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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Miami Children's Health System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) 3100 SW 62nd Avenue | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Miami, FL 33155

D Employer identification number
45-3481327

E Telephone number
(305) 666-6511

G Gross receipts $ 113,920,240

F Name and address of principal officer
Narendra Kini MD
3100 SW 62nd Avenue
Miami, FL 33155

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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 nicklauschildrens org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2011

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF NICKLAUS CHILDREN'S HOSPITAL AND ITS AFFILIATED ENTITIES

2 Check this box ▶ ☐ 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**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	411
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	35,090	15,077,158
9	Program service revenue (Part VIII, line 2g)	87,043,834	98,545,919
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,675	128,510
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	428,572	168,653
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,515,171	113,920,240
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,840	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,110,407	52,688,908
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	37,917,890	46,593,250
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	88,056,137	99,282,158
19	Revenue less expenses Subtract line 18 from line 12	-540,966	14,638,082

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	684,500,864	768,111,202
21	Total liabilities (Part X, line 26)	55,464,254	66,477,036
22	Net assets or fund balances Subtract line 21 from line 20	629,036,610	701,634,166

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

****** 2017-11-15
Signature of officer Date

Timothy Birkenstock SVP and CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Brittney Kocaj	Brittney Kocaj			P01320603

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680
Firm's address ▶ 401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 333014230 — Phone no (954) 202-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF NICKLAUS CHILDREN'S HOSPITAL AND ITS AFFILIATED ENTITIES, AND TO INVEST IN, RECEIVE, HOLD, USE AND DISPOSE OF ALL PROPERTY, REAL OR PERSONAL, AS MAY BE NECESSARY OR DESIRABLE TO CARRY INTO EFFECT THE AFOREMENTIONED PURPOSES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 78,765,948 including grants of $ 0) (Revenue $ 98,689,732)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 78,765,948

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	291		
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**	411		
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**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization 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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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 or note to any line 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	8		
	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	7		
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	Yes	
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	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶Michael Durr 5301 Blue Lagoon Drive Miami, FL 33126 (305) 666-6511

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) Mario Murgado Chair	1 0 0 4	X		X				0	0	0
(2) Michael Fux Vice-Chair	1 0 0	X		X				0	0	0
(3) Narendra Kini MD President & CEO/Director	20 0 20 5	X		X				1,363,509	0	230,340
(4) Alex Soto Director	1 0 0 6	X						0	0	0
(5) Juan Carlos Mas Esq Director	1 0 0 5	X						0	0	0
(6) Barbara Nicklaus Director	1 0 0	X						0	0	0
(7) Marile Lopez Director	1 0 0 4	X						0	0	0
(8) Fernando Perez-Hickman Director	1 0 0 1	X						0	0	0
(9) Timothy Birkenstock Treasurer/ Secretary/ CFO	20 0 20 5			X				644,466	0	91,227
(10) April Andrews-Singh General Counsel	40 0 0			X				460,925	0	53,286
(11) Millie Corton Asst Secretary	40 0 0 1			X				91,541	0	23,247
(12) Nancy Humbert EXECUTIVE VP OF AMBULATORY & EXTERNAL AFFAIRS	40 0 0					X		383,349	0	63,153
(13) Michael Davis SVP Strategy Business Development & Innovation	40 0 0					X		320,842	0	68,545
(14) Michael Kushner SVP and Chief Talent Officer	40 0 0					X		505,077	0	84,309
(15) Edward Martinez SVP & CIO	40 0 0					X		485,818	0	86,897
(16) Jose Perdomo SVP Ethics & Compliance	40 0 0					X		375,748	0	65,319

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) ▶								4,631,275	0	766,323

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 ▶ 94

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
CERNER CORPORATION PO BOX 412732 Kansas City, MO 64141	Software License/Maintenance	6,316,573
ANTHONY BARADAT AND ASSOCIATES 1235 CORAL WAY Miami, FL 33145	Marketing	4,275,508
ORACLE AMERICA INC 500 ORACLE PARKWAY REDWOOD SHORES, CA 94065	IT SERVICES	2,583,885
INFOR US INC 13560 MORRIS ROAD SUITE 4100 ALPHARETTA, GA 30004	Software Support Services	614,544
WOW FACTOR MARKETING GROUP INC 800 DOUGLAS ROAD LA PUESTA DEL SOL SUITE 105 CORAL GABLES, FL 33134	Marketing	577,547

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 ▶ 25

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**	13,850,085			
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	1,227,073			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	15,077,158			
Program Service Revenue		Business Code			
	2a Management Fees- Affiliated companies	900099	98,545,919	98,545,919	
	b				
	c				
	d				
	e				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a–2f . . . . ▶	98,545,919			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶	24,840			24,840
		(i) Real / (ii) Personal			
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0 / 0			
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	128,510			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	0 / 128,510			
	d Net gain or (loss) . . . . . ▶	128,510			128,510
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**				
	b Less direct expenses . . . **b**				
	c Net income or (loss) from fundraising events . . ▶				
	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**				
	b Less cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a Employee Wellness/Gym	900099	117,789	117,789	
	b Courses	900099	24,875	24,875	
	c				
	d All other revenue		1,149	1,149	0 / 0
	e Total. Add lines 11a–11d . . . . . ▶		143,813		
	12 Total revenue. See Instructions . . . . . ▶		113,920,240	98,689,732	0 / 153,350

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,958,541	2,366,833	591,708	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,795,005	31,036,004	7,759,001	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,728,721	1,382,977	345,744	
9 Other employee benefits	6,687,975	5,350,380	1,337,595	
10 Payroll taxes	2,518,666	2,014,933	503,733	
11 Fees for services (non-employees)				
a Management				
b Legal	1,971,756	1,577,405	394,351	
c Accounting	806,409		806,409	
d Lobbying	295,118		295,118	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,304,601	6,879,775	1,424,826	0
12 Advertising and promotion	3,993,084	3,194,467	798,617	
13 Office expenses	5,786,002	4,628,802	1,157,200	
14 Information technology	11,176,635	8,941,308	2,235,327	
15 Royalties . .				
16 Occupancy	5,316,985	4,253,588	1,063,397	
17 Travel	546,445	437,156	109,289	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	4,199,158	3,359,326	839,832	
23 Insurance . . .				
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 Employee Events & Community Celebration	1,138,517	910,814	227,703	
b Recruitment Expenses	1,421,566	1,137,253	284,313	
c Dues & Subscriptions	904,502	723,602	180,900	
d Program Activities	358,907	287,126	71,781	
e All other expenses	373,565	284,199	89,366	0
25 **Total functional expenses.** Add lines 1 through 24e	99,282,158	78,765,948	20,516,210	0
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	431,565	4	522,437
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,084,792	9	6,024,485
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 14,682,378			
	b	Less accumulated depreciation — 10b: 2,288,327	11,222,565	10c	12,394,051
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	631,285,885	13	715,672,055
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	38,476,057	15	33,498,174
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	684,500,864	16	768,111,202
Liabilities	17	Accounts payable and accrued expenses	52,037,254	17	62,460,035
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	3,427,000	25	4,017,001
	26	**Total liabilities.** Add lines 17 through 25	55,464,254	26	66,477,036
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	535,648,654	27	607,199,615
	28	Temporarily restricted net assets	64,443,193	28	64,065,647
	29	Permanently restricted net assets	28,944,763	29	30,368,904
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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	629,036,610	33	701,634,166
	34	Total liabilities and net assets/fund balances	684,500,864	34	768,111,202

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,920,240
2	Total expenses (must equal Part IX, column (A), line 25)	2	99,282,158
3	Revenue less expenses Subtract line 2 from line 1	3	14,638,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	629,036,610
5	Net unrealized gains (losses) on investments	5	
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	57,959,474
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	701,634,166

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 45-3481327
Name: Miami Children's Health System Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

A NOT-FOR-PROFIT CORPORATION CREATED IN 2011 WHICH IS THE PARENT COMPANY FOR VARIETY CHILDREN'S HOSPITAL (DBA NICKLAUS CHILDREN'S HOSPITAL), THE MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC AND OTHER FOR-PROFIT AND NOT FOR-PROFIT ENTITIES DESCRIBED AS FOLLOWS VARIETY CHILDREN'S HOSPITAL D/B/A NICKLAUS CHILDREN'S HOSPITAL PROVIDES SPECIALIZED PEDIATRIC HEALTHCARE TO CHILDREN MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION,INC IS A NOT-FOR-PROFIT CORPORATION WITH THE PRIMARY PURPOSE TO RAISE FUNDS AND AWARENESS FOR MIAMI CHILDREN'S HEALTH SYSTEM, VARIETY CHILDREN'S HOSPITAL, AND ANY AFFILIATED ORGANIZATIONS THAT ARE CLASSIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (Continued on Schedule O)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Miami Children's Health System Inc

Employer identification number
45-3481327

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 1

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) VARIETY CHILDREN'S HOSPITAL DBA NICKLAUS CHILDREN'S HOSPITAL	590638499	3	Yes		0	97,855,923
Total 1					0	97,855,923

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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 VI 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Miami Children's Health System Inc	45-3481327

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? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) 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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		295,118
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		208,676
j	Total Add lines 1c through 1i			503,794
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION CONDUCTS LOBBYING ACTIVITIES INCLUDING RESEARCH, MONITORING LEGISLATION AND ATTENDING MEETINGS IN ADDITION, THE ORGANIZATION PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS AND A PORTION OF THOSE DUES ARE REPORTED AS LOBBYING EXPENDITURES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE ORGANIZATION CONDUCTS LOBBYING ACTIVITIES INCLUDING RESEARCH, MONITORING LEGISLATION AND ATTENDING MEETINGS IN ADDITION, THE ORGANIZATION PAYS DUES TO VARIOUS MEMBERSHIP ORGANIZATIONS AND A PORTION OF THOSE DUES ARE REPORTED AS LOBBYING EXPENDITURES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Miami Children's Health System Inc

Employer identification number
45-3481327

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 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.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings		3,215,558	94,680	3,120,878
c Leasehold improvements		99,726	10,513	89,213
d Equipment		10,749,258	2,183,134	8,566,124
e Other		617,836		617,836
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				12,394,051

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN AFFILIATES	715,672,055	F
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	715,672,055	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Self Insurance Liability	4,017,001
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,017,001

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 45-3481327
Name: Miami Children's Health System Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The System and certain of its affiliated organizations qualify as tax-exempt, nonprofit or ganizations under Section 501(c)(3) of the Internal Revenue Code (the Code) The Hospital, PSA, MCHSF and the Research Institute are exempt from federal income tax on related incom e pursuant to Section 501(a) of the Code as described in Section 501(c)(3) These tax-exem pt entities had no tax provision for the years ended December 31, 2016 and 2015 The Capti ve Insurance Company is not subject to income taxes, as no income taxes are levied in the Cayman Islands The System believes there is no uncertain tax liability which should be re corded as of December 31, 2016 and 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Miami Children's Health System Inc

Employer identification number
45-3481327

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	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	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Narendra Kini MD President & CEO/Director	(i)	871,366	428,534	63,609	192,217	38,123	1,593,849	33,398
	(ii)	0	0	0	0	0	0	0
2 Timothy Birkenstock Treasurer/ Secretary/ CFO	(i)	418,453	88,560	137,453	66,884	24,343	735,693	0
	(ii)	0	0	0	0	0	0	0
3 April Andrews-Singh General Counsel	(i)	292,375	117,050	51,500	51,202	2,084	514,211	32,311
	(ii)	0	0	0	0	0	0	0
4 Nancy Humbert EXECUTIVE VP OF AMBULATORY & EXTERNAL AFFAIRS	(i)	226,008	104,593	52,748	39,712	23,441	446,502	38,870
	(ii)	0	0	0	0	0	0	0
5 Michael Davis SVP Strategy Business Development & Innovation	(i)	239,513	62,532	18,797	37,784	30,761	389,387	0
	(ii)	0	0	0	0	0	0	0
6 Michael Kushner SVP and Chief Talent Officer	(i)	311,487	143,905	49,685	51,664	32,645	589,386	17,913
	(ii)	0	0	0	0	0	0	0
7 Edward Martinez SVP & CIO	(i)	326,833	117,873	41,112	53,107	33,790	572,715	35,117
	(ii)	0	0	0	0	0	0	0
8 Jose Perdomo SVP Ethics & Compliance	(i)	209,410	125,041	41,297	37,014	28,305	441,067	14,568
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	All of the compensated individuals listed on Part VII received tax gross-up payments during the year The gross-up payment was treated as taxable compensation to them
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THE FOLLOWING CONTRIBUTIONS WERE MADE TO A SECTION 457(F) PLAN DURING THE YEAR - NARENDRA KINI- $184,267 TIM BIRKENSTOCK - $66,884 APRIL ANDREWS-SINGH - $51,202 NANCY HUMBERT - $39,712 ED MARTINEZ - $ 53,107 MICHAEL DAVIS - $37,784 MICHAEL KUSHNER - $51,664 JOSE PERDOMO - $37,014 THE FOLLOWING DISTRIBUTIONS WERE MADE FROM A SECTION 457(F) PLAN DURING THE YEAR - NARENDRA KINI- $33,398 APRIL ANDREWS-SINGH - $32,311 NANCY HUMBERT - $38,870 ED MARTINEZ - $35,117 MICHAEL KUSHNER - $17,913 JOSE PERDOMO - $14,568

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Miami Children's Health System Inc

Employer identification number

45-3481327

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	CHILDREN'S HEALTH VENTURES, INC IS A FOR-PROFIT ENTITY WHICH OWNS FOR PROFIT BUSINESS VEN TURES KIDZSTUFF INC IS A FOR-PROFIT ENTITY THAT DEVELOPS RETAIL PRODUCTS FOR CHILDREN M IAMI CHILDREN'S HEALTH SYSTEM MANAGEMENT SERVICES, LLC IS A FOR-PROFIT CORPORATION THAT PR OVIDES MANAGEMENT SERVICES TO PHYSICIAN PRACTICES MIAMI CHILDREN'S HOSPITAL RESEARCH INST ITUTE, INC IS A NOT-FOR-PROFIT CORPORATION THAT PERFORMS COMPREHENSIVE RESEARCH IN THE CA USE, CURE AND PREVENTION OF CHILDHOOD DISEASES MIAMI CHILDREN'S HOSPITAL WORKER'S COMPENS ATION TRUST WAS FORMED TO ENABLE THE HOSPITAL TO FUND AND PAY THE COST OF WORKER'S COMPENS ATION CLAIMS MIAMI CHILDREN'S INSURANCE SPC, LTD WAS FORMED TO ACCESS PROFESSIONAL LIABI LITY INSURANCE MARKETS OUTSIDE THE UNITED STATES OF AMERICA PEDIATRIC SPECIALISTS OF AMER ICA IS A NOT-FOR-PROFIT PEDIATRIC SPECIALTY GROUP CORPORATION OWNED BY MIAMI CHILDREN'S HE ALTH SYSTEM VARIETY CHILDREN'S HOSPITAL PROFESSIONAL LIABILITY TRUST WAS FORMED TO ENABLE NICKLAUS CHILDREN'S TO FUND AND PAY THE COST OF PROFESSIONAL LIABILITY CLAIMS VARIETY CH ILDREN'S HOSPITAL, ESTABLISHED IN 1950, OWNS AND OPERATES A PEDIATRIC SPECIALTY HOSPITAL K NOWN AS NICKLAUS CHILDREN'S HOSPITAL THE HOSPITAL IS ONE OF THE LARGEST FREESTANDING PEDI ATRIC TEACHING HOSPITALS IN THE SOUTHEASTERN UNITED STATES IT PROVIDES SPECIALIZED PEDIAT RIC HEALTHCARE FOR CHILDREN REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE OR ABILIT Y TO PAY THE HOSPITAL HAS 289 LICENSED BEDS NICKLAUS CHILDREN'S HOSPITAL SERVES AS A REF ERRAL CENTER FOR CHILDREN WITH COMPLEX, CRITICAL OR LIFE-THREATENING ILLNESSES REQUIRING S PECIALIZED CARE IT HAS A 40-BED PEDIATRIC INTENSIVE CARE UNIT, A 40-BED NEONATAL INTENSIV E CARE UNIT AND A 34-BED CARDIAC INTENSIVE CARE UNIT IT ALSO HAS A STATE-DESIGNATED PEDIA TRIC TRAUMA CENTER MANY PATIENTS ARE REFERRED BY OTHER HOSPITALS REGARDLESS OF THE EXISTE NCE OF FORMAL ARRANGEMENTS IN 2016, 3,221 PATIENTS WERE TRANSFERRED TO NICKLAUS CHILDREN' S FROM HOSPITALS THROUGHOUT FLORIDA, CENTRAL AND SOUTH AMERICA AND THE CARIBBEAN WHEN CHI LDREN NEED THE SERVICES OF A SPECIALIST, IT IS IMPORTANT THAT SUCH SERVICES BE PROVIDED BY A PRACTITIONER WITH SPECIFIC TRAINING AND EXPERTISE IN PEDIATRIC CARE THE CARE OF CHILDR EN WITH CERTAIN COMPLEX CHRONIC CONDITIONS, SUCH AS JUVENILE DIABETES, CANCER, OR CYSTIC F IBROSIS IS BEST MANAGED BY A PEDIATRIC SPECIALIST IN ORDER TO ELIMINATE REFERRAL DELAYS AN D EXPEDITE POSITIVE TREATMENT CHILDREN ARE MORE VULNERABLE TO COMPLICATIONS DUE TO DELAYS THAN ADULTS THEY DEVELOP SERIOUS COMPLICATIONS MORE RAPIDLY THAN ADULTS BECAUSE THEY HAV E LESS PHYSIOLOGICAL RESERVES AND LESS DEVELOPED ORGAN SYSTEMS THE HEALTH SYSTEM IS INTER NATIONALLY RECOGNIZED FOR CARE EXCELLENCE NICKLAUS CHILDREN'S HOSPITAL PROGRAMS WERE RANK ED AMONG THE NATION'S BEST IN EIGHT PEDIATRIC SUB-SPECIALTY PROGRAMS SURVEYED BY U S NEWS AND WORLD REPORT IN ITS 2016-2017 LISTING OF "AMERICA'S BEST CHILDREN'S HOSPITALS " (RESU LTS WERE RELEASED IN 2016) TH

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	E HOSPITAL HAD MORE RANKED PEDIATRIC PROGRAMS THAN ANY OTHER HOSPITAL IN FLORIDA IN ADDIT ION, THE HEALTH SYSTEM INCLUDES A NETWORK OF AMBULATORY CENTERS THAT EXTEND CARE THROUGHOU T THE SOUTH FLORIDA REGION DURING 2016, THESE CENTERS OFFERED OUTPATIENT SERVICES AS FOLL OWS NICKLAUS CHILDREN'S AVENTURA CARE CENTER OFFERS PEDIATRIC SUB-SPECIALTY SERVICES NI CKLAUS CHILDREN'S DAN MARINO OUTPATIENT CENTER OFFERS COMPREHENSIVE SERVICES FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS SERVICES INCLUDE IMAGING AND REHABILITATION ALSO ON S ITE IS A SWIMMING POOL FOR AQUATIC THERAPY NICKLAUS CHILDREN'S DORAL OUTPATIENT CENTER O FFERS REHABILITATION SERVICES, IMAGING SERVICES, AN URGENT CARE CENTER AND OUTPATIENT SUB- SPECIALTY OFFICE VISITS NICKLAUS CHILDREN'S MIAMI LAKES OUTPATIENT CENTER OFFERS REHABIL ITATION SERVICES, IMAGING SERVICES, AN URGENT CARE AND OUTPATIENT SUB-SPECIALTY OFFICE VIS ITS NICKLAUS CHILDREN'S MIDTOWN OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGIN G SERVICES, AN URGENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS NICKLAUS CHI LDREN'S MIRAMAR OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN UR GENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS NICKLAUS CHILDREN'S PALM BEAC H GARDENS OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN URGENT C ARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS NICKLAUS CHILDREN'S PALMETTO BAY OU TPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN URGENT CARE CENTER A ND OUTPATIENT SUB-SPECIALTY OFFICE VISITS ALSO ON-SITE IS EARLY STEPS SOUTHERNMOST COAST, A RESOURCE FOR CHILDREN UNDER THE AGE OF 3 WHO ARE AT RISK OF DEVELOPMENTAL DELAYS NICKL AUS CHILDREN'S WEST BIRD OUTPATIENT CENTER OFFERS AN URGENT CARE CENTER NICKLAUS CHILDREN 'S WEST KENDALL OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN UR GENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS QUALITY/SAFETY AND ERROR PREV ENTION INITIATIVES FROM 2016 THE HEALTH SYSTEM IS COMMITTED TO ADVANCING QUALITY AND SAFET Y INITIATIVES FOR 2016 ARE DETAILED BELOW LEAN INITIATIVES LEAN IS AN INTERNATIONALLY R ECOGNIZED BUSINESS IMPROVEMENT MODEL IN 2016, THE HEALTH SYSTEM CONTINUED TO UTILIZE LEAN METHODS TO IMPROVE PROCESSES THAT ENHANCE SAFETY, EFFICIENCY AND PREVENT ERRORS AT THE HE ALTH SYSTEM THE HOSPITAL HAS SAVED MORE THAN $9 MILLION THROUGH LEAN-BASED EFFICIENCIES FASTPASS SYSTEM NICKLAUS CHILDREN'S WAS ALSO AN EARLY ADOPTER OF FAST PASS VISITOR BADGE IDENTIFICATION TECHNOLOGY ALL VISITORS AT THE MAIN HOSPITAL CAMPUS MUST PRESENT PHOTO IDE NTIFICATION UPON ARRIVAL AND A RECORD IS KEPT OF ALL THOSE ENTERING THE HOSPITAL THIS SYS TEM CAN IDENTIFY INDIVIDUALS WITH RECORDS OF CHILD ABUSE AND MOLESTATION, HELPING ENHANCE THE SAFETY OF CHILDREN AT THE HOSPITAL GETWELL NETWORK SINCE 2009, THE HOSPITAL HAS OFFE RED THE GETWELL NETWORK IN ALL MEDICAL SURGICAL ROOMS THE SYSTEM, ACCESSIBLE THROUGH THE IN-ROOM TELEVISION SCREEN, OFF

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	ERS PATIENT EDUCATION INFORMATION THAT CAN SUPPORT ENHANCED PATIENT CARE AS WELL AS A PATI ENT FEEDBACK SYSTEM, THROUGH WHICH FAMILIES CAN ADDRESS SAFETY CONCERNS CRITICAL CARE EXC ELLENCE RECOGNITION IN 2016, ALL THREE NICKLAUS CHILDREN'S INTENSIVE CARE UNITS -- PEDIAT RIC, NEONATAL AND CARDIAC - EACH RECEIVED A GOLD BEACON AWARD FOR EXCELLENCE FROM THE AMER ICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN) THE HOSPITAL IS ONE OF ONLY THREE CHILDRE N'S HOSPITALS IN THE NATION TO BE AWARDED GOLD BEACON AWARDS FOR ALL OF ITS ICUS AND THE O NLY CHILDREN'S HOSPITAL IN FLORIDA TO RECEIVE THIS DISTINCTION THIS RECOGNITION PUTS NCH AMONG THE TOP CHILDREN'S HOSPITALS IN THE COUNTRY AND DEMONSTRATES ORGANIZATIONAL COMMITME NT TO CRITICAL CARE EXCELLENCE EMR THE HEALTH SYSTEM HAS ACQUIRED A STATE-OF-THE-ART SYS TEM THAT CAPTURES ALL PATIENT DATA, INCLUDING COMPREHENSIVE CARE RECORDS (RADIOLOGY, PHARM ACY, REHABILITATION, OUTPATIENT AND INPATIENT) AS WELL AS REGISTRATION AND BILLING INFORMA TION, ALL IN A COMPREHENSIVE SYSTEM IN 2012, THE HEALTH SYSTEM WENT LIVE WITH THE NEW SYS TEM WHICH PROVIDES PHYSICIANS AND CAREGIVERS WITH ACCESS TO ALL MEDICAL DATA THROUGH A SEC URE LOGIN SYSTEM FROM ANY PLACE AT ANY TIME, ENABLING THEM TO MAKE INFORMED DECISIONS WITH MAXIMUM EFFICIENCY HUMPTY DUMPTY MIAMI CHILDREN'S HEALTH SYSTEM HAS TAKEN THE LEAD IN D EVELOPING A TOOL TO PREVENT PEDIATRIC FALLS AND THEREBY ENHANCE SAFETY AS OF 2016, THE TO OL WAS IN USE IN 1,160 HOSPITALS, INCLUDING FACILITIES IN VIRTUALLY EVERY U S STATE AS WE LL AS IN EUROPE, THE MIDDLE EAST, HONG KONG, INDONESIA, JAPAN, THE PHILIPPINES, BERMUDA, C ANADA, CARIBBEAN, US VIRGIN ISLANDS, CAYMAN ISLANDS, BRAZIL, AUSTRALIA AND NEW ZEALAND TH E PROGRAM IS ALSO IN USE BY EVERY BRANCH OF OUR U S MILITARY HOSPITALS THROUGHOUT THE WOR LD THIS FALL PREVENTION PROGRAM HAS BEEN IMPLEMENTED, TESTED AND PROVEN TO BE AN EFFECTIV E TOOL IN THE PREVENTION OF UNINTENTIONAL INJURY DUE TO FALLS THE HUMPTY DUMPTY FALLS PRE VENTION PROGRAM IS A COMPREHENSIVE PROGRAM AIMED AT IDENTIFYING PATIENTS WHO ARE AT RISK F OR FALLS AS WELL AS PREVENTING FALL EVENTS AND INJURIES THIS PROGRAM WAS DEVELOPED BY AN INTERDISCIPLINARY GROUP OF FALLS EXPERTS DERIVED FROM NURSING, RESEARCH, REHABILITATION, Q UALITY IMPROVEMENT, AND RISK MANAGEMENT PROGRAM MATERIALS INCLUDE A VALIDATED FALLS RISK SCALE, AN INTERVENTION PROTOCOL, AND PATIENT EDUCATION INFORMATION THE PROGRAM WAS A RECI PIENT OF THE 2015 MAGNET PRIZE, PRESENTED BY THE AMERICAN NURSES CREDENTIALING CENTER THI S HONOR HAS BEEN ACHIEVED BY ONLY A FEW HOSPITALS NATIONWIDE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	ROBOTIC SURGERY IN 2015, THE HOSPITAL ACQUIRED THE LATEST DA VINCI X SURGICAL SYSTEM TO S UPPORT SURGICAL SAFETY TRAINED PEDIATRIC GENERAL SURGEONS AND UROLOGICAL SURGEONS ON THE MEDICAL STAFF USE THE EQUIPMENT TO ENHANCE SURGICAL PRACTICE BENEFITS INCLUDE SHORTER HOS PITAL STAYS, REDUCED BLOOD LOSS, REDUCED COMPLICATIONS, REDUCED NEED FOR NARCOTIC PAIN MED ICINE, FASTER RECOVERY AND REDUCED SCARRING XENEX GERM-ZAPPING ROBOT IN 2015, THE HOSPIT AL ACQUIRED A XENEX GERM-ZAPPING ROBOT, THE MOST ADVANCED DISINFECTION TECHNOLOGY AVAILABL E TO ENHANCE THE CLEANLINESS OF THE OPERATING ROOMS THE EQUIPMENT USES PULSED XENON ULTRA VIOLET LIGHT TO ELIMINATE HARMFUL SUPERBUGS IN THE OR IN 2016, THE HOSPITAL ACQUIRED AN I NTRAOPERATIVE MRI TO ENHANCE SAFETY AND OPTIMIZE SURGICAL RESULTS FOR CHILDREN WITH BRAIN TUMORS OR THOSE UNDERGOING SURGERY FOR MEDICALLY RESISTANT EPILEPSY ALSO IN 2016, THE HOS PITAL OPENED ITS NEW 213,000-SQUARE-FOOT ADVANCED PEDIATRIC CARE PAVILION, OFFERING THE LA TEST EQUIPMENT AND SPACIOUS FAMILY-CENTERED CARE SPACES FOR FAMILIES COMMUNITY TRAINING O UTREACH PROGRAMS IN ADDITION, THE HEALTH SYSTEM SUPPORTS A NUMBER OF PROGRAMS THAT ENHANCE THE SKILLS AND WORK READINESS OF YOUNG PEOPLE AS WELL AS PROMOTE HEALTH AWARENESS PROJEC T VICTORY THIS PROJECT IS A COOPERATIVE EFFORT BETWEEN MIAMI CHILDREN'S COMMUNITY AND VOL UNTEER RESOURCE PROGRAM AND THE COMMUNITY TEENS WITH DISABILITIES ARE GIVEN THE OPPORTUNI TY TO GAIN LIFE SKILLS THROUGH THE WORLD OF WORK TWENTY STUDENTS ARE PROVIDED THREE HOURS OF WORK SERVICE PER DAY AT THE HOSPITAL DURING THE COURSE OF THE SCHOOL YEAR THE STUDENT S GAIN VOCATIONAL EXPERIENCE WORKING IN THE HOSPITAL'S DIETARY DEPARTMENT, MAIL ROOM, VISI TOR INFORMATION SERVICE AND OTHER DEPARTMENTS HONORS AND EXECUTIVE INTERNSHIP PROGRAM, MI AMI DADE COUNTY PUBLIC SCHOOLS EACH YEAR THE HEALTH SYSTEM ACCEPTS SEVEN STUDENTS WHO ARE SELECTED BY MIAMI DADE COUNTY PUBLIC SCHOOLS TO PARTICIPATE IN HEALTHCARE INTERNSHIPS FOR ADVANCED STUDENTS STUDENTS ARE PAIRED WITH A STAFF MEMBER AT THE HEALTH SYSTEM WHO MENTO RS AND PROVIDES OVERSIGHT TO THE STUDENT EACH STUDENT IS ASSIGNED A PROJECT TO BENEFIT A HOSPITAL DEPARTMENT AND RECEIVES A GRADE FROM THE SCHOOL SYSTEM FOR HIS OR HER WORK KIDS AND THE POWER OF WORK (KAPOW) THIS PROGRAM IS A NATIONAL VOLUNTEER PROGRAM THE HEALTH SY STEM PARTICIPATES WITH MIAMI-DADE COUNTY PUBLIC SCHOOLS HEALTH SYSTEM STAFF MEMBERS VOLUN TEER TO VISIT STUDENTS AT ONE OF TWO AREA PUBLIC ELEMENTARY SCHOOLS THEY PRESENT AND PREP ARE LESSONS FOR SECOND GRADE STUDENTS TO HELP CREATE A FOUNDATION FOR YOUNG STUDENTS, INTR ODUCING THEM TO WORK AND RELATED CONCEPTS EMPLOYEES DONATE ABOUT 200 HOURS OF TIME TO THE PROGRAM EDUCATIONAL PROGRAMS NICKLAUS CHILDREN'S IS AN ESTABLISHED TEACHING HOSPITAL AND IS ONE OF THE LARGEST FREESTANDING PEDIATRIC TEACHING HOSPITALS IN THE SOUTHEASTERN UNITE D STATES THE PEDIATRIC RESIDENCY TRAINING PROGRAM IS STRUCTURED IN ACCORDANCE WITH THE AM ERICAN BOARD OF PEDIATRICS' RE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	QUIREMENT OF THREE CORE YEARS IN GENERAL PEDIATRICS AND IS FULLY ACCREDITED BY THE ACCREDI TATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) ALL FACETS OF PEDIATRIC CARE ARE EN COMPASSED IN THE TRAINING PROGRAM FROM THE COMPLEX INTENSIVE CARE TO THE OFFICE PRACTICE O F GENERAL PEDIATRICS EACH YEAR, MEDICAL STUDENTS AND SCHOLARS FROM ALL PARTS OF THE UNITE D STATES AND AROUND THE WORLD APPLY FOR ACCEPTANCE TO THE HOSPITAL'S PEDIATRIC RESIDENCY T RAINING PROGRAM, WHICH HAS BEEN IN OPERATION FOR OVER 40 YEARS THE PROGRAM HAS A FORMAL A FFILIATION WITH FIU'S COLLEGE OF MEDICINE OTHER PARTICIPATING INSTITUTIONS INCLUDE JACKSO N MEMORIAL HOSPITAL, CLEVELAND CLINIC FLORIDA CENTER, UNIVERSITY OF FLORIDA -JACKSONVILLE, MOUNT SINAI MEDICAL CENTER OF FLORIDA AND NOVA SOUTHEASTERN UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	There shall be an Executive Committee of the Board of Directors composed of at least three (3) Directors elected by the Board of Directors No non-Director members shall serve on the Executive Committee A majority of the members of the Executive Committee present and voting shall constitute a quorum for the transaction of business The Executive Committee shall have and exercise the authority of the Board of Directors in the management of the Corporation, except that it shall not take any action with respect to (a) the election of officers, (b) the filling or vacancies in the Board of Directors, or (c) the adoption, amendment or repeal of the Bylaws The Executive Committee shall report to the Board of Directors any action taken by the Executive Committee at the next meeting of the Board of Directors Members of the Executive Committee may be removed at any regular or special meeting of the Board of Directors The Executive Committee shall review and/or develop the strategic plan(s) for the Corporation and its Affiliated Entities, taking into account the mission of the Corporation, and recommend same for approval, or approval with modifications, to the Board of Directors In addition, the Executive Committee shall provide oversight of the development, implementation, and monitoring of consistent standards of quality and service to be provided by the Corporation and all corporate subsidiaries

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	NARENDRA KINI, APRIL ANDREWS-SINGH, MICHAEL FUX, TIMOTHY BIRKENSTOCK, MILLIE CORTON, AND JUAN C MAS - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FOLLOWING DESCRIBES MIAMI CHILDREN'S HEALTH SYSTEM'S PROCESS FOR PROVIDING ITS BOARD OF DIRECTORS WITH A COPY OF THE FORM 990 AND REVIEWING IT 1 THE DRAFT TAX FORM 990 WILL BE MAILED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE MIAMI CHILDREN'S HEALTH SYSTEM'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO REGULARLY SCHEDULED MEETING 2 THE DRAFT TAX FORM 990 WILL BE REVIEWED WITH THE AUDIT AND COMPLIANCE COMMITTEE 3 QUESTIONS WILL BE ANSWERED AND IF NECESSARY, TAX FORMS WILL BE ADJUSTED 4 THE FINAL FORM 990 WILL BE POSTED ON THE NCH BOARD OF DIRECTOR'S WEB PORTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ALL MIAMI CHILDREN'S HEALTH SYSTEM EMPLOYEES ARE INFORMED UPON HIRE, AND ON AN ANNUAL BASIS THEREAFTER, THAT THEY HAVE AN AFFIRMATIVE DUTY TO DISCLOSE ANY ACTUAL, POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST THEY ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRE, ANNUALLY AND WHENEVER A CHANGE IN CIRCUMSTANCES WARRANTS CONFLICT OF INTEREST DISCLOSURE FORMS ARE FORWARDED TO THE COMPLIANCE DEPARTMENT BY THE TALENT MANAGEMENT AND EFFECTIVENESS DEPARTMENT THESE FORMS ARE INITIALLY REVIEWED BY COMPLIANCE DEPARTMENT STAFF WHEN DEEMED NECESSARY, THE COMPLIANCE DEPARTMENT COLLABORATES WITH THE LEGAL DEPARTMENT CONFLICTS OF INTEREST THAT NECESSITATE BOARD AWARENESS AND ACTION ARE PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD FOR RESOLUTION AND IMPOSITION OF SANCTIONS, IF WARRANTED IN ADDITION, ON AN ANNUAL BASIS, BOARD MEMBERS, PRINCIPAL OFFICERS AND BOARD DELEGATED COMMITTEE MEMBERS SIGN A STATEMENT WHICH AFFIRMS THAT EACH INDIVIDUAL (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THAT THE HOSPITAL IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF IT'S TAX-EXEMPT PURPOSES A PROCESS IS IN PLACE FOR MANAGING SITUATIONS IN WHICH IT IS DISCOVERED THAT AN INDIVIDUAL WHO IS COVERED BY THE HOSPITAL'S CONFLICT OF INTEREST POLICY FAILED TO PROPERLY DISCLOSE A POTENTIAL CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE ORGANIZATION AND COMPENSATION COMMITTEE OF MCHS BOARD OF DIRECTORS CONTRACTS WITH AN EXTERNAL CONSULTANT TO OBTAIN MARKET SURVEYS FOR THE CEO AND OTHER EXECUTIVES THE CONSULTANT ASSISTS THE ORGANIZATION AND COMPENSATION COMMITTEE IN ESTABLISHING A COMPENSATION PROGRAM FOR THE CEO AND OTHER EXECUTIVES SURVEY RESULTS AND COMPENSATION BEST PRACTICES ARE SHARED WITH THE ORGANIZATION AND COMPENSATION COMMITTEE OF THE BOARD AND USED IN ESTABLISHING EXECUTIVE SALARY AND BENEFITS PROGRAMS THIS PROCESS IS COMPLETED IN THE FIRST QUARTER EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	THE ORGANIZATION AND COMPENSATION COMMITTEE OF MCHS BOARD OF DIRECTORS CONTRACTS WITH AN EXTERNAL CONSULTANT TO OBTAIN MARKET SURVEYS FOR THE CEO AND OTHER EXECUTIVES THE CONSULTANT ASSISTS THE ORGANIZATION AND COMPENSATION COMMITTEE IN ESTABLISHING A COMPENSATION PROGRAM FOR THE CEO AND OTHER EXECUTIVES SURVEY RESULTS AND COMPENSATION BEST PRACTICES ARE SHARED WITH THE ORGANIZATION AND COMPENSATION COMMITTEE OF THE BOARD AND USED IN ESTABLISHING EXECUTIVE SALARY AND BENEFITS PROGRAMS THIS PROCESS IS COMPLETED IN THE FIRST QUARTER EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous - Total Revenue 1149, Related or Exempt Function Revenue 1149, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	INCOME FROM JOINT VENTURES - 67076845, EXPENSES ATTRIBUTABLE TO NONCONTROLLING INTEREST - -14197, OTHER CHANGES TO UNRESTRICTED NET ASSETS - -10803, CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS HELD BY OTHERS - 75826, NET ASSETS RELEASED FROM RESTRICTIONS USED FOR OPERATIONS - -4835525, CHANGE IN BENEFICIAL INTEREST IN HOSPITAL FOUNDATION - -4332672,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319062457

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Miami Children's Health System Inc

Employer identification number
45-3481327

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Variety Children's Hospital 3100 SW 62nd Ave Miami, FL 33155 59-0638499	Hospital	FL	501(c)(3)	3	MCHS	Yes	
(2) MCH Worker's Compensation Trust 3100 SW 62nd Ave Miami, FL 33155 59-7021572	WC Claims	FL	4947 (a)(1)		VCH	Yes	
(3) Variety Children's Hospital Professional Liability Trust 3100 SW 62nd Ave Miami, FL 33155 59-2551434	Liability Claims	FL	4947 (a)(1)		VCH	Yes	
(4) Miami Children's Hospital Foundation INC 3100 SW 62nd Ave Miami, FL 33155 59-1720704	Foundation	FL	501(c)(3)	7	VCH	Yes	
(5) Pediatric Specialty Group Inc 3100 SW 62nd Ave Miami, FL 33155 46-3756071	Employed Physicians	FL	501(c)(3)	3	MCHS	Yes	
(6) Miami Children's Health System Foundation Inc 3100 SW 62nd Ave Miami, FL 33155 46-1784918	Foundation	FL	501(c)(3)	7	MCHS	Yes	
(7) MCH RESEARCH INSTITUTE INC 3100 SW 62ND AVENUE MIAMI, FL 33155 59-2602318	RESEARCH	FL	501(c)(3)	3	VCH	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Miami Children's Hospital Ambulatory Surgery Center LLC 800 SW 108TH AVENUE SUITE 200 Miami, FL 33174 46-3406805	Ambulatory Center	FL	VCH	Related								
(2) MIAMI HOSPITAL HOLDINGS LLC 11221 ROE AVE SUITE 320 LEAWOOD, KS 66211 46-4077635	HOLDING COMPANY	FL	NA	N/A								

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on 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	(i) No
(1) Miami Children's Insurance Co SPCLTD 720 West Bay Road PO Box 69GT Buckingham Square Georgetown, Grand Cayman CJ 98-0442086	Insurance	CJ	VCH	C Corporation					No
(2) Children's Health Ventures Inc and Subsidiaries 3100 SW 62nd Ave Miami, FL 33155 45-4541147	Merchant Wholesale	FL	MCHS	C Corporation	1,843,241	3,074,569	100 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Variety Children's Hospital	L	97,855,923	FMV
(2)MIAMI CHILDREN'S HOSPITAL FOUNDATION INC	C	7,693,514	FMV
(3)MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION INC	C	6,156,571	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 45-3481327
Name: Miami Children's Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 3100 SW 62nd Ave Miami, FL 33155 59-0638499	Hospital	FL	501(c)(3)	3	MCHS	Yes	
(1) 3100 SW 62nd Ave Miami, FL 33155 59-7021572	WC Claims	FL	4947 (a)(1)		VCH	Yes	
(2) 3100 SW 62nd Ave Miami, FL 33155 59-2551434	Liability Claims	FL	4947 (a)(1)		VCH	Yes	
(3) 3100 SW 62nd Ave Miami, FL 33155 59-1720704	Foundation	FL	501(c)(3)	7	VCH	Yes	
(4) 3100 SW 62nd Ave Miami, FL 33155 46-3756071	Employed Physicians	FL	501(c)(3)	3	MCHS	Yes	
(5) 3100 SW 62nd Ave Miami, FL 33155 46-1784918	Foundation	FL	501(c)(3)	7	MCHS	Yes	
(6) 3100 SW 62ND AVENUE MIAMI, FL 33155 59-2602318	RESEARCH	FL	501(c)(3)	3	VCH	Yes	