 31, 2013
					Realized	Unrealized		
Mutual funds - balanced	\$ 7.7	-	(3)	2	2	1.0	-	\$ 8.8
Limited partnerships and limited liability companies								
Fixed income	43.3	-	-	1.5	-	2.2	-	47.0
Private equity	43.4	2.8	(10.5)	4	4.0	(1.7)	-	38.4
Other:								
Event arbitrage	73.2	-	-	2.6	3.3	2.1	-	81.2
Long-short composite	22.0	-	-	(.5)	1.9	2.2	-	25.6
Real assets related securities	9	-	(.4)	-	-	-	-	5
Real estate	26.8	2.5	(4.6)	(.2)	6	8	-	25.9
Total investments	217.3	5.3	(15.8)	4.0	10.0	6.6	-	227.4
Trusts held by others	43.6	2	(2.4)	-	-	4.7	-	46.1
Total assets	\$ 260.9	\$ 5.5	\$ (18.2)	\$ 4.0	\$ 10.0	\$ 11.3	\$ -	\$ 273.5

For the year ended May 31, 2012 (in millions):

	May 31, 2011	Purchases	Sales	Net Income Reinvested	Total net gains (losses) included in changes in net assets		Transfers in and/or out of level 3	May 31, 2012
					Realized	Unrealized		
Mutual funds - balanced	\$ 8.3	-	(.3)	1	2	(.6)	-	\$ 7.7
Limited partnerships and limited liability companies								
Fixed income	42.1	-	-	1.5	-	(.3)	-	43.3
Private equity	50.0	4.9	(14.4)	7	5.1	(2.9)	-	43.4
Other:								
Event arbitrage	72.7	-	-	2.1	(.7)	(.9)	-	73.2
Long-short composite	23.4	-	-	(.4)	1.1	(2.1)	-	22.0
Real assets related securities	1.6	-	(.6)	-	-	(.1)	-	.9
Real estate	23.8	3.6	(3.5)	.7	.7	1.5	-	26.8
Total investments	221.9	8.5	(18.8)	4.7	6.4	(5.4)	-	217.3
Trusts held by others	52.0	-	(4.3)	-	-	(4.1)	-	43.6
Total assets	\$ 273.9	\$ 8.5	\$ (23.1)	\$ 4.7	\$ 6.4	\$ (9.5)	\$ -	\$ 260.9

Sales amounts presented above for the years ended May 31, 2013 and 2012 for trusts held by others represent settlement transactions. There were no other issuances and settlements for the years ended May 31, 2013 and 2012.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

5. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Fair Value Measurements (continued)

The total level 3 change in net unrealized gains (losses) for the years relating to those investments still held at May 31, 2013 and 2012 total \$6.6 and (\$5.4) million, respectively, and are reflected as part of investment return in the statements of activities. The total level 3 change in value related to trusts held by others at May 31, 2013 and 2012 total \$4.7 and (\$4.1) million, respectively, and are reflected as part of investment return and changes in value of annuities payable and trusts held by others in the statements of activities.

The following tables summarize the University's assets whose fair value is estimated using net asset value per share (in millions).

At May 31, 2013				
Assets:	Fair Value	Future Commitments	Redemption Frequency	Days Notice
Limited partnerships and limited liability companies:				
Equities				
Emerging markets	\$ 34.0	\$ -	(M)	30 days
International	153.2	-	(M)	5-6 days
Large-mid cap	83.5	-	(Q)	60 days
Fixed income	91.6	-	(M), (A)	10-90 days
Private equity	38.4	11.0	*	N/A
Other:				
Event arbitrage	81.2	-	(Q)	65-90 days
Long-short composite	118.3	-	(M), (Q), (A)	45-90 days
Real assets related securities	43.4	-	(M), (Q)	10-60 days
Real estate	25.9	5.6	*	N/A
Other investments	(2.6)	-	N/A	N/A
Total investments	666.9	16.6		
Trusts held by others	46.1	-	N/A	N/A
Total assets	<u>\$ 713.0</u>	<u>\$ 16.6</u>		

At May 31, 2012				
Assets:	Fair Value	Future Commitments	Redemption Frequency	Days Notice
Limited partnerships and limited liability companies:				
Equities				
Emerging markets	\$ 29.7	\$ -	(M)	30 days
International	116.6	-	(M)	5-15 days
Large-mid cap	76.5	-	(Q)	60 days
Fixed income	66.5	-	(M), (A)	10-90 days
Private equity	43.4	17.8	*	N/A
Other:				
Event arbitrage	73.2	-	(Q)	65-90 days
Long-short composite	107.8	-	(M), (Q), (A)	45-90 days
Real assets related securities	42.3	-	(M), (Q)	10-60 days
Real estate	26.8	8.0	*	N/A
Other investments	(2.9)	-	N/A	N/A
Total investments	599.9	25.8		
Trusts held by others	43.6	-	N/A	N/A
Total assets	<u>\$ 643.5</u>	<u>\$ 25.8</u>		

(*) The expected liquidation date for these assets range from 2015 to 2025 and are based on a combination of the inception date of the fund and the expected life of the fund as outlined in the partnership agreement inclusive of the manager's ability to extend the fund's life.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

5. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Fair Value Measurements (continued)

The University's investment policy and strategy for its investments, as established by the Investment Committee (the Committee) of the Board and ratified by the Executive Committee of the Board, is to provide for growth of capital with a moderate level of volatility by investing assets based on its target allocations. The weighted average target allocations for University assets is 45.0% equity securities, 10.0% fixed income, and 45.0% other investments. Equity securities include investments in large-mid cap and small cap companies primarily located in the United States, as well as international companies similar to the S&P 500, Russell 2000 and MSCI Indexes. Fixed income securities include corporate bonds of companies from diversified industries, mortgage-backed securities, and U.S. Treasuries similar to the Barclays US TIPS and Citigroup World Gov't Bond. Other investments include private equity funds, real estate funds, and hedge funds similar to those of the HFRI Fund of Funds, S&P 500, DJ/UBS Commodity, NCREIF Property. The Committee rebalances its investments periodically to meet established target allocations. In addition, the Committee reviews its investment policy and target allocations periodically and effects changes when required, to ensure that strategic objectives are achieved.

Investment Return

The University's endowment spending distribution policy is to distribute five percent of the three-year moving average fair market value of the endowment investment pool. This policy is designed to protect the purchasing power of the endowment and to minimize the effect of capital market fluctuations on operating budgets.

The components of total investment return as reflected in the statements of activities are as follows (in millions):

	2013	2012
Operating:		
Endowment spending distribution	\$ 29.9	\$ 27.7
Investment return	6.1	3.6
Total operating investment return	36.0	31.3
Non-Operating:		
Unrestricted		
Endowment interest and dividend income, realized and unrealized gains (losses), net of endowment spending distribution	24.7	(62.4)
Other net realized and unrealized gains (losses)	16.6	(8.0)
Total unrestricted non-operating investment return	41.3	(70.4)
Temporarily restricted:		
Investment return, net of endowment spending distribution	54.0	(.5)
Endowment distributions reinvested	2.7	2.4
Permanently restricted investment return	3.0	(4.1)
Total non-operating investment return	101.0	(72.6)
Total investment return	\$ 137.0	\$ (41.3)

6. FAIR VALUE OF OTHER FINANCIAL INSTRUMENTS

The carrying amounts of cash and cash equivalents, patient, student and other receivables, accounts payable and accrued expenses approximate fair value due to the short maturity of these financial instruments. The carrying amounts of notes payable with variable interest rates approximate their fair value since the variable rates reflect current market rates for notes with similar maturities and credit quality. The fair value of bonds payable with fixed interest rates is based on rates assumed to be currently available for bond issues with similar terms and average maturities. The estimated fair value of these bonds payable at May 31, 2013 and 2012 approximated \$914.7 and \$804.1 million, respectively. The carrying amounts of these bonds payable at May 31, 2013 and 2012 approximated \$871.0 and \$761.1 million, respectively.

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

7. OTHER ASSETS

Other assets primarily represent prepaid expenses and inventories. During September 2010, the University entered into a tri-party agreement with the Public Health Trust (PHT) and Miami-Dade County wherein the receivable associated with the annual operating agreement was converted to a prepaid asset. The value of the receivable at September 30, 2010 was \$73.9 million, and included a long-term land lease with a discounted value of \$14.1 million. The University will receive goods, rentals, and services in the normal course of business with the PHT until the prepaid asset is exhausted. At May 31, 2013 and 2012, the remaining prepaid asset under this agreement, after application of purchased services was \$22.7 and \$42.6 million, respectively. Based on the repayment terms of the agreement, the balance of the prepaid asset should be exhausted by March 1, 2014, with the exception of the long-term land lease which extends through 2080.

8. PROPERTY AND EQUIPMENT

Property and equipment and related accumulated depreciation and amortization at May 31 consist of the following (in millions):

	Useful Lives	2013	2012
Land	-	\$ 94.2	\$ 93.9
Land improvements	20 years	100.1	88.1
Buildings and building improvements	8 to 50 years	1,598.0	1,544.1
Leasehold improvements	1 to 50 years	47.9	38.6
Construction in progress	-	143.9	94.0
Moveable equipment	3 to 20 years	589.3	557.0
Library materials	12 years	115.8	113.4
Art objects	-	54.8	52.4
		<u>2,744.0</u>	<u>2,581.5</u>
Accumulated depreciation and amortization		<u>(1,207.9)</u>	<u>(1,116.3)</u>
Total		<u>\$ 1,536.1</u>	<u>\$ 1,465.2</u>

Interest on borrowings is capitalized during construction, net of any project specific borrowings' investment income earned through the temporary investment of project borrowings. Net interest expense of \$2.7 and \$2.1 million was capitalized for the years ended May 31, 2013 and 2012, respectively.

9. ENDOWMENT AND CHANGE IN ACCOUNTING POLICY

As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including funds designated by the Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Quasi endowment funds are resources segregated for long term investment and include investment return on unrestricted investments, and other resources designated by the Board for future programs and operations.

Spending Policy

The University's endowment spending distribution policy in support of its programs is to distribute five percent of the three-year moving average fair market value of the endowment investment pool. New endowments must be received prior to December 31 in order to activate the spending distribution for the next fiscal year. In addition, no distribution is made from an endowment until its funding reaches, by December 31, the level stipulated by policy. Further, endowments to establish Chairs and Professorships have an additional delay of one year before distributions are made.

Return Objectives and Risk Parameters

The University has adopted investment and spending policies to protect the purchasing power of the endowment and to minimize the effect of capital market fluctuations on operating budgets.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

9. ENDOWMENT AND CHANGE IN ACCOUNTING POLICY (Continued)

Return Objectives and Risk Parameters (continued)

The intent of the University's policy for its primary investment pool (the Growth Pool), as approved by the Board, is to achieve a rate of return equal to or greater than the respective benchmark, while assuming a moderate level of risk. To satisfy its long-term rate-of-return objectives, the University relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The University targets a diversified asset allocation that places a greater emphasis on equity based investments to achieve its long-term return objectives within prudent risk constraints. The current long-term return objective is to earn a return of at least the Consumer Price Index plus 5%, net of fees. Actual returns in any given year may vary from this amount.

Application of Relevant Law

On June 17, 2011, the State of Florida passed a version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). The effective date of the enacted version of UPMIFA in Florida (FL UPMIFA) is July 1, 2012. Accordingly the University was required to adopt the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-205-50 (formerly FASB Staff Position 117-1, *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds*) on July 1, 2012. This standard provides guidance on the net asset classification of donor-restricted endowment funds for a nonprofit organization that is subject to an enacted version of the UPMIFA.

The Board's interpretation of its fiduciary responsibilities for donor-restricted endowments under FL UPMIFA is that it is required to use reasonable care and caution as would be exercised by a prudent investor, in considering the investment management and expenditures of endowment funds. In accordance with FL UPMIFA, the Board may expend so much of an endowment fund as the Board determines to be prudent for the uses and purposes for which the endowment fund is established, consistent with the goal of conserving the long-term purchasing power of the endowment fund.

FL UPMIFA specifies that unless stated otherwise in the gift instrument, donor-restricted assets in an endowment fund are restricted assets until appropriated for expenditure. Barring the existence of specific instructions in gift agreements for donor-restricted endowments, the University's policy is to report (a) the historical value for such endowments as permanently restricted net assets and (b) the net accumulated appreciation as temporarily restricted net assets. The amounts appropriated for expenditure are based on the endowment spending rate per unit and the number of units for each fund.

In fiscal year 2012, return on investments was reported as increases or decreases in operating and non-operating unrestricted net assets unless their use was restricted by explicit external stipulations. As of July 1, 2012, due to the adoption of the accounting policy, the unspent market appreciation of donor restricted endowment funds is presented as temporarily restricted net assets until appropriated for expenditure by the University. When losses on the investments of a donor-restricted endowment fund exceed the net appreciation classified in temporarily restricted net assets, the excess loss reduces unrestricted net assets. Gains that restore the fair value of the assets of the endowment fund to the fund's required level (historic dollar value) are classified as an increase to the same class of net assets that was previously reduced for the excess loss - unrestricted net assets. After the fair value of the assets of the endowment fund equals the required level, gains are again available for expenditure, and those gains that are restricted by the donor are classified as increases in temporarily restricted net assets.

Upon Florida's adoption of UPMIFA, which resulted in a change of accounting policy, the University reclassified \$160.8 million of cumulative net appreciation from unrestricted net assets to temporarily restricted net assets.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

9. ENDOWMENT AND CHANGE IN ACCOUNTING POLICY (Continued)

At May 31, 2013 and 2012, the net deficiency in the market value of certain endowment related assets which fell below the donor required level amounted to \$2.4 and \$9.9 million, respectively, and resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions, as well as continued appropriations for certain programs deemed prudent by the University.

Endowment net assets consist of the following (in millions):

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
At May 31, 2012				
Donor restricted endowment funds	\$ 150.9	\$ 29.2	\$ 345.7	\$ 525.8
Quasi endowment funds	152.9	-	-	152.9
Total	\$ 303.8	\$ 29.2	\$ 345.7	\$ 678.7
At May 31, 2013				
Donor restricted endowment funds				
At historical value	\$ -	\$ 28.7	\$ 362.4	\$ 391.1
Accumulated net (depreciation) appreciation	(2.4)	215.2	-	212.8
Quasi endowment funds	174.0	-	-	174.0
Total	\$ 171.6	\$ 243.9	\$ 362.4	\$ 777.9

Changes in endowment net assets for the fiscal years ended May 31, 2013 and 2012 consist of (in millions)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance, May 31, 2011	\$ 364.0	\$ 29.4	\$ 326.5	\$ 719.9
Investment return				
Investment income	10.0	-	(1)	9.9
Net depreciation (realized and unrealized)	(42.3)	-	-	(42.3)
Total investment return	(32.3)	-	(1)	(32.4)
Gifts and Trusts	1	2	17.0	17.3
Endowment spending distribution for programs	(30.1)	-	-	(30.1)
Endowment distributions reinvested	2.4	-	-	2.4
Net transfers from quasi endowment funds	(6)	-	-	(6)
Other	.3	(4)	2.3	2.2
Balance, May 31, 2012	303.8	29.2	345.7	678.7
Cumulative effect of a change in accounting principle	(160.8)	160.8	-	-
Endowment investment return				
Investment income	1.5	5.4	-	6.9
Net appreciation (realized and unrealized)	30.5	72.4	-	102.9
Total investment return	32.0	77.8	-	109.8
Gifts and Trusts	1.3	1	15.3	16.7
Endowment spending distribution for programs	(7.4)	(25.3)	-	(32.7)
Endowment distributions reinvested	1	2.7	-	2.8
Net transfers to quasi endowment funds	2.6	-	-	2.6
Other	-	(1.4)	1.4	-
Balance, May 31, 2013	\$ 171.6	\$ 243.9	\$ 362.4	\$ 777.9

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

10. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS

The University has two non-contributory retirement plans the Faculty Retirement Plan and the Employee Retirement Plan. These two plans were closed to employees hired after May 31, 2007. Effective June 1, 2007 a new retirement plan was established, the Retirement Savings Plan.

The University also sponsors an unfunded, defined benefit postretirement health plan that covers all full-time and part-time regular employees who elect coverage and satisfy the plan's eligibility requirements when they retire. The plan is contributory with retiree contributions established as a percentage of the total cost for retiree health care and for the health care of their dependents. The University pays all benefits on a current basis.

The Retirement Savings Plan (Savings Plan) is a defined contribution plan in which the University makes an automatic core contribution of 5% of pay with a dollar-for-dollar match on voluntary contributions up to an additional 5% of pay once the employee meets certain eligibility requirements. Eligible employees can begin making voluntary contributions to the Savings Plan at any time. Participation is limited to faculty and staff hired on or after June 1, 2007 or who elected, prior to June 1, 2007, to transfer to this plan from the Faculty Retirement Plan or from the Employee Retirement Plan. Core and matching contributions to the Savings Plan for 2013 and 2012 were \$34.4 and \$33.4 million, respectively.

The Retirement Savings Plan II (Savings Plan II) is a defined contribution plan the University established, effective January 1, 2008, that covers substantially all employees of the University of Miami Hospital (UMH). The plan is available to employees who meet certain eligibility requirements and requires that UMH match certain percentages of participants' contributions up to certain maximum levels. Eligible employees can begin making voluntary contributions to the Savings Plan II at any time. Core and matching contributions to the Savings Plan II were \$6.7 and \$5.6 million for the years ended May 31, 2013 and 2012, respectively.

Faculty Retirement Plan (Faculty Plan) is a defined contribution plan for eligible faculty hired between September 30, 1977 and May 31, 2007, and certain faculty hired on or before September 30, 1977, who ceased participation in the Employee Retirement Plan. Under the terms of the Faculty Plan, the University makes contributions to individual retirement accounts for each eligible faculty member. Payment from the retirement account commences when the faculty member has separated from service and elects to begin distributions in accordance with plan provisions.

Contributions to the Faculty Plan are based upon a combination of compensation, tenure status, length of service, and other factors and are funded as accrued. These contributions were \$23.8 and \$24.1 million for the years ended May 31, 2013 and 2012, respectively. In addition to the above noted plans, there are deferred compensation arrangements for certain employees, principally clinical faculty, the liability for which is included in other liabilities.

The Employee Retirement Plan (Employee Plan) is a defined benefit plan primarily for full-time non-faculty employees hired before June 1, 2007. Employee Plan assets are held by a Trustee. The benefit is based on the higher of two formulas: a formula based on years of service and the employee's compensation for the consecutive five year period of employment that produces the highest average; and a cash balance benefit formula determined each year based on compensation and investment earnings.

At May 31, 2009, a proposed Employee Plan amendment was approved by the Internal Revenue Service which enables the plan to offer lump sum distribution options to participants who retired on or after January 1, 2001 and met the Rule of 70 (combination of age and service).

The measurement date for the Employee Plan and postretirement health plan is May 31 for fiscal years 2013 and 2012.

**UNIVERSITY OF MIAMI
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May 31, 2013 and 2012**

10. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS (Continued)

The following benefit payments, which reflect expected future service, are expected to be paid, for the fiscal years ending May 31 (in millions).

	Pension Benefits	Postretirement Benefits
2014	\$ 45.1	\$.3
2015	45.7	3
2016	49.0	3
2017	48.9	3
2018	49.9	4
2019-2023	276.1	2.4

The University expects to contribute \$50.0 million to the Employee Plan and \$.3 million to its postretirement health plan during the fiscal year ending May 31, 2014.

The tables that follow provide a reconciliation of the changes in the plans' projected benefit obligations, fair value of assets and funded status (in millions)

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Change in Benefit Obligation				
Benefit obligation at beginning of year	\$ 927.5	\$ 772.3	\$ 3.3	\$ 2.0
Service cost – benefits attributed to employee service during period				
and administrative expenses	22.5	20.0	5	2
Interest costs accrued to measure benefit obligation at present value	42.0	42.9	.3	.2
Plan participant contributions	-	-	6	7
Actuarial (gain) loss	(30.0)	124.6	2.8	8
Benefits paid and administrative expenses	(36.5)	(32.3)	(6)	(6)
Plan amendments	(6.9)	-	-	-
Benefit obligation at end of year	<u>918.6</u>	<u>927.5</u>	<u>6.9</u>	<u>3.3</u>
Change in Plan Assets				
Employee Plan assets at fair value at beginning of year	532.7	526.4	-	-
Investment return on Employee Plan assets	70.3	(9.8)	-	-
Benefits paid and Employee Plan expenses	(36.5)	(32.3)	(6)	(6)
Employer contributions	57.9	48.4	-	-
Plan participant contributions	-	-	6	6
Employee Plan assets at fair value at end of year	<u>624.4</u>	<u>532.7</u>	<u>-</u>	<u>-</u>
Funded status				
Accrued pension and postretirement benefit costs recognized on the statements of financial position	<u>\$ (294.2)</u>	<u>\$ (394.8)</u>	<u>\$ (6.9)</u>	<u>\$ (3.3)</u>
Amounts recognized in unrestricted net assets consist of:				
Net actuarial loss (gain)	\$ 299.3	\$ 381.5	\$ 1.5	\$ (1.4)
Prior service credit	(10.8)	(4.5)	(7)	(7)
Transition obligation	-	-	-	1
	<u>\$ 288.5</u>	<u>\$ 377.0</u>	<u>\$.8</u>	<u>\$ (2.0)</u>

At May 31, 2013 and 2012, the accumulated benefit obligation of the Employee Plan was \$865.7 and \$876.0 million, respectively, \$241.3 and \$343.3 million, respectively, in excess of Employee Plan assets

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10. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS (Continued)

The following table provides the components of net periodic pension cost for the plans (in millions)

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Service cost				
Benefits attributed to employee service during periods and administrative expenses	\$ 22.5	\$ 20.0	\$ 5	\$ 2
Total	22.5	20.0	5	2
Interest costs accrued to measure benefit obligation at present value	42.0	42.9	3	2
Expected return on Employee Plan assets	(42.8)	(43.8)	-	-
Amortization of prior service cost/(credit) - includes changes in pension formula and cost of Employee Plan amendments	(6)	(6)	-	(1)
Amortization of transition obligation	-	-	1	1
Recognized net actuarial loss (gain)	24.7	12.7	-	(1)
Net periodic benefit cost	<u>\$ 45.8</u>	<u>\$ 31.2</u>	<u>\$ 9</u>	<u>\$ 3</u>

The net actuarial loss and prior service credit expected to be recognized in net periodic benefit cost over the next fiscal year are as follows (in millions)

	Pension Benefits	Postretirement Benefits
Net actuarial loss	\$ 18.5	\$ 1
Prior service credit	(1.2)	(.1)

A 10% annual rate of increase in the per capita cost of covered health care benefits was assumed for 2013. The rate is assumed to decrease .5% to 1% per year until reaching the ultimate 5.5% in 2018. Assumed health care cost trend rates have an effect on the amounts reported for the health care plan. A 1% change in assumed health care cost trend rates would have the following effect (in millions):

	1% Increase	1% Decrease
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	\$ 1	\$ (.1)
Effect on the health care component of the accumulated postretirement benefit obligation	1.0	(.8)

The following weighted-average assumptions were used for the above calculations

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Discount rate for benefit obligation	4.80%	4.55%	4.70%	4.65%
Discount rate for net periodic benefit cost	4.55%	5.55%	4.65%	5.55%
Expected return on Employee Plan assets	7.95%	8.25%	N/A	N/A
Rate of compensation increase	3.70%/4.20%	3.70%/4.20%	N/A	N/A

The rate of compensation increase assumption related to the net periodic benefit cost is 3.70% for fiscal year 2013 to 2016, and 4.20% thereafter. To develop the expected long-term rate of return for the Employee Plan assets, the University considered the historical returns of the major market indicators relating to the target asset allocation, as well as the current economic and financial market conditions.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

10. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS (Continued)

Employee Plan Assets

The investment policy and strategy, as established by the University, is to provide for growth of capital with a moderate level of volatility by investing assets based on its target allocations. The weighted average target allocations for plan assets of the Employee Plan is 34.0% equity securities, 35.0% fixed income, and 31.0% other investments. Equity securities include registered mutual funds, unregistered limited partnerships, and 103-12 investment entities which invest in large-mid cap, small-cap and emerging companies primarily located in the United States, as well as international companies similar to the S&P 500, Russell 2000 and MSCI Indexes. Fixed income securities include registered mutual funds and 103-12 investment entities which invest in corporate bonds of companies from diversified industries, mortgage-backed securities, and U.S. Treasuries similar to the Barclays US TIPs and Citigroup World Gov't Bond. Other types of investments include investments in hedge funds, private equity funds, long-short composites, real estate, event arbitrage and common collective trusts investing in real assets related securities similar to those of the HFRI Fund of Funds, S&P 500, DJ/UBS Commodity, and NCREIF Property. The University rebalances its investments periodically to meet the target allocations. The University also reviews its investment policy periodically to determine if the policy or allocations require change. See note 5 for fair value measurement narrative disclosures.

The Employee Plan's investments, by level, within the fair value hierarchy are as follows (in millions).

	At May 31, 2013			
	Total	Level 1	Level 2	Level 3
Common stocks:				
Large-mid cap	\$ 60.4	\$ 60.4	\$ -	\$ -
Small cap	15.9	15.9	-	-
Registered mutual funds				
Equities - emerging markets	15.3	-	15.3	-
Fixed Income	94.6	-	94.6	-
Unregistered limited partnerships and limited liability companies:				
Equities:				
Emerging markets	11.3	-	11.3	-
Large-mid cap	53.2	-	53.2	-
Private equity	15.8	-	-	15.8
Other				
Event arbitrage	34.7	-	-	34.7
Long-short composite	31.0	-	19.1	11.9
Real estate	15.2	-	-	15.2
Real assets related securities	9.9	-	9.9	-
Money market accounts	16.2	16.2	-	-
Common collective trusts:				
Real assets related securities	13.4	-	13.4	-
103-12 Investment entities:				
Equities:				
International	84.3	-	84.3	-
Small cap	24.5	-	24.5	-
Fixed income	105.2	-	96.2	9.0
Other investments:				
Private equity	3.0	-	-	3.0
Long-short composite	15.3	-	15.2	1
Fixed income	11.2	-	-	11.2
Real assets related securities	3	-	-	.3
Total	\$ 630.7	\$ 92.5	\$ 437.0	\$ 101.2

UNIVERSITY OF MIAMI
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10. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS (Continued)

Employee Plan Assets (continued)

	At May 31, 2012			
	Total	Level 1	Level 2	Level 3
Common stocks				
Large-mid cap	\$ 35.7	\$ 35.7	\$ -	\$ -
Small cap	16.7	16.7	-	-
Registered mutual funds:				
Equities - emerging markets	3.0	-	3.0	-
Fixed income	94.0	-	94.0	-
Unregistered limited partnerships and limited liability companies:				
Equities:				
Emerging markets	9.9	-	9.9	-
International	7.1	-	7.1	-
Large-mid cap	49.2	-	49.2	-
Private equity	17.6	-	-	17.6
Other:				
Event arbitrage	31.2	-	-	31.2
Long-short composite	26.9	-	16.7	10.2
Real estate	15.9	-	-	15.9
Real assets related securities	9.6	-	9.6	-
Money market accounts	3.2	3.2	-	-
Common collective trusts:				
Equities - international	10.5	-	10.5	-
Real assets related securities	12.9	-	12.9	-
103-12 Investment entities:				
Equities:				
International	40.8	-	40.8	-
Small cap	17.5	-	17.5	-
Fixed income	100.8	-	92.9	7.9
Other investments:				
Private equity	3.4	-	-	3.4
Long-short composite	15.7	-	15.6	1
Fixed income	10.6	-	-	10.6
Real assets related securities	6	-	-	6
Total	<u>\$ 532.8</u>	<u>\$ 55.6</u>	<u>\$ 379.7</u>	<u>\$ 97.5</u>

The tables on the following page set forth a summary of changes in the fair value of the Employee Plan's Level 3 investments.

UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012

10. PENSION AND OTHER POSTRETIREMENT BENEFIT PLANS (Continued)

Employee Plan Assets (continued)

For the year ended May 31, 2013 (in millions)							
	May 31 2012	Purchases	Sales	Total net gains (losses) included in changes in net assets		Transfers in and/or out of level 3	May 31 2013
				Realized	Unrealized		
Unregistered limited partnerships and limited liability companies							
Private equity	\$ 17.6	1.6	(3.9)	1.4	(.9)	-	\$ 15.8
Other							
Event arbitrage	31.2	.6	-	1.1	1.8	-	34.7
Long-short composite	10.2	(.3)	-	.8	1.2	-	11.9
Real estate	15.9	1.3	(2.8)	.4	.4	-	15.2
103-12 Investment entities							
Fixed income	7.9	.7	-	-	.4	-	9.0
Other investments							
Private equity	3.4	.1	(1.2)	.3	.4	-	3.0
Long-short composite	1	-	-	-	-	-	1
Fixed income	10.6	-	-	-	.6	-	11.2
Real assets related securities	.6	-	(.3)	-	-	-	.3
Total	\$ 97.5	\$ 4.0	\$ (8.2)	\$ 4.0	\$ 3.9	\$ -	\$ 101.2

For the year ended May 31, 2012 (in millions)							
	May 31, 2011	Purchases	Sales	Total net gains (losses) included in changes in net assets		Transfers in and/or out of level 3	May 31, 2012
				Realized	Unrealized		
Unregistered limited partnerships and limited liability companies							
Private equity	\$ 20.4	3.2	(6.8)	1.9	(1.1)	-	\$ 17.6
Other							
Event arbitrage	31.1	.9	-	1.2	(2.0)	-	31.2
Long-short composite	10.9	(.1)	-	.6	(1.2)	-	10.2
Real estate	14.3	2.7	(2.2)	.4	.7	-	15.9
103-12 Investment entities							
Fixed income	10.5	.9	(3.0)	(.5)	-	-	7.9
Other investments							
Private equity	4.3	.1	(.8)	-	(.2)	-	3.4
Long-short composite	1	-	-	-	-	-	1
Fixed income	10.5	-	-	-	.1	-	10.6
Real assets related securities	1.0	.2	(.6)	-	-	-	.6
Total	\$ 103.1	\$ 7.3	\$ (13.4)	\$ 3.6	\$ (3.7)	\$ -	\$ 97.5

There were no issuances and settlements for the years ended May 31, 2013 and 2012.

The total level 3 change in net unrealized gains (losses) for the years relating to those investments still held at May 31, 2013 and 2012 total \$3.9 and (\$3.7) million, respectively, and are included in net appreciation (depreciation) in fair value of investments in the Employee Plan's statement of changes in net assets available for benefits.

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

11. BONDS AND NOTES PAYABLE

Bonds and notes payable at May 31 consist of the following (in millions):

	Series	Final Maturity	2013 Interest Rate	2013	2012
Miami-Dade County, Florida	2007A to				
Educational Facilities Authority	2012B	2015 to 2042	1.06% to 6.1%	\$ 834.9	\$ 733.9
Notes payable to banks and others	-	2014 to 2030	2.0% to 3.3%	37.6	38.2
Notes payable to banks and others	-	2014 to 2035	Variable	22.3	87.2
Par amount of bonds and notes payable				<u>894.8</u>	<u>859.3</u>
Net unamortized premium				29.0	19.3
Total				<u>\$ 923.8</u>	<u>\$ 878.6</u>

The annual maturities for bonds and notes payable at May 31, 2013 are as follows (in millions):

2014	\$ 37.4
2015	31.2
2016	29.9
2017	29.7
2018	28.9
Thereafter	737.7
Total	<u>\$ 894.8</u>

In December 2012, the University issued \$94.6 million of Series 2012A, and \$25.3 million of Series 2012B Revenue Bonds through the Miami-Dade County, Florida Educational Facilities Authority (MDCFEFA). The proceeds of the bonds were used to finance or refinance the acquisition, construction, renovation and equipping of various facilities owned and operated by the University.

In December 2012, the University borrowed \$11.0 million from a bank to fund the Employees' Retirement Plan. The loan has a fixed interest rate of 2.0% per annum, and has a maturity date of December 31, 2016. The outstanding balance at May 31, 2013 was \$10.3 million.

Effective December 31, 2012, the University renewed its line of credit arrangement which carries a maximum possible balance of \$150.0 million. This line of credit has a variable interest rate equal to the LIBOR Daily Floating Rate plus 0.65% per annum, and has a maturity date of December 31, 2013. The outstanding balance under this line of credit at May 31, 2013 and 2012 was \$4.4 and \$68.5 million, respectively.

Effective June 29, 2012, the University renewed its second line of credit arrangement which carries a maximum possible balance of \$100.0 million. This line of credit has a variable interest equal to the LIBOR rate for dollar deposits with a one-month maturity plus 0.75% per annum through June 28, 2013. This line of credit was again renewed in June 2013 with a variable interest equal to the LIBOR rate for dollar deposits with a one-month maturity plus 0.65% per annum. The maturity date is June 29, 2014. There was no outstanding balance under this line of credit at May 31, 2013 or 2012.

In November 2011, the University borrowed \$10.0 million from a bank to fund the Employees' Retirement Plan. The loan has a fixed interest rate of 2.38% per annum, and has a maturity date of August 5, 2015. The outstanding balance at May 31, 2013 and 2012 was \$6.9 and \$10.0 million, respectively.

Total interest paid on all bonds and notes was \$42.3 and \$41.7 million for the years ended May 31, 2013 and 2012, respectively. All of the bonds listed in the table above are unsecured.

UNIVERSITY OF MIAMI
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May 31, 2013 and 2012

12. NET ASSETS

Unrestricted net assets consist of the following at May 31 (in millions):	2013	2012
Designated for operations, programs, facilities expansion and student loans	\$ 122.1	\$ 117.8
Cumulative pension and postretirement benefits related changes other than net periodic benefit cost	(289.3)	(375.0)
Invested in plant facilities	765.0	740.4
Endowment and similar funds	171.6	303.8
Total unrestricted net assets	<u>\$ 769.4</u>	<u>\$ 787.0</u>

Temporarily restricted net assets consist of the following at May 31 (in millions):

	2013	2012
Gifts for programs and facilities expansion	\$ 16.1	\$ 14.9
Contributions (pledges) and trusts	96.0	92.2
Life income and annuity funds	11.6	10.2
Endowment and similar funds	243.9	29.2
Total temporarily restricted net assets	<u>\$ 367.6</u>	<u>\$ 146.5</u>

Permanently restricted net assets consist of the following at May 31 (in millions):

	2013	2012
Contributions (pledges) and trusts	\$ 53.7	\$ 53.9
Endowment and similar funds	362.4	345.7
Total permanently restricted net assets	<u>\$ 416.1</u>	<u>\$ 399.6</u>

13. GIFTS AND TRUSTS

The University's Advancement Office (Advancement) reports total gifts and trusts based on the Management Reporting Standards issued by the Council for Advancement and Support of Education (CASE). Gifts, trusts, and pledges (gifts and trusts) reported for financial statement purposes are recorded on the accrual basis.

The table below summarizes gifts and trusts received for the years ended May 31, 2013 and 2012, reported in the statements of activities as well as the CASE standards as reported by Advancement (in millions).

	2013	2012
Unrestricted gifts and trusts in support of programs	\$ 60.9	\$ 60.7
Unrestricted gifts and trusts for plant expansion	7.3	4.7
Temporarily restricted gifts and trusts for programs and plant expansion	37.0	32.2
Permanently restricted endowment gifts and trusts	12.1	11.7
Total gifts and trusts, per statements of activities	117.3	109.3
Increases (decreases) to reflect gifts and trusts per CASE standards:		
Pledges, net	(1.2)	(6.1)
Non-government grants, included in grants and contracts revenue	47.1	49.9
Differences in valuation/recording:		
Funds held in trust by others	6.1	(5.4)
Annuity	7	.3
Timing	1.9	8.5
Gift-in-kind recorded under CASE standards only	6.4	7.4
Donations to supporting organizations recorded under CASE standards only	2.4	6
Total gifts and trusts as reported by Advancement	<u>\$ 180.7</u>	<u>\$ 164.5</u>

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
May 31, 2013 and 2012**

14. FUNCTIONAL EXPENSES

Operating expenses are reported in the statements of activities in natural categories. Functional expenses for fiscal year 2013 and 2012 are shown below (in millions).

	2013	2012
Instruction	\$ 452.4	\$ 459.5
Research	216.9	233.1
Public service	150.0	154.2
Patient care	1,232.6	1,123.8
Auxiliary enterprises	149.7	143.1
Academic support	154.8	154.6
Student services	39.7	39.4
Institutional support	122.4	123.8
Total	<u>\$ 2,518.5</u>	<u>\$ 2,431.5</u>

Included in patient care expenses for fiscal year 2013 is \$99.2 million related to goodwill impairment. Facilities related expenses have been allocated across applicable functional expense categories in the statements of activities based on space usage (in millions):

	2013	2012
Depreciation and amortization	\$ 121.3	\$ 124.8
Interest	38.5	38.0
Operations and maintenance	117.1	120.2
Total	<u>\$ 276.9</u>	<u>\$ 283.0</u>

15. COMMITMENTS AND CONTINGENCIES

The University had contractual obligations of approximately \$108.3 million at May 31, 2013 for various construction projects and purchases of equipment. The University has also entered into professional service agreements with Hospital Corporation of America, Inc. (HCA, Inc.) and various HCA, Inc. affiliates. Future minimum commitments under these agreements range from \$3.1 to \$24.3 million per year over the next five years, totaling \$68.6 million.

The University, in its normal operations, is a defendant in various legal actions. Additionally, amounts received and expended under various federal and state programs are subject to audit by governmental agencies. Management is of the opinion that the outcome of these matters would not have a material effect on the University's financial position or results of operations.

In March 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law. PPACA will result in sweeping changes across the health care industry, including how care is provided and paid for. Given that the final regulations and interpretive guidelines have yet to be published, the University is unable to fully predict the impact of PPACA on its operations and financial results. Management of the University is studying and evaluating the anticipated impacts and developing strategies needed to prepare for implementation, and is preparing to work cooperatively with other constituents to optimize available reimbursement.

**UNIVERSITY OF MIAMI
NOTES TO FINANCIAL STATEMENTS
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15. COMMITMENTS AND CONTINGENCIES (Continued)

The University leases certain real property. These leases are classified as operating leases and have lease terms ranging up to sixty eight years. Total lease expense for the years ended May 31, 2013 and 2012 was \$30.4 and \$28.7 million, respectively. Future minimum lease payments under noncancelable operating leases at May 31, 2013 are as follows (in millions):

2014	\$	9.8
2015		7.9
2016		7.6
2017		5.7
2018		5.2
Thereafter		166.0
Total	\$	<u>202.2</u>