

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105009200

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019

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

C Name of organization
University of Miami

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Coral Gables, FL 331242912

F Name and address of principal officer:
Julio Frenk
1252 Memorial Dr Rm 230
CG, FL 33146

D Employer identification number

59-0624458

E Telephone number

(305) 284-4877

G Gross receipts \$ 4,747,853,466

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.MIAMI.EDU

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1925

M State of legal domicile: FL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The University of Miami's mission is to educate and nurture students, to create knowledge through its comprehensive research programs, and to provide patient care services to our community and beyond.

2 Check this box ☐ 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)359

4 Number of independent voting members of the governing body (Part VI, line 1b)451

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)526,610

6 Total number of volunteers (estimate if necessary)6771

7a Total unrelated business revenue from Part VIII, column (C), line 127a5,232,031

7b Net unrelated business taxable income from Form 990-T, line 347b0

Revenue

8 Contributions and grants (Part VIII, line 1h)8691,914,187

9 Program service revenue (Part VIII, line 2g)93,309,009,808

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)1068,975,313

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)1114,590,211

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)124,225,886,175

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)13480,473,875

14 Benefits paid to or for members (Part IX, column (A), line 4)1400

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)152,009,998,627

16a Professional fundraising fees (Part IX, column (A), line 11e)16a574,690

16b Total fundraising expenses (Part IX, column (D), line 25) ▶25,908,129

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)171,435,799,584

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)183,968,695,786

19 Revenue less expenses. Subtract line 18 from line 1219257,190,389

Net Assets or Fund Balances

20 Total assets (Part X, line 16)204,400,922,871

21 Total liabilities (Part X, line 26)212,258,378,387

22 Net assets or fund balances. Subtract line 21 from line 20222,391,531,847

Part II

Signature Block

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

Sign Here

Signature of officer

2020-04-13
Date

Brandon Gilliland Vice President & 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 P01048557

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

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

Phone no. (336) 275-3394

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$	1,095,944,738	including grants of \$	447,922,135) (Revenue \$	874,251,433)
See Additional Data					

4b	(Code:) (Expenses \$	438,561,368	including grants of \$	50,264,159) (Revenue \$	152,968,915)
See Additional Data					

4c	(Code:) (Expenses \$	1,822,251,161	including grants of \$	1,076) (Revenue \$	2,105,650,653)
See Additional Data					

	(Code:) (Expenses \$	319,451,069	including grants of \$	24,135,515) (Revenue \$	176,138,807)
--	-----------------------	-------------	------------------------	--------------------------	---------------

Expenses primarily represent auxiliary enterprises, including intercollegiate athletics, parking, student housing and student dining. Other program services revenues primarily represent auxiliary enterprises revenue, investment income, and investment losses.

4d Other program services (Describe in Schedule O.)

(Expenses \$	319,451,069	including grants of \$	24,135,515) (Revenue \$	176,138,807)
--------------	-------------	------------------------	--------------------------	---------------

4e Total program service expenses ► 3,676,208,336

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 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes	
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
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 Yes	
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 Yes	
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 Yes	
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 Yes	
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 Yes	
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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 Yes	
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 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27 Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 24,591	
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	26,610	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country: ▶BD See instructions for filing requirements for 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	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization 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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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		
	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		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Yes	
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?	Yes	
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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 Dunlap Associate VP & Controller 1320 S Dixie Highway Suite 150 Coral Gables, FL 331462912 (305) 284-4877

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 ☒

☒

● 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.

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								15,957,606	0	859,904

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 ▶ 3,255

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Moss and Associates 800 Brickell Ave Suite 1500 Miami, FL 33131	Construction Services	44,195,543
Owens & Minor Distribution Inc 14599 NW 8TH St Sunrise, FL 33325	Health Information Management	32,430,708
GCA Education Services Inc 4702 Western Ave Suite 101 Knoxville, TN 37921	Maintenance & Repair Services	31,646,812
Compass Group USA INC 1350 Miller Rd 132 Coral Gables, FL 33124	Food Service Management	29,114,011
Lemartec Corporation 117 40 SW 80th St FL 3 Miami, FL 33183	Construction Services	14,555,575

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 ▶ 1,366

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a 4,421,162			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c 1,836,318			
d	Related organizations	1d			
e	Government grants (contributions)	1e 495,862,299			
f	All other contributions, gifts, grants, and similar amounts not included above	1f 331,191,064			
g	Noncash contributions included in lines 1a - 1f:\$ 36,134,732				
h Total.	Add lines 1a-1f ▶	833,310,843			

Program Service Revenue

	Business Code				
2a	Hospitals and Clinics	900099	1,580,016,779	1,580,016,779	
b	Tuition and Fees	900099	816,354,602	816,354,602	
c	Medical Prof Practice	900099	525,633,874	524,677,638	956,236
d	Auxiliary Enterprises	900099	176,138,808	61,379,980	4,144,806
e	Local Grants and Contr	900099	152,968,915	152,968,915	
f	All other program service revenue.		57,896,830	57,428,537	468,293
g Total.	Add lines 2a-2f ▶	3,309,009,808			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts) ▶		34,483,327			34,483,327
4	Income from investment of tax-exempt bond proceeds ▶		3,756,395			3,756,395
5	Royalties ▶		12,436,274			12,436,274
6a	Gross rents	(i) Real	(ii) Personal			
		8,389,118	17,617			
b	Less: rental expenses	5,600,607	358			
c	Rental income or (loss)	2,788,511	17,259			
d	Net rental income or (loss) ▶		2,805,770		17,259	2,788,511
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		545,976,693	29,618			
b	Less: cost or other basis and sales expenses	515,229,395	41,325			
c	Gain or (loss)	30,747,298	-11,707			
d	Net gain or (loss) ▶		30,735,591		-457,591	31,193,182
8a	Gross income from fundraising events (not including \$ 1,836,318 of contributions reported on line 1c). See Part IV, line 18 a		338,736			
b	Less: direct expenses b		1,093,597			
c	Net income or (loss) from fundraising events ▶		-754,861			-754,861
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					
			2,083			
b	Less: cost of goods sold b		2,009			
c	Net income or (loss) from sales of inventory ▶		74		74	
	Miscellaneous Revenue	Business Code				
11a	Advertising	523000	67,954		67,954	
b	Coach Appearances	541800	35,000		35,000	
c						
d	All other revenue					
e Total.	Add lines 11a-11d ▶		102,954			
12 Total revenue.	See Instructions. ▶		4,225,886,175	3,192,826,451	5,232,031	194,516,850

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	48,126,152	48,126,152		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	442,185,318	442,185,318		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	32,011,415	32,011,415		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,517,947	1,813,037	2,860,076	844,834
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	1,551,822,410	1,455,934,594	81,611,403	14,276,413
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	84,149,961	76,285,406	6,788,719	1,075,836
9 Other employee benefits	266,144,144	195,274,640	68,345,803	2,523,701
10 Payroll taxes	102,364,165	92,706,557	8,311,193	1,346,415
11 Fees for services (non-employees):				
a Management				
b Legal	25,685,360	12,768,752	12,916,608	
c Accounting	894,200	315,100	579,100	
d Lobbying	340,809		340,809	
e Professional fundraising services. See Part IV, line 17	574,690			574,690
f Investment management fees	8,925,277	8,925,277		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	268,699,467	237,008,395	29,997,031	1,694,041
12 Advertising and promotion	28,869,975	27,394,408	686,512	789,055
13 Office expenses	133,439,609	126,437,289	6,241,776	760,544
14 Information technology	23,355,611	16,743,769	6,611,842	
15 Royalties				
16 Occupancy	119,828,649	104,097,700	15,509,673	221,276
17 Travel	41,170,179	38,023,259	2,065,780	1,081,140
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,916,665	34,110,831	2,408,695	397,139
20 Interest	48,851,333	47,526,511	1,324,822	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,893,902	150,979,373	4,914,529	
23 Insurance	25,585,701	18,847,745	6,737,956	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	479,820,658	479,820,658		
b Miscellaneous	36,842,189	28,872,150	7,646,994	323,045
c UBIT Income Tax	680,000		680,000	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,968,695,786	3,676,208,336	266,579,321	25,908,129
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		1,908,811	1	4,995,054	
	2	Savings and temporary cash investments		553,583,280	2	608,290,203	
	3	Pledges and grants receivable, net		253,457,807	3	307,865,535	
	4	Accounts receivable, net		472,863,842	4	494,957,238	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		50,257,744	7	45,792,095	
	8	Inventories for sale or use		31,672,285	8	32,586,421	
	9	Prepaid expenses and deferred charges		54,572,429	9	41,792,185	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,891,937,930			
	b	Less: accumulated depreciation	10b	1,918,209,141	1,841,704,177	10c	1,973,728,789
	11	Investments—publicly traded securities		648,406,621	11	608,322,465	
	12	Investments—other securities. See Part IV, line 11		427,017,108	12	459,482,403	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		1,127,001	14	5,581,598	
	15	Other assets. See Part IV, line 11		64,351,766	15	66,516,248	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,400,922,871	16	4,649,910,234		
Liabilities	17	Accounts payable and accrued expenses		266,009,406	17	304,664,344	
	18	Grants payable			18		
	19	Deferred revenue		105,392,716	19	116,863,195	
	20	Tax-exempt bond liabilities		977,001,664	20	1,244,397,028	
	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		407,230,558	24	114,824,449	
	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		438,242,638	25	477,629,371	
	26	Total liabilities. Add lines 17 through 25		2,193,876,982	26	2,258,378,387	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		966,482,824	27	1,007,147,387	
	28	Temporarily restricted net assets		652,359,118	28	769,475,575	
	29	Permanently restricted net assets		588,203,947	29	614,908,885	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		2,207,045,889	33	2,391,531,847		
34	Total liabilities and net assets/fund balances		4,400,922,871	34	4,649,910,234		

Part XI Reconciliation of Net AssetsCheck 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	4,225,886,175
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,968,695,786
3	Revenue less expenses. Subtract line 2 from line 1	3	257,190,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,207,045,889
5	Net unrealized gains (losses) on investments	5	-43,131,406
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	-29,573,025
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,391,531,847

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Form 990 (2018)

Form 990, Part III, Line 4a:

See Schedule OInstruction, academic support, student services:The University of Miami (UM) is a private not-for-profit institution with more than 17,000 students. The University's 11 colleges and schools offer the following degree options: 132 bachelors, 148 masters, 1 specialist, and 67 doctoral (63 research/scholarship and 4 professional practice).The School of Architecture, founded in 1983, offers accredited professional undergraduate and graduate degrees in architecture and several post-professional graduate degrees. Programs include the professional Bachelor of Architecture (B.Arch) and the Master of Architecture (M.Arch); the post-professional Master of Science in Architecture (M.S.Arch) with 2 possible tracks- Architectural Design and Architectural Studies; the Master of Urban Design (M.U.D); the Master of Construction Management (M.C.M), and the Master of Real Estate Development and Urbanism (M.R.E.D.U.), an interdisciplinary one-year graduate program that draws on the real-life experience of Developers-in-Residence and faculty support from the Schools of Business Administration and Law as well as Architecture. The College of Arts and Sciences enrolls over 3,700 undergraduate and 600 graduate students in 20 departments and 15 interdisciplinary programs. Seventeen departments offer graduate degrees in the fine arts, natural sciences, humanities, and social sciences.The College of Engineering comprises five departments that offer degrees in aerospace, architectural, biomedical, civil, computer, electrical, environmental, industrial, and mechanical engineering. The College of Engineering offers five-year B.S./M.S. degree programs for our undergraduates, as well as traditional master's and doctoral degrees in a number of disciplines, with several specializations in several fields. Consistent with the tradition of collaboration among the University of Miami schools and colleges, engineering students participate in a number of interdisciplinary programs as well as joint research projects with other academic units at UM. Consisting of over 1,000 undergraduate students and over 240 graduate students, the College boasts an impressively diverse student body, consisting of students from 45 different countries. At the undergraduate level, 30% of the student population is Hispanic and 9% is Black. Females represent 31% of the students (10% higher than the national average, according to the most recent statistics from the American Society for Engineering Education).The School of Law presently enrolls around 1,248 candidates for either J.D., LL.M. or dual degrees, and has over 22,000 alumni worldwide. The J.D. program enrolls approximately 1,026 students from more than 127 colleges and universities throughout the United States. Of the entering J.D. students, approximately 44% are women, 48% are members of minority groups, 36% are from outside Florida, and 59% have been out of undergraduate school one year or more. 64% speak one or more foreign language. The School offers graduate programs in International Law (specializations in Inter-American Law, General International Law, and U.S. and Transnational Law for Foreign Lawyers), International Arbitration, Maritime Law, Entertainment, Art and Sports, Taxation, Taxation of Cross Border Investments, Estate Planning, and Real Property Development, the latter 2 offer courses online as well as on-campus. The graduate program in International Law includes three different specializations. The School also offers several joint degree programs. It is the only law school to offer a J.D./Master's in Music Business, J.D./M.A. in Arts Presenting, J.D/M.A in Law and Communications, and J.D/M.A. in Latin American Studies. In addition, the School offers a J.D./M.B.A., J.D./M.P.S. in Marine Affairs, J.D./M.P.H. in Public Health, J.D./M.S. Ed. in Law, Community and Social Change, J.D./PH.D. in Law and Environmental Policy, J.D./M.D., J.D./M.P.A. in Public Administration, J.D./LL.M. in Tax, International Law, Maritime Law, Estate Planning or Real Property Development, and a J.D./M.B.A./LL.M. in Tax, Real Property Development or Estate Planning. The School is regularly ranked among the top law schools by U.S. News and World Report for Tax Programs, and its alumni are regularly featured in Super Lawyers Magazine.The Leonard M. Miller School of Medicine has grown rapidly in both size and reputation, earning international acclaim for research, clinical care, and biomedical innovations. Our 800 medical students are joined by 1,300 residents, 580 graduate students and over 190 postdoctoral fellows, and we have one of the largest graduate medical education systems in the country. Along with the M.D. degree, the school offers a combined M.D./Ph.D. program, a 5-year M.D./M.B.A. program, a 4-year and a 5-year M.D./M.P.H. program and 4-year M.D./M.S. in Genomic Medicine, a six-year M.D./J.D. program, graduate degrees in ten areas, postdoctoral programs, and continuing medical education courses.

Form 990, Part III, Line 4b:

See Schedule OResearch and Public Service:UM has been classified by the Carnegie Commission as a Doctoral University with Highest Research Activity. The School of Architecture's areas of focus include Urban Design, Planning & Real Estate Development, Construction Management, Technology and Computation, Coastal Resilience, Health and the Built Environment, Historical Preservation and Adaptive Use, Classical and Traditional Design, Housing and Hospitality Design, Building in the Caribbean, Latin America and the Tropical World, Architectural History, and Theory. Faculty and students are actively engaged in interdisciplinary research with numerous schools including the Miller School of Medicine, The Leonard and Jayne Abess Center for Ecosystem Science and Policy and the Center for Computational Science. The College of Arts and Sciences provides numerous community outreach activities, including student musical theatre productions at the Jerry Herman Ring Theatre and Alvin Sherman Family Stage; student, faculty, and visiting artist exhibitions in the Wynwood Gallery in the design district of downtown Miami; faculty curated exhibitions at the Lowe Art Museum; lectures and other educational programs sponsored by the Center for the Humanities, and the Miami Institute for Advanced Study of the Americas; volunteer activities in the public schools, hospitals and community clinics for developmentally disabled children; technology workshops for Miami-Dade public school teachers sponsored by the Department of Modern Languages Laboratory; and a series of programs, hosted by several departments and funded by various federal agencies and private foundations, to enhance the diversity of students pursuing scientific careers through research opportunities for pre-college and undergraduate students; and career development opportunities for high-school and community-college faculty. The School of Law offers externship programs and foreign exchange programs in Argentina, Belgium, Brazil, China, Colombia, France, Germany, India, Ireland, Israel, Spain, Switzerland, and Vietnam. The School's award-winning clinics, focusing on different areas of the law, offer exceptional training grounds and give students practical, hands-on lawyering while also helping needy and underrepresented individuals. The School is also home to LawWithoutWalls (LWOW), an innovative academic model that brings together students, faculty, practitioners, and entrepreneurs from around the country and the world to explore innovation in legal education and practice. The Rosenstiel School of Marine & Atmospheric Science is one of the leading oceanographic research and education institutions in the nation. Known originally as the University's marine laboratory, it was founded in 1943. It evolved into the Institute for Marine Science in 1961, and eight years later became the Rosenstiel School of Marine & Atmospheric Science (RSMAS) within the University of Miami. The Virginia Key campus has grown to include modern research and teaching facilities, a dedicated academic library, and an internationally recognized Marine Invertebrate Museum. RSMAS also operates a state-of-the-art 96-foot catamaran research vessel, the F.G. Walton Smith. In 2014, RSMAS added to its fleet of specialized research vessels a one-of-a-kind Helicopter Observation Platform (HOP), a flying scientific laboratory equipped with state-of-the-art technology and scientific instrumentation, which provides scientists with a unique capability to obtain vital information on environmental processes and mechanisms that affect our climate and impact human health. The newest addition to RSMAS includes a freshwater Scientific Dive Pool. It plays a critical role in providing necessary scientific diving instruction to participants in our science programs and research projects. The facility allows scientists and students to gain a deeper understanding of the marine environment and coral reefs. CSTARS (Center for Southeastern Tropical Advanced Remote Sensing), located on the Richmond campus in south Miami-Dade county was launched in 2003, and conducts research with remotely sensed data received from earth-orbiting satellite systems. This state-of-the-art real-time reception and analysis facility provides data for environmental monitoring. The predictive power concentrated on this 78-acre campus is helping to provide vital, life-saving information regarding earthquakes, hurricanes, typhoons, freak waves and other natural and manmade disasters, including monitoring of the earthquakes in Haiti and Chile, and oil spills. The Leonard M. Miller School of Medicine has been designated a Center for AIDS Research (CFAR) in Florida, and is leading the University's prestigious Clinical and Translational Science Institute (CTSI), awarded by the NIH. Other clinical and research programs include the John P. Hussman Institute for Human Genomics, the Interdisciplinary Stem Cell Institute, the Dr. John T. Macdonald Foundation Biomedical Nanotechnology Institute, the Miami Transplant Institute, The Miami Project to Cure Paralysis, the Diabetes Research Institute, the Mailman Center for Child Development, and many more.

Form 990, Part III, Line 4c:

See Schedule OHealth Care: Located north of downtown Miami near the Civic Center in the Miami Health District, the Leonard M. Miller School of Medicine's campus consists of approximately 72-acres of owned and leased land within the 153-acre University of Miami/Jackson Memorial Hospital complex. Each year the University of Miami Health System's nearly 1,400 physicians represent more than 100 specialties and subspecialties and have more than two million scheduled patient encounters with outcomes that are among the best in the nation. The health system is comprised of Sylvester, Bascom Palmer Eye Institute, and UHealth Tower, operating within UMHC. Bascom Palmer has been recognized as the number one eye hospital in the country for 18 years by U.S. News & World Report in its annual "America's Best Hospitals" issue. In addition to the three University-owned hospitals, there are also three primary hospitals affiliated with UHealth: Jackson Memorial Hospital, the primary teaching hospital for the medical school; Holtz Children's Hospital; and the Bruce W. Carter VA Medical Center. There are also about three dozen UHealth outpatient clinics across Miami-Dade, Broward, Palm Beach, and Collier counties. The Lennar Foundation Medical Center, located in Coral Gables, opened in 2016. The 206,000-square-foot diagnostic and treatment center provides the local community more convenient access to world-class medical care provided by UM physicians and specialists.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Leonard Abess Trustee	2.00	X						0	0	0
Betty G Amos Trustee	4.00	X						0	0	0
Jose P Bared Trustee	2.00	X						0	0	0
Hilarie Bass Trustee & Chair	40.00	X						0	0	0
Jon Batchelor Trustee	2.00	X						0	0	0
Brenda Yester Baty Trustee	2.00	X						0	0	0
Fred Berens Trustee	0.00	X						0	0	0
Tracey Berkowitz Trustee	10.00	X						0	0	0
Marc Buoniconti Trustee/Senior Director	10.00	X						176,666	0	18,777
Nicholas A Buoniconti Trustee	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alfred R Camner Trustee	3.00	X						0	0	0
Wayne E Chaplin Trustee	2.00	X						0	0	0
Adriana Cisneros Trustee	0.00	X						0	0	0
Charles E Cobb Trustee	3.00	X						0	0	0
Leah Colucci Trustee	0.00	X						0	0	0
Edward A Dauer Trustee / Faculty Member	40.00	X						100,858	0	29,815
Evan De Joya Trustee	20.00	X						0	0	0
Paul J DiMare Trustee	4.00	X						0	0	0
Joseph Echevarria Trustee	2.00									
Joseph Echevarria Trustee	4.00	X						0	0	0
David L Epstein Trustee & Vice Chair	10.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard D Fain Trustee	30.00	X						0	0	0
George Feldenkreis Trustee	1.00	X						0	0	0
Miguel B Fernandez Trustee	2.00	X						0	0	0
Phillip Frost Trustee	1.00	X						0	0	0
Phillip T George Rose Trustee	1.00	X						0	0	0
Kourtney Gibson Trustee	1.00	X						0	0	0
Rose Ellen Greene Trustee	2.00	X						0	0	0
Barbara Hecht Havenick Trustee	1.00	X						0	0	0
Allan M Herbert Trustee	8.00	X						0	0	0
Marilyn J Holifield Trustee	3.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Roberta L Jacoby Trustee	4.00	X						0	0	0
Frank R Jimenez Trustee	2.00	X						0	0	0
Manuel Kadre Trustee	4.00	X						0	0	0
Marus Lemonis Trustee	0.00	X						0	0	0
Eric Todd Levin Trustee	5.00	X						0	0	0
Jayne Sylvester Malfitano Trustee	1.00	X						0	0	0
Marilu Marshall Trustee	0.00	X						0	0	0
Stuart A Miller Trustee	8.00	X						0	0	0
William L Morrison Trustee & Vice Chair	5.00	X						0	0	0
Judi Prokop Newman Trustee	0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Arva Moore Parks Trustee	2.00	X						0	0	0
Jorge M Perez Trustee	3.00	X						0	0	0
Aaron S Podhurst Trustee	15.00	X						0	0	0
Lois Pope Trustee	0.00	X						0	0	0
Alex E Rodriguez Trustee	1.00	X						0	0	0
Steven J Saiontz Trustee	2.00	X						0	0	0
Robert E Sanchez Trustee	2.00	X						0	0	0
Marvin R Shanken Trustee	2.00	X						0	0	0
Laurie S Silvers Trustee	1.00	X						0	0	0
HT Smith Jr Trustee	10.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jacquelyn R Soffer Trustee	0.00	X						0	0	0
E Roe Stamps IV Trustee	2.00	X						0	0	0
Ronald G Stone Trustee	10.00	X						0	0	0
Johnny C Taylor Jr Trustee	2.00	X						0	0	0
Patricia W Toppel Trustee	2.00	X						0	0	0
Ana VeigaMilton Trustee	5.00	X						0	0	0
Alejandro F Vicencio Trustee	3.00	X						0	0	0
Jonathan Vilma Trustee	10.00	X						0	0	0
David R Weaver Trustee	5.00	X						0	0	0
Geisha Jimenez Williams Trustee	0.50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
G Ed Williamson II Trustee	2.00	X						0	0	0
Julio Frenk President	80.00	X		X				1,447,864	0	298,059
Leslie Dellinger Aceituno Secretary	80.00			X				157,098	0	35,235
Jeffrey Duerk Executive VP & Provost	80.00			X				898,588	0	48,994
Jacqueline A Travisano Executive VP & COO	80.00			X				874,953	0	40,398
Edward Abraham EVP & CEO of Uhealth	80.00					X		1,745,041	0	47,124
James J Larranaga Head Coach, Basketball	80.00					X		2,218,057	0	45,694
Lee Kaplan Director & Professor	80.00					X		1,510,443	0	57,442
Dipen J Parekh Director & Professor	80.00					X		1,585,294	0	99,273
Mark Richt Head Coach, Football	80.00					X		4,307,138	0	50,086

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donna E Shalala President (former)	35.00						X	287,390	0	31,515
Aileen Ugalde University Secretary (former)	80.00						X	648,216	0	57,492

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

University of Miami

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

59-0624458

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
- g

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	695,504,873	684,757,248	800,273,551	691,914,187	833,310,843	3,705,760,702
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	695,504,873	684,757,248	800,273,551	691,914,187	833,310,843	3,705,760,702
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.						3,705,760,702

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4. . .	695,504,873	684,757,248	800,273,551	691,914,187	833,310,843	3,705,760,702
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	118,800,048	47,068,647	107,512,560	46,631,938	59,403,850	379,417,043
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,574,344	608,176	-325,797	1,457,689	-332,088	2,982,324
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						4,088,160,069
12 Gross receipts from related activities, etc. (see instructions)					12	10,670,608,807

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 2018 (line 6, column (f) divided by line 11, column (f))	14 90.650 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15 89.910 %
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>	
b	33 1/3% support test—2017. 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 <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 <input type="checkbox"/>	
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 <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
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? <i>If "Yes," provide detail in Part VI.</i>		
6		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
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? <i>If "Yes," provide detail in Part VI.</i>		
9c		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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.		
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.		
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.		
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.		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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 University of Miami	Employer identification number 59-0624458
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-.
1				
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)		340,809													
c Total lobbying expenditures (add lines 1a and 1b)		340,809													
d Other exempt purpose expenditures		3,962,845,397													
e Total exempt purpose expenditures (add lines 1c and 1d)		3,963,186,206													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	261,239	256,934	292,550	340,809	1,151,532
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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 7/25/06, 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 ► \$ 191,935

(ii) Assets included in Form 990, Part X ► \$ 58,521,841

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 ► \$ 24,975

b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a☒ Public exhibition

b☒ Scholarly research

c☒ Preservation for future generations

d☒ Loan or exchange programs

e☒ Other public ed & outreach progra

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	1,021,508,292	948,579,230	844,642,514	887,329,315	865,434,666
b Contributions	22,260,195	29,917,174	39,933,556	35,880,046	32,562,542
c Net investment earnings, gains, and losses	-2,903,234	87,286,606	107,091,993	-37,379,832	26,787,748
d Grants or scholarships	-9,311,271	-9,334,364	-9,017,823	-7,908,234	-6,981,057
e Other expenditures for facilities and programs	-34,140,794	-34,940,354	-34,071,010	-33,278,781	-30,474,584
f Administrative expenses					
g End of year balance	997,413,188	1,021,508,292	948,579,230	844,642,514	887,329,315

2

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

a Board designated or quasi-endowment ▶ 18.730 %

b Permanent endowment ▶ 52.500 %

c Temporarily restricted endowment ▶ 28.780 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		100,832,484		100,832,484
b Buildings		2,238,775,095	1,126,370,856	1,112,404,239
c Leasehold improvements		63,063,410	47,563,809	15,499,601
d Equipment		890,018,741	596,697,135	293,321,606
e Other		599,248,200	147,577,341	451,670,859
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,973,728,789

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	-3,155,610	F
(2) Closely-held equity interests		
(3) Other _____ (A) Limited Partnerships	412,536,151	F
(B) Mutual Funds	34,511,321	F
(C) Other	15,590,541	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	459,482,403	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	
Medical Self-Insurance Reserves	87,335,983
Refundable Deposits	381,941
Accrued Postretirement Benefit Cost	147,063,142
Annuities Payable	5,446,670
Refundable Federal Student Loans	24,809,019
Other Liabilities	212,592,616
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	477,629,371

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	3,713,366,549
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-43,131,406
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-159,045
e	Add lines 2a through 2d	2e	-43,290,451
3	Subtract line 2e from line 1	3	3,756,657,000
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	5,158,585
b	Other (Describe in Part XIII.)	4b	464,070,590
c	Add lines 4a and 4b	4c	469,229,175
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,225,886,175

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	3,499,466,609
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	0
3	Subtract line 2e from line 1	3	3,499,466,609
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	5,158,585
b	Other (Describe in Part XIII.)	4b	464,070,592
c	Add lines 4a and 4b	4c	469,229,177
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,968,695,786

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

Supplemental Information

Return Reference	Explanation
Part III, Line 4:	<p>Part III, Line 4: Art Collection: The purpose of the University of Miami's Lowe Art Museum (hereinafter "the Museum")'s Collections Management Policy is to document the policies that guide the development, care, stewardship, and use of its collections in a manner that is consistent with both the Museum's Mission and the highest standards of professional art museum practice. Through this Collections Management Policy, the Museum ensures that: - Its collections are preserved, protected, and secured in accordance with the highest of relevant professional standards; - The Museum's collection-related activities promote public good rather than individual gain; - Access to its collections and collection-related materials is appropriately monitored and regulated; - Acquisition, deaccessioning, and loans of works in its collections are conducted in a manner that conforms to the Museum's Mission, complies with applicable law, and reflects the highest of ethical standards; - Disposal of works from its collection through sale, exchange, or other means is solely for the advancement of the Museum's Mission, and that proceeds from the sale of such works are used only to purchase other works of art; and - Its collections are accounted for by regular inventory and documented in the Museum's collections management database. Overall Scope of the Collection The Museum's Permanent Collection represents five millennia of human creativity on every inhabited continent. All collection objects are works of fine art or culturally significant archaeological/ethnographic material. In addition, the Museum maintains a collection of public sculpture installed throughout the University of Miami's Coral Gables campus on behalf of its parent institution. Overall Scope of the Collection The Museum's Permanent Collection represents five millennia of human creativity on every inhabited continent. All collection objects are works of fine art or culturally significant archaeological/ethnographic material. In addition, the Museum maintains a collection of public sculpture installed throughout the University of Miami's Coral Gables campus on behalf of its parent institution. More information on the Museum can be found on its website at www.miami.edu/lowe.</p>

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Part V, Line 4: Endowment Funds: The University's endowment is used to support the University's mission which is to educate and nurture students, to create knowledge through its comprehensive research programs, and to provide patient care services to its community and beyond. Distributions from the University's endowment are mainly used for student scholarships and fellowships, endowed chairs, research, school/college support, academic program support, library support, and general University support.

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	Fin 48 Footnote: The University is exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes is made in the financial statements. At May 31, 2019, there were no uncertain tax positions. The University files tax returns with U.S. federal and other tax authorities for which the statute of limitations may go back to the year ended May 31, 2014.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Refunds of Program service Rev. - Hospitals.& Clinics - 0 Refunds of Contributions - \$159,045

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b - Other Adjustments:	Amounts represent: tuition discounting, certain grants, expenses netted from revenues for GAAP purposes.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b - Other Adjustments:	Same as above

Supplemental Information

Return Reference	Explanation
Part XI and XII, Line 4b:	Other Revenue and Expense Reconciling Items: Tuition discounting \$310,633,361, grants and contracts pass-through transactions from sponsoring agencies \$160,155,206. Less: non-program related rental expenses \$5,600,966; cost of sales of inventories/other assets of \$23,414; and direct expenses related to fundraising events \$1,093,597.

SCHEDULE E (Form 990 or 990-EZ)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Go to www.irs.gov/Form990EZ for the latest instructions.</div>	OMB No. 1545-0047
		2018
		Open to Public Inspection

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

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

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

Return Reference	Explanation
Schedule E, Part I, Line 3	The University publishes its Equal Opportunity Policy and Non-discrimination Policy Statement in the following publications: * Workplace Equity & Performance Web site * All UM web sites state our Non-discrimination policy under a link for "Privacy Statement and Legal Notices" * Students Rights and Responsibilities Handbook * Academic Bulletin * Student Handbook distributed at Orientation * Faculty Manual * Employee Handbook * Various public bulletin boards located throughout the various campuses, in contracts with other vendors, during University employee orientation, University Career Website, etc.
Schedule E, Part I, Line 6	The University provides financial assistance in the form of grants to award scholarships and fellowships to students attending the University. In addition, government agencies award grants to the University for research.

SCHEDULE F (Form 990)	Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Name of the organization University of Miami		Employer identification number 59-0624458

Part I

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			3,331,771
b Total from continuation sheets to Part I					151,979,150
c Totals (add lines 3a and 3b)	0	114			155,310,921

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

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3	Enter total number of other organizations or entities	40
---	---	----

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2:	Procedures for Monitoring Grants Outside the United States: The University awards grants as subcontracts to foreign organizations for the purpose of conducting research and research training. Prior to the University awarding the subcontract, the organization is required to submit the proposed scope of work and a budget. Once reviewed and approved, a formal subcontract is issued with the terms and conditions of the award. To comply with terms and conditions of the subcontract, the foreign organization must submit an invoice together with supporting documentation. Upon receipt of the invoice, the faculty member at the University responsible for the grant or his/her designee approves the invoice for payment. In addition, monitoring of the science is conducted by the University faculty member responsible for the grant via site visits, correspondence, phone calls, etc. Reports required under the terms and conditions of the subcontract are submitted by the grantee.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3:	Activity Expenditures: Expenditures are recorded based on the accrual method of accounting and are recorded when incurred.

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean			Program Services	Grants to Recipients	39,360
East Asia & the Pacific			Program Services	Grants to Recipients	55,751

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Program Services	Grants to Recipients	1,338,512
Middle East & North Africa			Program Services	Grants to Recipients	53,790

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Grants to Recipients	372,481
South America			Program Services	Grants to Recipients	758,217

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Grants to Recipients	92,617
Sub-Saharan Africa			Program Services	Grants to Recipients	621,043

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central American and the Caribbean			Program Services	Travel - Institutional Research and Education	241,812
East Asia & the Pacific			Program Services	Travel - Institutional Research and Education	541,714

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe			Program Services	Travel - Institutional Research and Education	1,731,530
Middle East & North Africa			Program Services	Travel - Institutional Research and Education	89,110

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Travel - Institutional Research and Education	509,770
Russia and Neighboring States			Program Services	Travel - Institutional Research and Education	19,634

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Travel - Institutional Research and Education	475,582
South Asia			Program Services	Travel - Institutional Research and Education	88,044

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Travel - Institutional Research and Education	120,912
Central America and the Caribbean			Investments	N/A	145,635,241

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		9	Program Services	Independent Contractors-Institutional Research and Education	89,300
East Asia and the Pacific		11	Program Services	Independent Contractors-Institutional Research and Education	49,908

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe		53	Program Services	Independent Contractors-Institutional Research and Education	1,584,616
Middle East and North Africa		1	Program Services	Independent Contractors-Institutional Research and Education	11,000

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America		24	Program Services	Independent Contractors-Institutional Research and Education	701,699
Russia and Neighboring States		1	Program Services	Independent Contractors-Institutional Research and Education	8,250

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America		10	Program Services	Independent Contractors-Institutional Research and Education	57,896
South Asia		2	Program Services	Independent Contractors-Institutional Research and Education	7,960

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa		3	Program Services	Independent Contractors-Institutional Research and Education	15,172

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	16,048	Wire Transfer		N/A	N/A
		Central America & the Caribbean	Research	15,534	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	7,778	Wire Transfer		N/A	N/A
		East Asia & the Pacific	Research	39,751	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia & the Pacific	Research	16,000	Wire Transfer		N/A	N/A
		Europe	Research	39,380	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	36,140	Wire Transfer		N/A	N/A
		Europe	Research	64,568	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	86,517	Wire Transfer		N/A	N/A
		Europe	Research	79,650	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	29,459	Check		N/A	N/A
		Europe	Research	53,061	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	155,383	Wire Transfer		N/A	N/A
		Europe	Research	83,215	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	61,953	Wire Transfer		N/A	N/A
		Europe	Research	76,118	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	23,065	Check		N/A	N/A
		Europe	Research	37,827	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	22,050	Check		N/A	N/A
		Europe	Research	15,524	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	80,603	Check		N/A	N/A
		Europe	Research	66,000	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	94,314	Wire Transfer		N/A	N/A
		Europe	Research	51,048	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	52,500	Wire Transfer		N/A	N/A
		Europe	Research	34,925	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	39,215	Wire Transfer		N/A	N/A
		Middle East & North Africa	Research	8,752	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East & North Africa	Research	35,038	Wire Transfer		N/A	N/A
		Middle East & North Africa	Research	10,000	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	57,440	Check		N/A	N/A
		North America	Research	142,342	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	67,404	Check		N/A	N/A
		North America	Research	24,200	Check		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Research	81,095	Wire Transfer		N/A	N/A
		South America	Research	6,208	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	389,377	Wire Transfer		N/A	N/A
		South America	Research	50,922	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	95,673	Wire Transfer		N/A	N/A
		South America	Research	110,141	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Research	99,496	Wire Transfer		N/A	N/A
		South America	Research	6,400	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South Asia	Research	92,617	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	155,120	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	44,506	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	78,050	Wire Transfer		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research	343,368	Wire Transfer		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Central America and the Caribbean	87	1,818,299	Check		N/A	N/A
Scholarships, Fellowship Grants	East Asia and the Pacific	595	9,154,531	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Europe	242	6,619,670	Check		N/A	N/A
Scholarships, Fellowship Grants	Middle East and North Africa	77	1,380,331	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	North America	64	1,274,562	Check		N/A	N/A
Scholarships, Fellowship Grants	Russia and Neighboring States	29	702,327	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	South America	231	4,150,335	Check		N/A	N/A
Scholarships, Fellowship Grants	South Asia	119	2,650,342	Check		N/A	N/A

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships, Fellowship Grants	Sub-Saharan Africa	28	873,252	Check		N/A	N/A

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

59-0624458

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Banquet & Auction</u> (event type)	<u>Luncheon</u> (event type)	<u>15</u> (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	494,431	269,948	1,410,675	2,175,054
	2 Less: Contributions	466,606	216,838	1,152,874	1,836,318
	3 Gross income (line 1 minus line 2)	27,825	53,110	257,801	338,736
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			556	556
	6 Rent/facility costs			123,575	123,575
	7 Food and beverages		17,150	341,860	359,010
	8 Entertainment		1,266	198,920	200,186
	9 Other direct expenses	127,051	31,029	252,190	410,270
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,093,597
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-754,861

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ **Yes** ☐ **No**

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ **Yes** ☐ **No**

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ►

Address ►

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

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

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

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493105009200	
SCHEDULE H (Form 990)		Hospitals			OMB No. 1545-0047
Department of the Treasury		► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.			2018 Open to Public Inspection
Name of the organization University of Miami				Employer identification number 59-0624458	

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

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes
b	If "Yes," did the organization make it available to the public?	5c	No
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes
		6b	Yes

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,170,000		10,170,000	0.260 %
b Medicaid (from Worksheet 3, column a)			183,452,925	72,738,805	110,714,120	2.790 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			193,622,925	72,738,805	120,884,120	3.050 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,513,203	3,232,074	281,129	0.010 %
f Health professions education (from Worksheet 5)			23,305,678	3,370,255	19,935,423	0.500 %
g Subsidized health services (from Worksheet 6)			2,251,363	2,251,363		
h Research (from Worksheet 7)			139,726,887	137,617,765	2,109,122	0.050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			184,256		184,256	0 %
j Total. Other Benefits			168,981,387	146,471,457	22,509,930	0.560 %
k Total. Add lines 7d and 7j			362,604,312	219,210,262	143,394,050	3.610 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,752,041	1,642,598	109,443	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,752,041	1,642,598	109,443	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	59,623,897	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	286,721,010
6 Enter Medicare allowable costs of care relating to payments on line 5	6	316,293,547
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-29,572,537
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

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

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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>umiamihealth.org/community-health/community-health-needs-assessment</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>umiamihealth.org/community-health/community-health-needs-assessment</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): umiamihealth.org/sylvester-comprehensive-cancer-center/billing-insurance/fi</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): umiamihealth.org/sylvester-comprehensive-cancer-center/billing-insurance/fi</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): umiamihealth.org/sylvester-comprehensive-cancer-center/billing-insurance/fi</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a:	The organization prepared a community benefit report during the tax year.
Part I, Line 7:	The Medicare cost report was used, except for 7b (Medicaid and other means-tested government programs). For 7b, a cost-to-charge ratio was used. The cost to charge ratio used for Medicaid cost calculation is based on the actual cost of Traditional Medicaid Fee-for-Service claims as reported on the Medicare Cost Report. These calculated costs (Inpatient Routine, Inpatient Ancillary, and Outpatient) are compared to the charges for these services reported on the same cost report. This ratio is used as the Medicaid cost-to-charge ratio to be applied to total gross Medicaid charges (both Traditional Fee for Service and Managed Care) as reported on the AHCA FUHRs report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities:	Community building activities include child abuse protection programs.
Part III, Line 2:	Total bad debt expense is determined using the hospital's patient accounting records.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3:	Patients who render sufficient financial information to make a determination of eligibility under the hospitals' financial assistance policy are either treated as charity care (if they qualify) or given a "self-pay" discount (if they do not qualify as charity care).
Part III, Line 4:	The hospitals' financial statements do not contain a footnote concerning bad debt. The University's financial statements account for bad debt as a reduction of revenue. For the year ended May 31, 2019, the hospitals recorded \$59,623,897 of implicit price concessions as a direct reduction of patient service revenue that would have been reported as a provision for bad debts prior to the adoption of ASU 2014-09.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	<p>The source of this information is the Medicare Cost Report data, which uses a "cost to charge" ratio methodology. The University of Miami Hospital and Clinics (UMHC) is a Prospective Payment System (PPS) exempt hospital and, as such, is cost based reimbursed for both inpatient and outpatient services. For inpatient services, the limit is the TEFRA target limit. The hospital, on occasion, exceeds the target rate and does not receive full cost reimbursement. The TEFRA target amount is updated by the Medicare program annually by the TEFRA updating factor. However, the amount of the TEFRA updating factor is always significantly less than the actual healthcare inflation factor because the Medicare program includes a "budget neutrality" factor for the overall Medicare program. For outpatient services, the limit is the payment to cost ratio (PCR). The PCR was established using a base year, which was 1996, at a rate of 85.5% of cost. The PCR for all PPS-exempt cancer centers was 88% through 12/31/18, and then 88% from 1/1/19 to 5/31/19; therefore, the hospital currently does not receive payment for 12% of its outpatient cost.</p>
Part III, Line 9b:	<p>Note 3 of the financial statements reads in-part as follows: "the hospital provides care to patients who are financially unable to pay for the healthcare services they receive, and because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in revenue."</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	Needs assessment: UMHC conducted a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in Miami-Dade County, Florida. The assessment educates and validates UMHC on where and who to focus its efforts on improving the health of residents with the greatest needs. The completion of the CHNA enabled UMHC to prioritize the significant health needs of the community and develop a community health implementation plan to address those needs. UMHC has a steering committee dedicated to reviewing the CHNA and providing oversight for the implementation of the plan. The committee has representation from many areas of the organization and leads the efforts in developing the CHNA, implementation strategy, and working with the Board of Directors to seek approval.
Part VI, Line 3:	Patient education of eligibility for assistance: The organization informs and educates patients through public service announcements, advertising, and development activities. Further, patients are assisted with qualifying for Medicaid and other state programs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Community information: UMHC is situated and primarily serves Miami-Dade County. Miami-Dade is the seventh largest county in the nation and represents 12.3% of Florida's population. It is one of the few counties in the United States that is "minority-majority," in that a racial/ethnic minority group comprises the majority of the population with approximately 67.5% Latino or Hispanic residents; 16.3% black, non-Hispanic; 13.7% white, non-Hispanic; 1.5% Asian; 0.1 American Indian and Alaska Native; 0.3% other race alone and approximately 0.3% of non-Hispanic residents identified with more than one race. Miami-Dade County has a relatively young population with 84.7% of residents under age 65 and 20.5% under the age of 18, with a median resident age of 39.5 years old. This diversity is often thought to represent the future demographics of the United States in 2050. In Miami Dade County, nearly 20% of all individuals live below the federal poverty level (e.g., annual income of \$25,750 for a family of four), as compared to 14% in Florida overall. The SocioNeeds Index, developed by the Conduent Healthy Communities Institute, is a measure of socioeconomic need calculated from several social and economic factors, ranging from poverty to education, which may impact health and/or access to care. The Index is correlated with potentially preventable hospitalization rates related to chronic conditions, diabetes, and obesity. Index values range from 0 to 100, in which 100 represents communities with the greatest socioeconomic need. The median score for Miami-Dade County is 74.5 out of 100, which is indicative of poor health outcomes due to high needs within the community. The SocioNeeds Index further confirms the socioeconomic disparities observed among residents of Miami-Dade County. This map illustrates the socioeconomic status of Miami-Dade County residents based on the SocioNeeds Index. In addition to the SocioNeeds Index, a rank measure is calculated by comparing the SocioNeeds Index of all zip codes in Miami-Dade County (a rank of 5 represents high need, while a rank of 1 represents low need). More than one-third of Miami-Dade County residents live in ZIP codes identified as those with the "greatest need" (5). Over 70% of residents reside in ZIP codes with a SocioNeeds Index score of a three (3) or higher. The top ten leading causes of death in Miami-Dade County are: 1. Heart Disease 2. Cancer 3. Stroke 4. Chronic Lower Respiratory Disease 5. Unintentional Injury 6. Alzheimer's Disease 7. Diabetes 8. Influenza and Pneumonia 9. Nephritis, Nephrotic Syndrome and Nephrosis 10. Parkinson's Disease The County follows the national trend, sharing nine of the national top ten leading causes of death.</p>
Part VI, Line 5:	<p>Promotion of community health: UMHC in partnership with the Miller School of Medicine is focused on the health of the community it serves. The Sylvester Comprehensive Cancer Center, the Bascom Palmer Eye Institute, the Department of Community Service and all departments conduct health screenings, provide education and reach underserved populations through health fairs, free screenings, referrals to free programs and mobile units to reach underserved areas with limited transportation. The UMHC Board of Directors reviews and approves the CHNA and CHNA implementation strategy to ensure the organization is committed to community health improvement.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	Affiliated health care system: The organization has an affiliation agreement with Miami-Dade County's Public Health Trust (PHT) to provide teaching physicians who supervise PHT's interns and residents at Jackson Memorial Hospital.
Part VI, Line 7	UMHC does not file a community benefit report with any state.

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	University of Miami Hospital & Clinics 1475 NW 12 Avenue Miami, FL 33136 sylveste.org #4074	X	X		X			X		Prospective Payment System Exempt Hospital	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>Part V, Section B, Line 5: The CHNA was conducted using several existing assessments including the Miami-Dade County Mobilizing for Action Planning Partnerships (MAPP), Healthy People 2020 and the Robert Wood Johnson Foundation's County Health rankings. These data sources along with both primary and secondary research targeting key patient service areas were conducted to determine the needs of the hospital's patient population and highlight key health disparities. Focus groups and in-depth interviews were conducted to seek feedback from the populations we serve including community partners, patients, general consumers and health system staff and leadership. In addition to the focus groups and interviews, paper and electronic surveys were administered using the following method: - Conducted in early 2019 - Distributed via email and in person - Collected 120 responses - Organizations throughout Miami-Dade County participated including: o Health Council of South Florida o Health Foundation of South Florida o Public Health Trust/Jackson Health System o South Florida Behavioral Health Network o Miami Dade County Grants Coordination o American Cancer Society o Sant La o Chamber of Commerce - Fort Lauderdale o Chamber of Commerce - South Florida Hispanic o Legal Services of Greater Miami o Susan G Komen o Ronald McDonald House o Florida Department of Health in Miami-Dade County o South Florida Hospital and Healthcare Association o Miami-Dade County AHEC o United Way of Miami-Dade</p> <p>The survey captured information about perceived community health needs, areas of priority and opportunities for improving community health. UMHC also partnered with the Health Foundation of South Florida on developing the CHNA. The CHNA was provided publicly on its web site and had paper copies available for review for anyone who inquired. After the data was collected and analyzed, seven priority areas emerged that UMHC has included in its CHNA: 1. Access to Care 2. Availability of Primary Care and Prevention 3. Cancer Prevention and Treatment 4. Chronic Disease management 5. Communicable Disease including HIV and STDs 6. Health Lifestyles including Physical Activity and Nutrition 7. Maternal and Child Health</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>Part V, Section B, Line 11: UMHC will address the health needs identified above through the strategies defined in the implementation strategy including several key initiatives outlined below:</p> <p>Access to care:Develop a comprehensive guide of all resources available to patients and their families and train financial counselors on all options to connect patients with all available resources. The evaluation metrics include the number of referrals to community programs, number of referrals to partner programs such as Light House for the Blind for low vision patients and the number of patients enrolled in available funding programs. Availability of Primary Care and Prevention:Provide free comprehensive primary care to targeted underserved populations in Miami-Dade County through various partnerships including the Miller School of Medicine Department of Community Service, Center for Haitian Studies, IDEA Clinic and Light of the World. The evaluation metrics include the number of people served through these free clinics and the number of people with positive findings referred for follow up care. Cancer Prevention and Treatment:Provide free cancer screenings and prevention activities to black and Hispanic populations in zip codes in Miami-Dade County with high incidence of late stage cancer in partnership with Sant La Haitian Neighborhood Center, WIC and the Department of Health. The evaluation metrics include the number of people screened and the number of people with positive findings who were referred to supportive services. Chronic Disease Management:Provide free glucose screenings and blood pressure checks to individuals who are at risk and have limited access to formal healthcare. The evaluation metrics include the number of patients with abnormal findings and referrals to appropriate, accessible follow up care.Communicable Disease:Utilize a mobile unit to provide free HIV screenings and PrEP (pre-exposure prophylaxis) to individuals at high risk of infection in partnership with the Miller School Center for AIDS Research and the County Department of Health. The evaluation metrics include the number of people with positive screenings who were referred for appropriate follow up care and the number of people provided PrEP . Healthy Lifestyles:Develop a resources directory to provide to patients that includes all available resources to assist with nutritional needs including WIC, SNAP and TANF in partnership with the County Department of Health. The evaluation metric includes the number of people counseled on available resources and provided the directory. Maternal and Child Health:Provide free well child visits including immunizations to elementary school children at underserved populated schools in Miami-Dade County in partnership with the Children's Health Fund, Kennedy Foundation, Center for Haitian Studies and the Garfield Foundation. The evaluation metrics include the number of students receiving well child visits and the number of students receiving immunizations.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	munizations.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
University of Miami

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
59-0624458

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

153

3

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

52

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships for tuition housing meals and books	11742	442,185,318		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2:	Procedure for Monitoring Grants: Grants to organizations and individuals awarded for the purpose of conducting research are monitored as follows: Subcontracts are issued with a defined scope of work and a budget and include other terms and conditions such as frequency of required reporting. The faculty member at the University of Miami responsible for the grant monitors the scientific progress via site visits, correspondence, reports, etc. Invoices submitted for payments by the outside organization or by an individual are approved by the University of Miami Faculty member responsible for the grant.
Schedule I, Part III:	Assistance to the University students in the form of scholarships are awarded for the purpose of aiding with the cost of attending the University (i.e., for tuition, housing and meals). Scholarships are based on need and academic achievement. Total scholarships, grants and loans cannot exceed the total cost of attendance. The University publishes criteria for the eligibility requirements needed to award a scholarship. The amount of aid awarded is based on a need analysis formula developed by the federal government and includes verification of the information submitted by the student.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
123 THERAPY INC 3670 N 54TH AVE HOLLYWOOD, FL 33021	45-3437211		144,159	0	N/A	N/A	RESEARCH
ACEER FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 19382	63-1045786	501(c)(3)	21,413	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRIANA TAFUR SERVICES INCORPORATED 2020 NE 163RD ST STE 207 N MIAMI BEACH, FL 33162	51-0535858		24,304	0	N/A	N/A	RESEARCH
AMERICAN HEART ASSOCIATION INC 4000 HOLLYWOOD BLVD STE 170N HOLLYWOOD, FL 33021	13-5613797	501(c)(3)	664,861	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL SPEECH AND THERAPY SERVICES INC 5470 W 16TH AVE HIALEAH, FL 33012	46-2204485		8,220	0	N/A	N/A	RESEARCH
ARIZONA STATE UNIVERSITY 1001 S MCALLISTER AVE TEMPE, AZ 85287	86-0196696	State of AZ	131,674	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATMOSPHERIC AND ENVIRONMENTALRESEARCH PO BOX 5175 NEW YORK, NY 10087	04-2608324		75,096	0	N/A	N/A	RESEARCH
BAPTIST HOSPITAL OF MIAMI 8900 NORTH KENDALL DRIVE MIAMI, FL 33176	59-0910342	501(c)(3)	10,664	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM210-600D HOUSTON, TX 77030	74-1613878	501(c)(3)	65,160	0	N/A	N/A	RESEARCH
BAYSTATE MEDICAL CENTER 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501(c)(3)	23,339	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 DUARTE RD DUARTE, CA 91010	95-3432210	501(c)(3)	35,003	0	N/A	N/A	RESEARCH
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(c)(3)	46,813	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIO NETWORKS INC 1441 SW 1 ST MIAMI, FL 33135	04-3687978		5,732	0	N/A	N/A	RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 1220 CAPITOL CT MADISON, WI 53715	39-1805963	501(c)(3)	662,362	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDEIS UNIVERSITY 515 SOUTH ST MS079 WSRC WALTHAM, MA 02453	04-2103552	501(c)(3)	109,635	0	N/A	N/A	RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL INC BANK OF AMERICA NA PO BOX 3887 BOSTON, MA 02241	04-2312909	501(c)(3)	126,840	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWN UNIVERSITY 69 BROWN STREET BOX 1997 PROVIDENCE, RI 02912	05-0258809	501(c)(3)	180,762	0	N/A	N/A	RESEARCH
BUILDING FOUNDATIONS THERAPY SERVICES INC 13590 SW 134TH AVE STE 107 MIAMI, FL 33186	46-1893790		32,080	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURNING VISIONS PRODUCTIONS INC 1402 HIGHLAND LANE DELRAY BEACH, FL 33444	65-0834587		24,535	0	N/A	N/A	RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE 475 BRANNAN ST SUITE 130 SAN FRANCISCO, CA 94107	94-0562680		72,066	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE NORD HALL 615 CLEVELAND, OH 44106	34-1018992	501(c)(3)	648,134	0	N/A	N/A	RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(c)(3)	92,704	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR FAMILY AND CHILD ENRICHMENT INC 1825 NW 167 STREET SUITE 102 MIAMI GARDENS, FL 33056	59-1775062		97,972	0	N/A	N/A	RESEARCH
CHESTNUT HEALTH SYSTEMS INC 1003 MARTIN LUTHER KING DR BLOOMINGTON, IL 61701	37-0964629	501(c)(3)	29,638	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HEALTH AND EDUCATIONAL MANAGEMENT 8785 SW 165TH AVE STE 106D MIAMI, FL 33193	02-0552323		95,790	0	N/A	N/A	RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNETT AVENUE CINCINNATI, OH 45229	31-0833936		51,435	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FLORIDA 2950 CLEVELAND CLINIC BLVD WESTON, FL 33331	65-0844880		79,162	0	N/A	N/A	RESEARCH
COLLABORATIVE DRUG DISCOVERY INC 1633 BAYSHORE HWY STE 342 BURLINGAME, CA 94010	42-1631574		283,198	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY555 S HOWES ST FORT COLLINS, CO 80523	84-6000545	State of CO	12,697	0	N/A	N/A	RESEARCH
COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216TH ST CUTLER BAY, FL 33190	59-1372690	501(c)(3)	89,131	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU 620 W LEXINGTON STREET 4TH FLOOR BALTIMORE, MD 21203	52-6002033	State of MD	24,723	0	N/A	N/A	RESEARCH
CONNECTFAMILIAS INC 1111 SW 8TH ST STE 207 MIAMI, FL 33130	37-1646586		101,362	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14851	15-0532082	501(c)(3)	96,133	0	N/A	N/A	RESEARCH
CRAIG HOSPITAL 3425 S CLARKSON ST BUSINESS OFFICE ENGLEWOOD, CA 80113	84-0404233	501(c)(3)	160,186	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUBAN STUDIES INSTITUTE INC 1500 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146	82-2424147		235,861	0	N/A	N/A	RESEARCH
D&D REHAB CENTER INC 3412 W 84TH ST UNIT E-106 HIALEAH, FL 33018	27-1913437		14,485	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DLC REHAB SERVICES INC 1550 W 84TH ST STE 58 HIALEAH, FL 33014	90-0490295		8,226	0	N/A	N/A	RESEARCH
DREXEL UNIVERSITY 3201 ARCH STREET 340 PHILADELPHIA, PA 19104	23-1352630	501(c)(3)	72,324	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 119 BIOLOGICAL SCIENCES- 130 SCIENCE DR DURHAM, NC 27708	56-0532129	501(c)(3)	246,494	0	N/A	N/A	RESEARCH
EASTER SEALS SOUTH FLORIDA INC 1475 NW 14 AVE MIAMI, FL 33125	59-0722783	501(c)(3)	18,258	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	54-6055378		50,383	0	N/A	N/A	RESEARCH
EMMUNE INC 130 SCRIPPS WAY JUPITER, FL 33458	46-2445960		45,882	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 605 ASBURY CIRCLE STE E432 ATLANTA, GA 30322	58-0566256	501(c)(3)	2,834,981	0	N/A	N/A	RESEARCH
ERGOTHERAPY CONSULT 6350 SW 112TH ST MIAMI, FL 33156	26-1939010		33,090	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY CENTRAL INC 1415 W CYPRESS CREEK RD STE 103 FORT LAUDERDALE, FL 33309	59-1487190	501(c)(3)	227,782	0	N/A	N/A	RESEARCH
FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC 820 E PARK AVE STE D200 TALLAHASSEE, FL 32301	59-3352342	501(c)(3)	153,873	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 ATLANTA, GA 30384	65-0385507	State of FL	99,132	0	N/A	N/A	RESEARCH
FLORIDA DEPARTMENT OF HEALTH 6101 LAKE ELLENOR DR ORLANDO, FL 32809	59-3502843	State of FL	66,184	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD S FT MYERS, FL 33965	65-0753801	State of FL	57,778	0	N/A	N/A	RESEARCH
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8 STREET MARC 430 MIAMI, FL 33199	65-0177616	State of FL	883,487	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA KEYS AHEC INC 5800 OVERSEAS HIGHWAY SUITE 38 MARATHON, FL 33050	65-0183810	501(c)(3)	468,939	0	N/A	N/A	RESEARCH
FLORIDA REHAB PROFESSIONALS GROUP INC 401 CORAL WAY STE 403 CORAL GABLES, FL 33134	45-0601954		338,398	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-1961248	State of FL	422,027	0	N/A	N/A	RESEARCH
GAMA REHAB SERVICES INC 19042 NW 91ST CT MIAMI, FL 33018	20-0203443		46,549	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGETOWN UNIVERSITY 3900 RESERVOIR RD NW- PRECLINICAL SCIENCE BLDG LE8H WASHINGTON, DC 20007	53-0196603	501(c)(3)	113,966	0	N/A	N/A	RESEARCH
GEORGIA TECH RESEARCH CORP 505 TENTH STREET NW ATLANTA, GA 30318	58-0603146	501(c)(3)	85,123	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWOOD GENETIC CENTER INC 101 GREGOR MENDEL CIR GREENWOOD, SC 29646	57-0604070	501(c)(3)	33,383	0	N/A	N/A	RESEARCH
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC 12902 USF MAGNOLIA DR TAMPA, FL 33612	59-3238634	501(c)(3)	318,276	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CHOICE NETWORK OF FLORIDA INC 9064 NW 13 TERRACE DORAL, FL 33172	65-0504316	501(c)(3)	308,904	0	N/A	N/A	RESEARCH
HENRY FORD HEALTH SYSTEM 1 FORD PL 5E DETROIT, MI 48202	38-1357020	501(c)(3)	206,754	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HJR REEFSCAPING URB VALLE HERMOSO ARRIBA CALLE CLAVEL P4 HORMIGUEROS, PR 00660	66-0704731		35,956	0	N/A	N/A	RESEARCH
INDIANA UNIVERSITY 400 EAST 7 STREET-POPLARS BUILDING ROOM 501 BLOOMINGTON, IN 47405	35-6001673	State of IN	505,825	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON HEALTH SYSTEM JACKSON MEDICAL TOWERS EAST-1500 NW 12TH AVE STE 803 MIAMI, FL 33136	59-1713947		133,430	0	N/A	N/A	RESEARCH
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA INC 735 NE 125 ST MIAMI, FL 33161	59-0637867	501(c)(3)	98,983	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 2041 EAST MONUMENT STREET BALTIMORE, MD 21205	52-0595110	501(c)(3)	11,191	0	N/A	N/A	RESEARCH
JUST LEARNING CORP 8341 NW 21ST CT SUNRISE, FL 33322	20-4969026		124,035	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KREATIVE KIDS THERAPY CENTER CO 8491 NW 17TH ST STE 110 DORAL, FL 33126	46-2510560		23,281	0	N/A	N/A	RESEARCH
KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BLVD MS1039 KANSAS CITY, KS 66160	48-1108830	501(c)(3)	93,700	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING WITH FUN-BETTER FUTURE CORP 12350 SW 132ND CT STE 109 MIAMI, FL 33186	20-4409513		291,909	0	N/A	N/A	RESEARCH
LIBERTY KIDS INC 50 NE 128TH ST NORTH MIAMI, FL 33161	20-5019202		15,200	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOOK THINK & LEARN INC 1800 SW 27TH AVE 208 MIAMI, FL 33145	20-2605325		59,060	0	N/A	N/A	RESEARCH
LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MECHANICAL COLLEGE 204 THOMAS BOYD HALL BATON ROUGE, LA 70803	72-6000848	State of LA	71,057	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC JACKSONVILLE PO BOX 4006 ROCHESTER, MN 55903	59-3337028	501(c)(3)	8,017	0	N/A	N/A	RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM ST COLUMBIA, SC 29208	57-6000722	State of SC	23,597	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDSTAR HEALTH RESEARCH INSTITUTE PO BOX 418223 BOSTON, MA 02241	52-6056274	501(c)(3)	42,440	0	N/A	N/A	RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER PO BOX 26338 NEW YORK, NY 10087	13-1924236		252,835	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI CHILDREN'S INITIATIVE INC 2525 NW 62 STREET SUITE 4132A 4TH FLOOR MIAMI, FL 33147	27-5025010	501(c)(3)	22,000	0	N/A	N/A	RESEARCH
MIAMI DADE AHEC 1200 NW 78TH AVENUE SUITE 209 MIAMI, FL 33126	65-0009277	501(c)(3)	624,788	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI DADE COLLEGE 11011 SW 104 STREET MIAMI, FL 33176	59-1210485	State of FL	21,424	0	N/A	N/A	RESEARCH
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION 825 S 8TH ST STE PP7700 MINNEAPOLIS, MN 55415	41-1677920	501(c)(3)	41,111	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEREY BAY AQUARIUM RESEARCH INSTITUTE 7700 SANDHOLDT ROAD MOSS LANDING, CA 95039	77-0150580	501(c)(3)	107,799	0	N/A	N/A	RESEARCH
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873		597,547	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI MEDICAL CENTER OF FLORIDA INC 4300 ALTON RD-COST CENTER 02-4753 MIAMI BEACH, FL 33140	59-0624424	501(c)(3)	50,125	0	N/A	N/A	RESEARCH
MUSEUM OF SCIENCE INC 1101 BISCAYNE BLVD MIAMI, FL 33132	59-0854960	501(c)(3)	31,158	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY TIME INC 1800 SW 1ST AVE SUITE 502 MIAMI, FL 33129	30-0755466		39,725	0	N/A	N/A	RESEARCH
NEW JERSEY INSTITUTE OF TECHNOLOGY PO BOX 18110 NEWARK, NJ 07191	22-6000910	State of NJ	172,845	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 1 PARK AVE NEW YORK, NY 10016	13-5562309		71,332	0	N/A	N/A	RESEARCH
NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY 1601 EAST MARKET STREET GREENSBORO, NC 27411	56-6000007	State of NC	81,984	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7514-ADMIN SVCS III 240 RALEIGH, NC 27695	56-6000756	State of NC	220,319	0	N/A	N/A	RESEARCH
NORTHWESTERN UNIVERSITY 633 CLARK ST-ROOM G-547 EVANSTON, IL 60208	36-2167817	501(c)(3)	78,912	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOVA SOUTHEASTERN UNIVERSITY INC 3301 COLLEGE AVE FT LAUDERDALE, FL 33314	59-1083502	501(c)(3)	1,062,688	0	N/A	N/A	RESEARCH
NYU WINTHROP HOSPITAL 700 HICKSVILLE RD STE 205 BETHPAGE, NY 11714	11-1633486	501(c)(3)	13,994	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIVERSITY FOUNDATION 3181 SW SAM JACKSON PARK RD MAIL CODE SJH-2 PORTLAND, OR 97239	23-7083114	501(c)(3)	17,651	0	N/A	N/A	RESEARCH
OREGON STATE UNIVERISITY 108 HOVLAND HALL CORVALLIS, OR 97331	61-1730890	State of OR	69,338	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUNCE OF PREVENTION FUND 33 W MONROE-SUITE 2400 CHICAGO, IL 60603	36-3186328	501(c)(3)	34,259	0	N/A	N/A	RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 677 HUNTINGTON AVE CCPE-DEPT A BOSTON, MA 02115	04-2103580	501(c)(3)	121,979	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REAL PREVENTION LLC 130 PEARL BROOK DR CLIFTON, NJ 07013	46-2906812		31,367	0	N/A	N/A	RESEARCH
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA 1001 NORTH EMMET STREET PO BOX 400202 CHARLOTTSVILE, VA 22904	54-6001796	501(c)(3)	12,055	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CALIFORNIA RIVERSIDE 900 UNIVERSTITY AVENUE ACCOUNTING OFFICE -002 RIVERSIDE, CA 92521	95-6006142	State of CA	360,063	0	N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA BOX 957089 1125 MURPHY HALL-405 HILGARD AVE LOS ANGELES, CA 90095	94-3067788	501(c)(3)	658,228	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA BARBARA 3227 CHEADLE HALL SANTA BARBARA, CA 93106	95-6006145	State of CA	154,786	0	N/A	N/A	RESEARCH
RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	14-1368361	501(c)(3)	153,960	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE STATE UNIVERSITY 210 N FOURTH STREET 4TH FLOOR SAN JOSE, CA 95112	94-6017638	501(c)(3)	2,476,465	0	N/A	N/A	RESEARCH
SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE SBP MED DISC INST LAKE NONA 6400 SANGER ROAD ORLANDO, FL 32827	51-0197108	501(c)(3)	149,243	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOL BOARD MIAMI-DADE COUNTY FLORIDA 1450 NE SECOND AVENUE SUITE 500 MIAMI, FL 33132	59-6000572	M. Dade County	111,227	0	N/A	N/A	RESEARCH
SIEMENS MEDICAL PO BOX 223692 PITTSBURGH, PA 15251	94-2784998		118,189	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION 1201 NW 16TH ST RM D806C MIAMI, FL 33125	65-0207903	501(c)(3)	535,063	0	N/A	N/A	RESEARCH
SPEECH PATHOLOGY AND EDUCATIONAL CENTER INC 8590 SW 40TH ST MIAMI, FL 33155	65-0303523		163,555	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDRENS RESEARCH HOSPITAL P O BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(c)(3)	32,007	0	N/A	N/A	RESEARCH
STANFORD UNIVERSITY 651 SERRA ST SUITE 220 STANFORD, CA 94305	94-1156365	501(c)(3)	135,933	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE HEALTH NETWORK INC 15321 S DIXIE HWY STE 309 PALMETTO BAY, FL 33157	42-1747958		21,165	0	N/A	N/A	RESEARCH
TEXAS A&M ENGINEERING EXPERIMENT STATION 400 HARVEY MITCHELL PARKWAY S STE 300 COLLEGE STATION, TX 77845	74-6000531	State of TX	87,324	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M UNIVERSITY DEPT OF ANTHROPOLOGY 4352-CONSERVAT ON RESEARCH COLLEGE STATION, TX 77843	74-2907553	State of TX	36,422	0	N/A	N/A	RESEARCH
THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA 985050 NEBRASKA MEDICAL CTR OMAHA, NE 68198	47-0049123	501(c)(3)	13,087	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GENERAL HOSPITAL CORPORATION 149 13TH STREET SUITE 2264 CHARLESTOWN, MA 02129	04-2697983	501(c)(3)	80,152	0	N/A	N/A	RESEARCH
THE GENEVA FOUNDATION 917 PACIFIC AVE STE 600 TACOMA, WA 98402	91-1593913	501(c)(3)	16,883	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 6720A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896		7,463,211	0	N/A	N/A	RESEARCH
THE MCLEAN HOSPITAL CORPORATION 115 MILL ST BELMONT, MA 02478	04-2697981	501(c)(3)	216,267	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEMOURS FOUNDATION 10140 CENTURION PKWY N JACKSONVILLE, FL 32207	59-0634433	501(c)(3)	7,734	0	N/A	N/A	RESEARCH
THE OHIO STATE UNIVERSITY 556 BIOLOGICAL SCIENCES 484 W 12TH AVE OSU COLUMBUS, OH 43210	31-6025986	State of OH	54,922	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIVERSITY 137 EAST AREA BLDG UNIVERSITY PA, PA 16802	24-6000376	State of PA	151,524	0	N/A	N/A	RESEARCH
THE REACH INSTITUTE RESOURCE FOR ADVANCING CHILDREN'S HEALTH 404 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10018	20-5437835	501(c)(3)	26,681	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENT OF THE UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST BOX 0812 SAN FRANCISCO, CA 94143	94-6036493	State of CA	604,644	0	N/A	N/A	RESEARCH
THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(c)(3)	295,210	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 3030 BROADWAY MAIL CODE 1900 NEW YORK, NY 10027	13-5598093	501(c)(3)	3,198,497	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF PENNSYLVANIA 3800 SPRUCE ST 216EE PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	677,698	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TENNESSEE 920 MADISON AVE STE 300A MEMPHIS, TN 38103	62-6001636	State of TN	140,501	0	N/A	N/A	RESEARCH
THE VILLAGE 169 E FLAGLER ST STE 1300 MIAMI, FL 33131	59-1452736	501(c)(3)	5,381	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THERAPY BY DESIGN INC 17670 NW 78TH AVE STE 113 MIAMI, FL 33015	90-0060916		35,910	0	N/A	N/A	RESEARCH
THOMAS JEFFERSON UNIVERSITY 170 S INDEPENDENCE MALL WEST-SUITE 925E BOX21 PHILADELPHIA, PA 19106	23-1352651	501(c)(3)	145,000	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSLATIONAL GENOMICS RESEARCH 445 N FIFTH STREET SUITE 600 PHOENIX, AZ 85004	75-3065445	501(c)(3)	5,612	0	N/A	N/A	RESEARCH
TULANE UNIVERSITY 800 EAST COMMERCE ROAD-SUITE 203 HARAHAN, LA 70123	72-0423889	501(c)(3)	48,839	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST SLOT 560 LITTLE ROCK, AR 72205	71-6046242	State of AR	43,930	0	N/A	N/A	RESEARCH
UNIV OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	State of CA	472,393	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF WASH BOX 357920 SEATTLE, WA 98195	91-6001587	State of WA	397,121	0	N/A	N/A	RESEARCH
UNIVERSIDAD CENTRAL DEL CARIBE INC PO BOX 60327 BAYAMON, PR 00960	66-0349669	501(c)(3)	95,376	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSIDAD DEL TURABO PO BOX 21345 SAN JUAN, PR 00928	66-0201206	501(c)(3)	53,631	0	N/A	N/A	RESEARCH
UNIVERSITY COLORADO DENVER 12850 E MONTVIEW BLVD- C238 V20-4132 V20-4132 AURORA, CO 80045	84-6000555	State of CO	125,930	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 619 19TH ST S BIRMINGHAM, AL 35233	63-6005396	State of AL	75,681	0	N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA ONE SHIELDS AVE MS1C ROOM 126 DAVIS, CA 95616	95-2226406	State of CA	52,064	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	State of CA	152,094	0	N/A	N/A	RESEARCH
UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES 12424 RESEARCH PARKWAY SUITE 300 ORLANDO, FL 32826	59-2924021	State of FL	135,026	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI PO BOX 932641 CLEVELAND, OH 44193	31-6000989	State of OH	97,381	0	N/A	N/A	RESEARCH
UNIVERSITY OF DELAWARE 220 HULLIHEN HALL NEWARK, DE 19716	51-6000297	501(c)(3)	300,423	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF DENVER 2199 S UNIVERSITY BLVD MARY REED BLDG 222 DENVER, CO 80210	84-0404231	501(c)(3)	47,430	0	N/A	N/A	RESEARCH
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	State of FL	1,524,721	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA 5270 CBRB IOWA CITY, IA 52242	42-6004813	State of IA	60,797	0	N/A	N/A	RESEARCH
UNIVERSITY OF KANSAS 1000 SUNNYSIDE AVE-ROOM 4082 LAWRENCE, KS 66045	48-1124839		270,617	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY KENTUCKY TOBACCO RSCH DEVT CNTR 1401 UNIVERSITY DR LEXINGTON, KY 40546	61-6001218	State of KY	6,213	0	N/A	N/A	RESEARCH
UNIVERSITY OF LOUISIANA AT LAFAYETTE PO BOX 42570 LAFAYETTE, LA 70504	72-6000820	State of LA	806,117	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH ATTENTION MEDICAL SCHOOL BURSAR WORCESTER, MA 01655	04-3167352	State of MA	124,189	0	N/A	N/A	RESEARCH
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVE SE- SUITE 100 MINNEAPOLIS, MN 55414	41-6007513	State of MN	332,081	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO LATIN AMERICAN IBERIAN INSTITUTE MSC02 1690-1 ALBUQUERQUE, NM 87131	85-6000642		230,885	0	N/A	N/A	RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 120 MASON FARM RD GMB 5023 E-CB7519 E-CB7519 CHAPEL HILL, NC 27599	56-6001393	State of NC	53,382	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE 311247 BOX 305250 305250 DENTON, TX 76203	75-6002149	State of TX	534,028	0	N/A	N/A	RESEARCH
UNIVERSITY OF PITTSBURGH 500 ROSS ST ATTN 371220- 154-0455 PITTSBURGH, PA 15262	25-0965591	501(c)(3)	377,580	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PUERTO RICO AT MAYAGUEZ CAMPUS RESEARCH DEVELOPMENT-HIGHWAY 108 KM 10 MAYAGUEZ, PR 00681	66-0433461		19,735	0	N/A	N/A	RESEARCH
UNIVERSITY OF RHODE ISLAND 75 LOWER COLLEGE RD RM 110 KINGSTON, RI 02881	05-6000522	State or RI	18,185	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA SPONSORED RES 160-3650 SPECTRUM BLVD TAMPA, FL 33612	59-3102112	State of FL	632,188	0	N/A	N/A	RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 90089	95-1642394	501(c)(3)	59,417	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN 2500 SPEEDWAY MBB 3210 AUSTIN, TX 78712	74-6000203	State of TX	327,545	0	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 1825 PRESSLER ST SAROFIM RESEARCH BLDG RM 401M HOUSTON, TX 77030	74-1761309	State of TX	185,002	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE PATHOLOGY ROOM 328B SAN ANTONIO, TX 78229	74-1586031	State of TX	29,552	0	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER WILLED BODY PROGRAM 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	State of TX	33,192	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE VIRGIN ISLANDS 2 JOHN BREWERS BAY CHARLOTTE AMA, VI 00802	66-0432514	501(c)(3)	59,138	0	N/A	N/A	RESEARCH
UNIVERSITY OF WASHINGTON GRANTS AND CONTRACT SERVICES-3935 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	State of WA	1,077,951	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WEST GEORGIA 1601 MAPLE ST CARROLLTON, GA 30118	58-6002055		6,000	0	N/A	N/A	RESEARCH
UNIVERSITY OF WISCONSIN FOUNDATION 1685 HIGHLAND AVE MADISON, WI 53705	39-0743975	501(c)(3)	5,368	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US NAVAL RESEARCH LABORATORY 1009 BLACH BLVD B108 STENNIS SPACE, MS 39529	31-1575142	US Govt	300,000	0	N/A	N/A	RESEARCH
VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE SUITE 100 NASHVILLE, TN 37203	62-0476822	501(c)(3)	278,874	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY CHILDRENS HOSPITAL PO BOX 862192 ORLANDO, FL 32886	59-0638499	501(c)(3)	48,909	0	N/A	N/A	RESEARCH
VIRGINIA INSTITUTE OF MARINE SCIENCE STATE ROUTE 1208 GREATER ROAD GLOUCESTER POINT, VA 23062	54-6001802		33,492	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCE BIOCHEMISTRY DEPARTMENT MEDICAL CENTER BLVD WINSTONSALEM, NC 21157	22-3849199	501(c)(3)	28,111	0	N/A	N/A	RESEARCH
WASHINGTON STATE UNIVERSITY ORSO 280 LIGHTY PULLMAN, WA 99164	91-6601108	State of WA	6,861	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATER MAPPING LLC 1041 EDGEWATER LN GULF BREEZE, FL 32563	47-3600220		27,600	0	N/A	N/A	RESEARCH
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 48202	38-6028429	State of MI	56,008	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE BOX 89 NEW YORK, NY 10021	13-1623978	501(c)(3)	36,914	0	N/A	N/A	RESEARCH
WEST VIRGINIA UNIVERSITY RESEARCH CORP 886 CHESTNUT RIDGE RD MORGANTOWN, WV 26506	55-0665758	501(c)(3)	9,131	0	N/A	N/A	RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 47 COLLEGE ST STE 203 NEW HAVEN, CT 06520	06-0646973	501(c)(3)	192,835	0	N/A	N/A	RESEARCH
AMERICAN CANCER SOCIETY 3709 W JETTON AVENUE TAMPA, FL 33629	13-1788491	501(c)(3)	86,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 4000 HOLLYWOOD BLVD STE 170N HOLLYWOOD, FL 33021	13-5613797	501(c)(3)	75,000	0	N/A	N/A	GENERAL SUPPORT
AMERICAN PANCREATIC ASSOCIATION INC PO BOX 352406 MIAMI, FL 33135	43-1422062	501(c)(3)	16,795	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE ELEMENTARY SCHOOL 2025 NW 1ST AVE MIAMI, FL 33127	46-5269625	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
CIVIC NATION 727 15TH ST NW FLOOR 3 WASHINGTON, DC 20005	47-3576918	501(c)(3)	13,115	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORAL GABLES CHAMBER COMMERCE 224 CATALONIA AVENUE CORAL GABLES, FL 33134	59-0205525	501(c)6	47,000	0	N/A	N/A	GENERAL SUPPORT
DADE COUNTY MEDICAL ASSOCIATION 1011 SUNNYBROOK RD STE 904 MIAMI, FL 33136	59-0555657	501(c)6	8,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELSEVIER INC PO BOX 9533 NEW YORK, NY 10087	13-1958712	501(c)(3)	5,120	0	N/A	N/A	GENERAL SUPPORT
FIGHT FOR SIGHT INC 381 PARK AVENUE SOUTH SUITE 809 NEW YORK, NY 10016	23-7085732	501(c)(3)	9,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA PANTHERS HOCKEY CLUB ONE PANTHER PARKWAY SUNRISE, FL 33323	65-0401302		232,875	0	N/A	N/A	GENERAL SUPPORT
GENETICS POLICY INSTITUTE INC 9314 FOREST HILL BLVD STE 2 WELLINGTON, FL 33411	20-5509308	501(c)(3)	12,500	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB OF SOUTH FLORIDA INC 119 ROSE DR FORT LAUDERDALE, FL 33316	65-0528626	501(c)(3)	13,000	0	N/A	N/A	GENERAL SUPPORT
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE INC 512 NE 3RD AVE FORT LAUDERDALE, FL 33301	59-0250255	501(c)6	12,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BLVD BALLROOM LEVEL MIAMI, FL 33132	59-0358775	501(c)6	30,000	0	N/A	N/A	GENERAL SUPPORT
GREATER PLANTATION CHAMBER OF COMMERCE INC 7401 NW 4TH ST PLANTATION, FL 33317	59-0977809	501(c)6	14,300	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH CHOICE NETWORK OF FLORIDA INC 9064 NW 13 DORAL, FL 33172	65-0504316	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
JACKSON HEALTH FOUNDATION 1501 NW NORTH RIVER DR MIAMI, FL 33125	65-0077727	501(c)(3)	20,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRISTI HOUSE INC 1265 NW 12 AVENUE MIAMI, FL 33136	65-0576650	501(c)(3)	15,615	0	N/A	N/A	GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 200 S PARK RD STE 140 HOLLYWOOD, FL 33021	13-5644916	501(c)(3)	65,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIB AGENTS INC PO BOX 858 BARNARD, VT 05031	81-1109906	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
MUSEUM OF SCIENCE INC FROST SCIENCE 1101 BISCAYNE BLVD MIAMI, FL 33132	59-0854960	501(c)(3)	2,000,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFFERDAHL'S HAND-OFF FOUNDATION 2749 NE 45TH NE 37TH DRIVE OAKLAND PARK, FL 33308	45-4645993	501(c)(3)	25,000	0	N/A	N/A	GENERAL SUPPORT
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVE MANHATTAN BEACH, CA 90266	33-0841281	501(c)(3)	35,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARSHERET INC 1086 TEANECK RD STE 2G TEANECK, NJ 07666	13-4198529	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE INC 333 ARTHUR GODFREY RD STE 300 MIAMI BEACH, FL 33140	65-0511241	501(c)6	25,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN MIAMI FT LAUDERDALE 1333 S UNIVERSITY DR STE 206 PLANTATION, FL 33324	75-2844638	501(c)(3)	50,000	0	N/A	N/A	GENERAL SUPPORT
SUSAN G KOMEN SOUTH FLORIDA 1309 N FLAGLER DR FL 5 WEST PALM BEACH, FL 33401	65-0254225	501(c)(3)	35,000	0	N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BROWARD COUNTY INC 1300 S ANDREWS AVE FT LAUDERDALE, FL 33316	59-0624402	501(c)(3)	35,000	0	N/A	N/A	GENERAL SUPPORT
UNITED WAY OF MIAMI DADE INC PO BOX 29025 MIAMI, FL 33102	59-0830840	501(c)(3)	36,000	0	N/A	N/A	GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization University of Miami		Employer identification number 59-0624458

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
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 Yes	
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

[illegible]

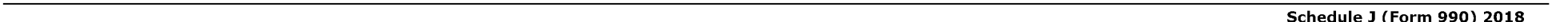
Part III Supplemental Information

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
Part I, Line 1a	First Class Travel: First class travel was provided to President Julio Frenk, Jacqueline Travisano, Mark Richt, and James J. Larranaga. The amounts were not included in taxable income. House and Household Assistance: A house and household assistance is provided to the President Julio Frenk at the convenience of the employer as a condition of employment. Certain amounts were included in taxable income for President Julio Frenk. Club Dues: Club dues were provided for Julio Frenk, Jeffrey Duerk, James J. Larranaga, Jacqueline Travisano, Edward Abraham, and Mark Richt. The amounts were included in taxable income. Social Club Dues: Social club dues were provided for Julio Frenk, Jacqueline Travisano, and Jeffrey Duerk. The amounts were not included in taxable income. Tax Gross-Up Payments: Tax Gross-Up Payments were provided to President Julio Frenk.

Return Reference	Explanation
Part I, Line 6	Hospital & Clinic may provide incentives to certain officers, and highly compensated individuals. Incentive payment are based on productivity / efficiency measures, as well as certain financial targets.

Return Reference	Explanation
Part I, Line 7	Certain officers received sign-on bonuses, and one time payments for assuming duties outside of their job requirements / description



Additional Data

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

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

(A) Name 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				
Marc Buoniconti Trustee/Senior Director	(i)	176,528	0	138	17,704	1,073	195,443	0
	(ii)	0	0	0	0	0	0	0
Julio Frenk President	(i)	1,189,482	150,000	108,382	27,500	270,559	1,745,923	0
	(ii)	0	0	0	0	0	0	0
Leslie Dellinger Aceituno Secretary	(i)	156,494	0	604	17,861	17,374	192,333	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Duerk Executive VP & Provost	(i)	781,461	0	117,127	26,402	22,592	947,582	0
	(ii)	0	0	0	0	0	0	0
Jacqueline A Travisano Executive VP & COO	(i)	764,461	75,000	35,492	17,500	22,898	915,351	0
	(ii)	0	0	0	0	0	0	0
Edward Abraham EVP & CEO of Uhealth	(i)	1,117,296	498,334	129,411	22,248	24,876	1,792,165	0
	(ii)	0	0	0	0	0	0	0
James J Larranaga Head Coach, Basketball	(i)	245,900	0	1,972,157	27,500	18,194	2,263,751	0
	(ii)	0	0	0	0	0	0	0
Lee Kaplan Director & Professor	(i)	1,087,785	0	422,658	27,500	29,942	1,567,885	0
	(ii)	0	0	0	0	0	0	0
Dipen J Parekh Director & Professor	(i)	857,629	127,500	600,165	27,500	71,773	1,684,567	0
	(ii)	0	0	0	0	0	0	0
Mark Richt Head Coach, Football	(i)	263,924	0	4,043,214	27,500	22,586	4,357,224	0
	(ii)	0	0	0	0	0	0	0
Donna E Shalala President (former)	(i)	282,774	0	4,616	30,250	1,265	318,905	0
	(ii)	0	0	0	0	0	0	0
Aileen Ugalde University Secretary (former)	(i)	603,310	0	44,906	31,887	25,605	705,708	0
	(ii)	0	0	0	0	0	0	0

Note: TO capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
59-0624458

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	Deceased		On behalf of issuer		Pool financing	
						Yes	No	Yes	No	Yes	No
A Miami-Dade Co Educ Fac Authority	52-1418508	59333AFW6	04-26-2007	473,302,568	See Schedule K, Part VI	X			X		X
B Miami-Dade Co Educ Fac Authority	52-1418508	59333ALR0	12-12-2012	106,138,985	See Schedule K, Part VI		X		X		X
C Miami-Dade Co Educ Fac Authority	52-1418508	59333AMB4	10-07-2015	432,889,335	See Schedule K, Part VI		X		X		X
D Miami-Dade Co Educ Fac Authority	52-1418508	59333ANA5	03-27-2018	251,677,763	See Schedule K, Part VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	105,410,000							
2	Amount of bonds legally defeased	155,070,000							
3	Total proceeds of issue	480,088,974		106,149,046		433,709,817		256,179,793	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	17,381,191		1,362,336		9,394,090		11,253,060	
6	Proceeds in refunding escrows	303,488,136				221,307,671			
7	Issuance costs from proceeds	3,097,405		929,658		2,213,897		1,657,665	
8	Credit enhancement from proceeds	3,351,958							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	152,770,285		103,763,232		200,794,159		126,992,827	
11	Other spent proceeds			93,819					
12	Other unspent proceeds					1		116,276,241	
13	Year of substantial completion	2009		2014		2017		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			X
16	Has the final allocation of proceeds been made?	X		X			X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.260 %		0 %		0.660 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0.580 %		0 %		0 %			
6	Total of lines 4 and 5	0.840 %		0 %		0.660 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

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

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	
b	Name of provider	Bayerische Landesbank							
c	Term of GIC	210.0000000000 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X			X		X		X
6	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X	
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I - Line A, Column F:	Acquire, construct, equip and renovate University facilities and refunding of prior issues: Series 1993- Issue Date January 5, 1994; Series 1996A- Issue Date March 13, 1996; Series 1996B - Issue Date October 1, 1996; Series 1997A - Issue Date January 10, 1997; Series 2000A - Issue Date December 7, 1999; Series 2000B - Issue Date February 3, 2000; Series 2004A - Issue Date January 16, 2004; Schedule K, Part I - Line B, Column F: Finance or refinance the acquisition, construction, renovation and equipping of University facilities. Schedule K, Part I - Line C, Column F: Finance or refinance the costs of the acquisition, construction, renovation and equipping of University facilities. Schedule K, Part I - Line C, Column F: Finance or refinance, including through reimbursement, the acquisition, construction, and equipping of University facilities. Schedule K, Part I - Line C, Column C: CUSIP #59333AMB4; 59333AMA6 Schedule K, Part II - Line 3, Column A: Variance of \$6,786,406 when compared to Part I - Line A, Column (e) is due primarily to interest earnings. Schedule K, Part II - Line 3, Column B: Variance of \$10,060 when compared to Part I - Line B, Column (e) is due primarily to interest/dividend earnings and unspent issuance cost. Schedule K, Part II - Line 3, Column C: Variance of \$820,483 when compared to Part I - Line C, Column (e) is due primarily to interest/dividend earnings. Schedule K, Part II - Line 3, Column D: Variance of \$4,502,029 compared to Part I - Line D, Column (e) is due primarily to interest/divident earnings. Schedule K, Part IV - Line 1, Column A: Form 8038-T filed on 6/28/2016 for the Series 2007. Form 8038-T filed on 7/21/2011 for the Series 2007. Schedule K, Part IV - Line 2a-c, Column A, B, and C: Last rebate computation - dated of 5/31/2019. No rebate due and no filing required on the Series 2007AB, 2012A, and 2015A and 2018A for period ending May 31, 2019.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		36,799	Disct Tuition	Tuition Asst
(2)		81,160	Scholarship	Educ Assist

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV - Lines 1-5 Col B	Family member of trustee.
Schedule L, Part IV - Lines 4, 6, 7 Col B	Family member of officer.
Schedule L, Part IV - Lines 1-7 Col D	Family member employment.

Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Marc Buoniconti	See Part V	178,500	See Part V		No
Andrew Camner	See Part V	75,000	See Part V		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Gino DiMare	See Part V	387,515	See Part V		No
Felicia Knaul	See Part V	375,064	See Part V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Eric Winter	See Part V	110,976	See Part V		No
Rosemarie Ugalde	See Part V	150,000	See Part V		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Christopher Joyce	See Part V	11,132	See Part V		No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105009200

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	108	191,935	Fair Market Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	1	215,000	Fair Market Value
8 Intellectual property				
9 Securities—Publicly traded	X	360	34,727,797	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____ Equipment)	X	1	1,000,000	Fair Market Value
26 Other ► (_____ Auction Items)	X	167	0	See Part II
27 Other ► (_____)				
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	7		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes		
b If "Yes," describe in Part II.				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.**

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

Return Reference	Explanation
Part I, Line 32b:	Third Party or Related Organizations Utilized: The University utilizes external brokers to sell securities when the donated securities are not deemed to fit into the University's investment portfolio.
Part I, Line 33:	Items Included On Schedule M Not In Revenue: b. Part I, Line 26 - Auction items: Columns B and C include items donated for sale at fundraising event auctions (such as gift certificates, etc.) which are subsequently sold at fundraising event auctions but which are not included on form 990, Part VIII, Line 1(g).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
University of Miami**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public
Inspection****Employer identification number**

59-0624458

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Family and Business Relationships: Stuart Miller - Trustee, and Steven Saiontz - Trustee - Business Relationship; Charles Cobb-Trustee, Jorge Perez - Trustee - Business Relationship; Phillip T. Frost - Trustee, Phillip T. George - Trustee - Business Relationship; Marc Buoniconiti - Trustee, Nicolas Buoniconiti - Trustee, Paul DiMare - Trustee, - Business Relationship; Marc Buoniconiti - Trustee, Nicolas Buoniconiti - Trustee - Family Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	Charter amended to state the Chair-elect of the Board will take the office of Chair of the Board of Trustees at the close of the next Annual meeting. Bylaws Board of Trustees composition amended to remove the National Trustee classification. Visiting committees removed from committee service requirements. Resignation policy in the Bylaws amended to state in the event a trustee has a significant change in circumstances, the Executive Committee may , at its discretion, decide whether or not to request the resignation.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 5	Significant Diversion of Assets: The University became aware during FY 2019, of a \$1M theft by a faculty member who submitted false invoices for medical supplies and were paid to a company owned by the faculty member. The case was reported to law enforcement.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	<p>Board Review of Form 990: Process by which the governing body was provided a copy of form 990 prior to filing: Form 990 is prepared by the University's Office of the Controller and reviewed by KPMG, LLP. Due to schedule constraints of committee chairs and members, the meeting dates for the Audit and Compliance Committee fluctuate from year to year. The University provides Form 990 to the Committee prior to filing. If the Committee's meeting dates do not coincide with the availability of the return, it is provided to the Committee electronically with time provided for questions and comments. Subsequent to the Committee's review a copy of the final return is shared with all voting members of the Board prior to filing.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Monitoring and Compliance with Conflict of Interest Policy: The Office of the Secretary of the Board of Trustees sends an annual conflict of interest questionnaire together with the policy adopted by the Board to all trustees, officers and key employees. Once replies are received, they are reviewed by the Vice President and Chief Compliance Officer and the Chair of The Conflict of Interest Sub-Committee. When apparent conflicts arise, the Sub-Committee reviews and makes recommendations to the Executive Committee for management or denial of the relationship or proposal creating the conflict.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>Process for Review of Compensation of Officers and Key Employees: The Compensation Review Sub-Committee of the Executive Committee reviews a summary of proposed compensation and survey data for any offer to a new officer or key employee of the University, including the President and trustees who are employees of the University. Once the compensation is approved, it is provided to the payroll office as a record of the committee's approval. Minutes of the meeting of the Compensation Review Sub-Committee of the Executive Committee are recorded by the Office of the Secretary. The following process is performed annually, typically at the April/May meeting of the Compensation Review Sub-Committee of the Executive Committee to approve compensation for the President, Executive Vice President and Provost, Senior Vice Presidents, the Vice President, General Counsel and Secretary, Vice President and Chief Compliance Officer, the Intercollegiate Athletic Director, and employees who are current trustees and former trustees for up to 5 years following conclusion of their service on the board: each officer's supervisor completes a written performance review and proposes a salary increase, prior to the meeting. The University participates in an annual comprehensive compensation survey compiled by an actuarial firm. The actuarial firm produces a survey of universities across the United States and, separately, data from for-profit corporations for positions that have a for-profit equivalent. The Compensation Review Sub-Committee of the Executive Committee receives the performance appraisals for each officer, key employee and trustee/employee, the completed survey prepared by the actuary, and the current and proposed salaries and other cash compensation for each officer and key employee, including the President and trustees who are employees of the University. After review and discussion, the Compensation Review Sub-Committee of the Executive Committee approves the compensation for those officers listed above, including the President, who is excused while deliberation about his/her compensation is discussed, and trustees who are employees of the University. Once the compensation is approved, it is provided to the payroll office as a record of the committee's approval. Minutes of the meeting of the Compensation Review Sub-Committee of the Executive Committee are recorded by the Office of the Secretary. The sub-committee reviews executive compensation in April/May as described above.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>Governing Documents, Conflict of Interest Policy and Financial Statements Made Available to the General Public: The State of Florida, Department of State, Division of Corporations requires an annual registration filing, including any changes to Charter. Once filed, the Charter can be viewed on the State of Florida web site. Financial statements of the university are made available on the University's website. The University's financial statements are also made available to the general public on the federal government's census bureau website. The University's Bylaws and the Board's Conflict of Interest Policy are not made available to the public.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Officers, Directors, Trustees:	Edward A. Dauer is a Trustee and also serves as Research Associate Professor in the College of Engineering. Average hours per week estimate of 40 hours is based on a full time teaching load. Marc Buoniconti is a Trustee and also Senior Director - Advocacy and Donor Relations at the Miami Project to Cure Paralysis. Average hours per week estimate of 40 hours minimum is based on his being a full time, exempt employee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Various Other Adjustments -4,012,236. Other Pension Related Gains / Losses -25,401,744. Refunds of Contributions -159,045.

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table					
(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	No
(1) WVUM Inc PO Box 248191 Coral Gables, FL 33124 59-1729614	Edu Radio	FL	501(C)(3)	Line 7	N/A	Yes	
(2) University Rathskeller Inc 1330 Miller Drive Coral Gables, FL 33146 59-1410632	Student Food & Beverage	FL	501(C)(3)	Line 5	N/A	Yes	
(3) Ophthalmology Research Foundation Inc PO Box 015869 Miami, FL 33101 23-7081974	Fundraising	FL	501(C)(3)	Line 12c, III-FI	N/A		No
(4) The Buoniconti Fund to Cure Paralysis 1095 NW 14th Terrace Miami, FL 33136 65-0244316	Fundraising	FL	501(C)(3)	Line 7	N/A		No
(5) Florida Lions Eye Bank Inc 900 NW 17th Street 3rd Floor Miami, FL 33136 59-0967012	Fundraising/Donation	FL	501(C)(3)	Line 10	N/A		No

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" 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	No
(1) CRUT (9)	Charitable Remainder Unitrust	FL	N/A						No
(2) Perpetual (2)	Perpetual Trust	FL	N/A						No
(3) University of Miami Insurance Co Ltd Clarendon House 2 Church St HM 11 BD	Insurance	BD	UM	C		121,814	100.000 %	Yes	
(4)								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.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

Yes

No

No

No

No

Yes

No

No

Yes

Yes

No

No

Yes

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WVUM Inc	R	150,943	See Part VII

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Form 990 - Schedule, R, Part V, Line 2	Method used to determine the transaction amounts with controlled organizations is based on cash provided to, or received from each controlled organization.

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

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

(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
(1) Biscayne View Properties LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
(1) Crestre LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		612,992	Biscayne View Properties LLC
(2) 1509 Venture LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		1,796,588	Biscayne View Properties LLC
(3) East Urban LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	54,193	1,061,253	Biscayne View Properties LLC
(4) Tripop LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		4,304,554	Biscayne View Properties LLC
(5) 7th Avenue Market LLC 1320 South Dixie Hwy Suite 705 Coral Gables, FL 33146 20-2458426	Real Estate	FL		3,012,567	Biscayne View Properties LLC
(6) Equi Terra LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
(7) Ten Bor LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 27-3025289	Real Estate	FL			Equi Terra LLC
(8) PT Property Holding LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 27-3025289	Real Estate	FL			Equi Terra LLC
(9) University of Miami Preservation LLC 1252 Memorial Drive Room 230 Coral Gables, FL 33146 59-0624458	Hold UM Designated Easement	FL			University of Miami
(10) Boston House LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
(11) UHealth Ventures Holding Company LLC 1120 NW 14th Street Miami, FL 33136 82-1968627	Holding Company	FL			University of Miami