

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 06-01-2017, and ending 05-31-2018

- 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

D Employer identification number
59-0624458

E Telephone number
(305) 284-4877

G Gross receipts \$ 4,082,119,811

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

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

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)	60
4 Number of independent voting members of the governing body (Part VI, line 1b)	50
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	25,772
6 Total number of volunteers (estimate if necessary)	558
7a Total unrelated business revenue from Part VIII, column (C), line 12	9,220,044
7b Net unrelated business taxable income from Form 990-T, line 34	1,323,340

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	800,273,551	691,914,187
9 Program service revenue (Part VIII, line 2g)	2,689,424,253	2,986,486,275
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,060,692	82,416,615
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,071,423	12,425,769
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,596,829,919	3,773,242,846
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	452,892,983	480,473,875
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,783,808,870	1,880,239,339
16a Professional fundraising fees (Part IX, column (A), line 11e)	557,078	567,736
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,576,521		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,187,168,451	1,279,087,078
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,424,427,382	3,640,368,028
19 Revenue less expenses Subtract line 18 from line 12	172,402,537	132,874,818

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,989,960,318	4,400,922,871
21 Total liabilities (Part X, line 26)	1,987,160,169	2,193,876,982
22 Net assets or fund balances Subtract line 21 from line 20	2,002,800,149	2,207,045,889

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-04-12

Brandon Gilliland Vice President & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Shawn Hutchinson	Preparer's signature Shawn Hutchinson	Date	Check <input type="checkbox"/> 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	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See 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 \$ 1,051,318,315 including grants of \$ 416,673,584) (Revenue \$ 817,955,143)
See Additional Data

4b (Code) (Expenses \$ 398,576,199 including grants of \$ 36,290,953) (Revenue \$ 149,687,380)
See Additional Data

4c (Code) (Expenses \$ 1,621,604,049 including grants of \$ 15,290) (Revenue \$ 1,860,373,166)
See Additional Data

(Code) (Expenses \$ 344,317,831 including grants of \$ 27,494,047) (Revenue \$ 158,470,586)
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 \$ 344,317,831 including grants of \$ 27,494,047) (Revenue \$ 158,470,586)

4e Total program service expenses ▶ 3,415,816,394

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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>		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>		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>		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>	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> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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)?	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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (60), 1b (50), 2 (Yes), 3 (No), 4 (Yes), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (FL), 18 (Own website, Another's website, [X] Upon request, Other), 19, 20 (Michael Dunlap Associate VP & Controller 1320 S Dixie Highway Suite 150 Coral Gables, FL 331462912 (305) 284-4877).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	19,520,518	0	1,029,186

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 ► 3,067

	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
GCA Education Services Inc 4702 Western Ave Suite 101 Knoxville, TN 37921	Maintenance & Repair Services	20,871,631
Arellano Construction Co 7255 NW 19 St Suite B Miami, FL 33126	Construction Services	17,442,641
Moss and Associates 800 BRICKELL AVE SUITE 1500 Miami, FL 33131	Construction Services	9,269,610
Deloitte Consulting 333 SE 2nd Ave 3600 Miami, FL 33131	IT Services	6,823,598
Compass Group USA INC 1350 MILLER RD 132 Coral Gables, FL 33124	Food Service Management	6,381,620

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 ► 710

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 768,113			
	b Membership dues	1b			
	c Fundraising events	1c 1,680,308			
	d Related organizations	1d			
	e Government grants (contributions)	1e 462,607,934			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 226,857,832			
	g Noncash contributions included in lines 1a-1f \$ _____ 15,746,299				
	h Total. Add lines 1a-1f		691,914,187		

Program Service Revenue			Business Code				
	2a Hospitals and Clinics		900099	1,391,716,827	1,391,716,827		
	b Tuition and Fees		900099	773,765,856	773,765,856		
	c Medical Prof Practice		900099	468,656,339	467,801,048	855,291	
	d Auxiliary Enterprises		900099	158,470,586	59,207,416	6,359,402	92,903,768
	e Total Grants and Contr		900099	149,687,380	149,687,380		
	f All other program service revenue			44,189,287	41,274,582	2,914,705	
	g Total. Add lines 2a-2f			2,986,486,275			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			28,798,365			28,798,365
	4 Income from investment of tax-exempt bond proceeds			969,142			969,142
	5 Royalties			9,731,534			9,731,534
	6a Gross rents	(i) Real	(ii) Personal				
		6,822,777	7,905				
	b Less rental expenses	3,592,274	358				
	c Rental income or (loss)	3,230,503	7,547				
	d Net rental income or (loss)			3,238,050		7,547	3,230,503
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		356,944,653	56,576				
	b Less cost or other basis and sales expenses	304,342,681	9,440				
	c Gain or (loss)	52,601,972	47,136				
	d Net gain or (loss)			52,649,108		-1,001,499	53,650,607
	8a Gross income from fundraising events (not including \$ 1,680,308 of contributions reported on line 1c) See Part IV, line 18	a	302,215				
	b Less direct expenses	b	930,628				
	c Net income or (loss) from fundraising events			-628,413			-628,413
	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	2,259					
b Less cost of goods sold	b	1,584					
c Net income or (loss) from sales of inventory			675		675		
Miscellaneous Revenue		Business Code					
11a Advertising		523000	48,923		48,923		
b Coach Appearances		541800	35,000		35,000		
c							
d All other revenue							
e Total. Add lines 11a-11d			83,923				
12 Total revenue. See Instructions			3,773,242,846	2,883,453,109	9,220,044	188,655,506	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	31,441,622	31,441,622		
2 Grants and other assistance to domestic individuals See Part IV, line 22	420,668,830	420,668,830		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	28,363,423	28,363,423		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,190,435	2,076,680	3,081,648	1,032,107
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	1,463,693,273	1,364,543,539	88,612,171	10,537,563
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	97,538,906	90,014,166	6,629,313	895,427
9 Other employee benefits	217,705,544	194,214,319	19,914,045	3,577,180
10 Payroll taxes	95,111,181	87,502,286	6,657,783	951,112
11 Fees for services (non-employees)				
a Management				
b Legal	8,549,826	2,233,472	6,316,354	
c Accounting	905,100	210,300	694,800	
d Lobbying	292,550		292,550	
e Professional fundraising services See Part IV, line 17	567,736			567,736
f Investment management fees	7,155,117	7,155,117		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	224,216,931	199,359,619	23,442,575	1,414,737
12 Advertising and promotion	21,201,156	20,083,432	566,016	551,708
13 Office expenses	107,880,944	102,696,115	4,700,350	484,479
14 Information technology	62,548,640	54,421,367	8,127,273	
15 Royalties				
16 Occupancy	117,019,953	107,986,235	8,751,944	281,774
17 Travel	32,828,357	30,421,257	1,455,219	951,881
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,554,645	16,874,287	2,437,507	242,851
20 Interest	43,856,450	42,457,382	1,399,068	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	153,048,182	147,607,362	5,440,820	
23 Insurance	17,868,095	16,029,488	1,838,607	
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	403,671,868	403,671,868		
b Miscellaneous	58,484,264	45,784,228	11,612,070	1,087,966
c UBIT Income Tax	5,000		5,000	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,640,368,028	3,415,816,394	201,975,113	22,576,521
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	34,035,005	1	1,908,811
	2 Savings and temporary cash investments	294,403,081	2	553,583,280
	3 Pledges and grants receivable, net	331,140,359	3	253,457,807
	4 Accounts receivable, net	362,338,529	4	472,863,842
	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	49,458,604	7	50,257,744
	8 Inventories for sale or use	31,443,406	8	31,672,285
	9 Prepaid expenses and deferred charges	45,187,884	9	54,572,429
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,608,964,660		
	b Less accumulated depreciation	1,767,260,483	10c	1,841,704,177
	11 Investments—publicly traded securities	569,700,679	11	648,406,621
	12 Investments—other securities See Part IV, line 11	418,201,144	12	427,017,108
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	1,127,000	14	1,127,001
	15 Other assets See Part IV, line 11	61,246,950	15	64,351,766
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,989,960,318	16	4,400,922,871	
Liabilities	17 Accounts payable and accrued expenses	240,540,000	17	266,009,406
	18 Grants payable		18	
	19 Deferred revenue	101,425,805	19	105,392,716
	20 Tax-exempt bond liabilities	896,812,166	20	977,001,664
	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	231,705,139	24	407,230,558
	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	516,677,059	25	438,242,638
	26 Total liabilities. Add lines 17 through 25	1,987,160,169	26	2,193,876,982
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	827,957,321	27	966,482,824
	28 Temporarily restricted net assets	612,492,522	28	652,359,118
	29 Permanently restricted net assets	562,350,306	29	588,203,947
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	2,002,800,149	33	2,207,045,889
	34 Total liabilities and net assets/fund balances	3,989,960,318	34	4,400,922,871

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,773,242,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,640,368,028
3	Revenue less expenses Subtract line 2 from line 1	3	132,874,818
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,002,800,149
5	Net unrealized gains (losses) on investments	5	27,091,772
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	44,279,150
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,207,045,889

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <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	2a		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	2b	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	2c	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?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Form 990 (2017)

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 138 bachelors, 144 masters, 2 specialists, and 68 doctoral (64 research/scholarship and 4 professional practice) The School of Architecture, founded in 1983, offers accredited professional undergraduate and graduate degrees in architecture and several post-professional graduate degrees Programs include the professional Bachelor of Architecture (B Arch) and the Master of Architecture (M Arch), the post-professional Master of Science in Architecture (M S Arch) with 2 possible tracks- Architectural Design and Architectural Studies, the Master of Urban Design (M U D), and the Master of Real Estate Development and Urbanism (M R E D U), an interdisciplinary one-year graduate program that draws on the real-life experience of Developers-in-Residence and faculty support from the Schools of Business Administration and Law as well as Architecture The College of Arts and Sciences enrolls over 3,700 undergraduate and 600 graduate students in 20 departments and 10 interdisciplinary programs Sixteen departments offer graduate degrees in the fine arts, natural sciences, humanities, and social sciences The College of Engineering comprises five departments that offer degrees in aerospace, architectural, biomedical, civil, computer, electrical, environmental, industrial, and mechanical engineering 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 1,050 undergraduate students and over 220 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 1,200 candidates for either J D , LL M or dual degrees, and has over 20,000 alumni worldwide The J D program enrolls approximately 1,026 students from more than 113 colleges and universities throughout the United States Of the entering J D students, approximately 49% are women, 47% are members of minority groups, 35% are from outside Florida, and 57% have been out of undergraduate school one year or more 60% 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 /P H D in Law and Environmental Policy, J D /M D , J D /M P A in Public Administration, J D /LL M in Tax, International Law, Maritime Law, Estate Planning or Real Property Development, and a J D /M B A /LL M in Tax, Real Property Development or Estate Planning The School is regularly ranked among the top law schools by U S News and World Report for Tax Programs, and its alumni are regularly featured in Super Lawyers Magazine The Leonard M Miller School of Medicine has grown rapidly in both size and reputation, earning international acclaim for research, clinical care, and biomedical innovations Our 800 medical students are joined by 1,200 residents, 580 graduate students and over 190 postdoctoral fellows, and we have one of the largest graduate medical education systems in the country Along with the M D degree, the school offers a combined M D /Ph D program, a 5-year M D /M B A program, a 4-year and a 5-year M D /M P H program and 4-year M D /M S in Genomic Medicine, a six-year M D /J D program, graduate degrees in ten areas, postdoctoral programs, and continuing medical education courses

Form 990, Part III, Line 4b:

See Schedule O Research and Public Service UM has been classified by the Carnegie Commission as a Doctoral University with Highest Research Activity The School of Architecture's areas of focus include Urban Design, Planning & Real Estate Development, Construction Management, Technology and Computation, Coastal Resilience, Health and the Built Environment, Historical Preservation and Adaptive Use, Classical and Traditional Design, Housing and Hospitality Design, Building in the Caribbean, Latin America and the Tropical World, Architectural History, and Theory Faculty and students are actively engaged in interdisciplinary research with numerous schools including the Miller School of Medicine, The Leonard and Jayne Abess Center for Ecosystem Science and Policy and the Center for Computational Science The College of Arts and Sciences provides numerous community outreach activities, including student musical theatre productions at the Jerry Herman Ring Theatre and Alvin Sherman Family Stage, student, faculty, and visiting artist exhibitions in the 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 17 years by U.S. News & World Report in its annual "America's Best Hospitals" issue. In addition to the three University-owned hospitals, there are also three primary hospitals affiliated with UHealth: Jackson Memorial Hospital, the primary teaching hospital for the medical school, Holtz Children's Hospital, and the Bruce W. Carter VA Medical Center. There are also about three dozen outpatient clinics across Miami-Dade, Broward, Palm Beach, and Collier counties. The Lennar Foundation Medical Center, 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
Michael I Abrams Trustee	4 00	X						0	0	0
Betty G Amos Trustee	4 00	X						0	0	0
Jose P Bared Trustee	4 00	X						0	0	0
Hilarie Bass Trustee & Vice Chair	15 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	1 00	X						0	0	0
Tracey Berkowitz Trustee	10 00	X						0	0	0
Marc Buoniconti Trustee/Senior Director	10 00	X						174,504	0	18,194

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			
Nicholas A Buoniconti Trustee	1 00	X						0	0	0
M Anthony Burns Trustee	5 00	X						0	0	0
Alfred R Camner Trustee	1 00	X						0	0	0
Wayne E Chaplin Trustee	2 00	X						0	0	0
Adriana Cisneros Trustee	1 00	X						0	0	0
Charles E Cobb Trustee	3 00	X						0	0	0
Edward A Dauer Trustee / Faculty Member	40 00	X						97,044	0	28,571
Evan De Joya Trustee	20 00	X						0	0	0
Paul J DiMare Trustee	4 00	X						0	0	0
Joseph Echevarria Trustee	4 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			
David L Epstein Trustee	2 00	X						0	0	0
Richard D Fain Trustee & Chair	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	2 00	X						0	0	0
Phillip T George Rose Trustee	2 00	X						0	0	0
Kourtney Gibson Trustee	1 00	X						0	0	0
Steven J Green Trustee	1 00	X						0	0	0
Rose Ellen Greene Trustee	6 00	X						0	0	0
Barbara Hecht Havenick 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			
Allan M Herbert Trustee	10 00	X						0	0	0
Marilyn J Holifield Trustee	4 00	X						0	0	0
Frank R Jimenez Trustee	3 00	X						0	0	0
Manuel Kadre Trustee	4 00	X						0	0	0
Bernard J Kosar Jr Trustee	1 00	X						0	0	0
Marus Lemonis Trustee	1 00	X						0	0	0
Eric Todd Levin Trustee	2 00	X						0	0	0
Susan Lytle Lipton Trustee	1 00	X						0	0	0
Jayne Sylvester Malfitano Trustee	3 00	X						0	0	0
Robert A Mann Trustee	12 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			
Marilyn Marshall Trustee	1 00	X						0	0	0
Stuart A Miller Trustee	7 00	X						0	0	0
William L Morrison Trustee	1 00	X						0	0	0
Judi Prokop Newman Trustee	0 50	X						0	0	0
Arva Moore Parks Trustee	2 00	X						0	0	0
Jorge M Perez Trustee	3 00	X						0	0	0
Thomas E Pfeiffer Trustee	3 00	X						0	0	0
Aaron S Podhurst Trustee	20 00	X						0	0	0
Lois Pope Trustee	1 00	X						0	0	0
Alex E Rodriguez 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			
Steven J Saiontz Trustee	2 00	X						0	0	0
Alessandra San Roman Trustee	1 00	X						0	0	0
Robert E Sanchez Trustee	2 00	X						0	0	0
Marvin R Shanken Trustee	1 00	X						0	0	0
Laurie S Silvers Trustee	2 00	X						0	0	0
HT Smith Jr Trustee & Vice Chair	8 00	X						0	0	0
Jacquelyn R Soffer Trustee	1 00	X						0	0	0
Steven Sonberg Trustee	1 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

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			
Johnny C Taylor Jr Trustee	1 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	1 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
G Ed Williamson II Trustee	2 00	X						0	0	0
Thomas D Wood Sr Trustee	1 00	X						0	0	0
Julio Frenk President	80 00	X		X				1,297,672	0	301,346

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			
Leslie Dellinger Aceituno Secretary	80 00			X				136,051	0	30,923
Jeffrey Duerk Executive VP & Provost	80 00			X				460,271	0	12,020
Jacqueline A Travisano Executive VP & COO	80 00			X				557,561	0	15,347
Steven Altschuler EVP & CEO of UHealth	80 00					X		3,520,952	0	52,315
Nestor F De La Cruz-Munoz Associate Professor Dept of Surgery	60 00					X		1,501,963	0	50,329
David Ertel CFO, UHealth Systems	80 00					X		1,972,800	0	35,569
James J Larranaga Head Coach, Basketball	80 00					X		2,123,129	0	44,559
Mark Richt Head Coach, Football	80 00					X		3,990,764	0	49,104
Richard Russell Ballard CEO, UMHC (former)	75 00						X	412,034	0	49,046
Steven F Falcone Chief Exec, UHealth Clinic (fmr)	70 00						X	765,283	0	58,113

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			
Michael B Gittelman CEO, ABLEH (former)	60 00						X	568,229	0	105,114
Thomas J LeBlanc Executive VP & Provost (fmr)	75 00						X	535,307	0	42,083
Donna E Shalala President (former)	35 00						X	282,041	0	30,640
Sory John Birdsall Chief Exec,UHealth Rgnl Alliance(fmr)	65 00						X	493,341	0	48,791
Aileen Ugalde University Secretary (former)	80 00						X	631,572	0	57,122

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2017

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 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	645,431,640	695,504,873	684,757,248	800,273,551	691,914,187	3,517,881,499
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	645,431,640	695,504,873	684,757,248	800,273,551	691,914,187	3,517,881,499
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						3,517,881,499

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	645,431,640	695,504,873	684,757,248	800,273,551	691,914,187	3,517,881,499
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,328,911	118,800,048	47,068,647	107,512,560	46,631,938	390,342,104
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,151,702	1,574,344	608,176	-325,797	1,457,689	4,466,114
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						3,912,689,717
12 Gross receipts from related activities, etc (see instructions)					12	12,945,385,117

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 2017 (line 6, column (f) divided by line 11, column (f))	14	89.910 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	89.350 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)	292,550													
c	Total lobbying expenditures (add lines 1a and 1b)	292,550													
d	Other exempt purpose expenditures	3,632,502,435													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,632,794,985													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	263,184	261,239	256,934	292,550	1,073,907
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 1,111,558

(ii) Assets included in Form 990, Part X ▶ \$ 58,451,941

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 ▶ \$ 20,164

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	948,579,230	844,642,514	887,329,315	865,434,666	777,946,842
b Contributions	29,917,174	39,933,556	35,880,046	32,562,542	25,884,017
c Net investment earnings, gains, and losses	87,286,606	107,091,993	-37,379,832	26,787,748	96,424,339
d Grants or scholarships	-9,334,364	-9,017,823	-7,908,234	-6,981,057	-6,545,053
e Other expenditures for facilities and programs	-34,940,354	-34,071,010	-33,278,781	-30,474,584	-28,275,479
f Administrative expenses					
g End of year balance	1,021,508,292	948,579,230	844,642,514	887,329,315	865,434,666

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 18 980 %
 - b** Permanent endowment ▶ 49 400 %
 - c** Temporarily restricted endowment ▶ 31 620 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		93,415,421		93,415,421
b Buildings		2,162,051,996	1,043,700,738	1,118,351,258
c Leasehold improvements		58,730,151	43,806,688	14,923,463
d Equipment		850,970,702	548,890,145	302,080,557
e Other		443,796,390	130,862,912	312,933,478
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,841,704,177

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	-2,723,103	F
(2) Closely-held equity interests		
(3) Other _____		
(A) Limited Partnerships	395,592,722	F
(B) Mutual Funds	9,879,604	F
(C) Other	24,267,885	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	427,017,108	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Medical Self-Insurance Reserves	77,025,210
Refundable Deposits	395,044
Accrued Postretirement Benefit Cost	106,428,530
Annuities Payable	5,640,463
Refundable Federal Student Loans	24,299,310
Other Liabilities	224,454,081
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	438,242,638

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	3,352,437,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	27,091,772
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-28,521
e	Add lines 2a through 2d	2e	27,063,251
3	Subtract line 2e from line 1	3	3,325,373,850
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	7,155,117
b	Other (Describe in Part XIII)	4b	440,713,879
c	Add lines 4a and 4b	4c	447,868,996
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,773,242,846

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	3,192,499,032
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	3,192,499,032
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	7,155,117
b	Other (Describe in Part XIII)	4b	440,713,879
c	Add lines 4a and 4b	4c	447,868,996
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,640,368,028

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 mission of the Lowe Art Museum, the art museum of the University of Miami, is to serve the University, the Greater South Florida communities, and national and international visitors as a teaching and exhibiting resource through its permanent and borrowed collections. The Museum collects original, quality works of art primarily from Asia, Africa, Europe and the Americas, exhibits and preserves the permanent collection according to the highest professional standards, researches the permanent collection and publishes new findings in exhibition catalogues and articles, organizes traveling exhibitions and loans of individual works from the permanent collection to expand knowledge and appreciation of art both regionally and nationally, enhances the appreciation of the permanent collection through borrowed and organized traveling exhibitions and loans of individual works, and, supports, extends and enriches the mission of the University of Miami for students, faculty, scholars, residents, and visitors to South Florida to appreciate and more fully comprehend art and its history. More information on the Museum can be found on its website at www.miami.edu/lowe</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, 2018, 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 - \$28,521

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 \$261,036,249, grants and contracts pass-through transactions from sponsoring agencies \$184,212,798 Less non-program related rental expenses \$3,600,179, Ubit adjustment of \$4,718, and direct expenses related to fundraising events \$930,628

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			4,290,602
b Total from continuation sheets to Part I					108,973,344
c Totals (add lines 3a and 3b)	0	83			113,263,946

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2017	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ 34

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.

(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)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
Part I, Line 2	<p>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</p>

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	70,635
East Asia & the Pacific			Program Services	Grants to Recipients	145,349

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	1,297,594
Middle East & North Africa			Program Services	Grants to Recipients	114,083

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	356,259
South America			Program Services	Grants to Recipients	713,389

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	93,409
Sub-Saharan Africa			Program Services	Grants to Recipients	1,499,884

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	145,477
East Asia & the Pacific			Program Services	Travel - Institutional Research and Education	414,998

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	1,231,567
Middle East & North Africa			Program Services	Travel - Institutional Research and Education	130,342

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	313,345
Russia and Neighboring States			Program Services	Travel - Institutional Research and Education	10,091

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	419,985
South Asia			Program Services	Travel - Institutional Research and Education	80,345

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	139,283
Central America and the Caribbean			Investments	N/A	104,455,727

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		5	Program Services	Independent Contractors- Institutional Research and Education	40,063
East Asia and the Pacific		7	Program Services	Independent Contractors- Institutional Research and Education	18,999

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		29	Program Services	Independent Contractors- Institutional Research and Education	875,722
Middle East and North Africa		2	Program Services	Independent Contractors- Institutional Research and Education	73,500

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		25	Program Services	Independent Contractors- Institutional Research and Education	501,186
South America		11	Program Services	Independent Contractors- Institutional Research and Education	40,816

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		1	Program Services	Independent Contractors- Institutional Research and Education	70,704
Sub-Saharan Africa		3	Program Services	Independent Contractors- Institutional Research and Education	11,194

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	18,614	Check		N/A	N/A
		Central America & the Caribbean	Research	52,021	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)
		East Asia & the Pacific	Research	27,841	Wire Transfer		N/A	N/A
		East Asia & the Pacific	Research	76,000	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)
		East Asia & the Pacific	Research	41,508	Check		N/A	N/A
		Europe	Research	40,320	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	30,660	Wire Transfer		N/A	N/A
		Europe	Research	11,106	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	83,308	Wire Transfer		N/A	N/A
		Europe	Research	45,045	Check/ 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	68,717	Wire Transfer		N/A	N/A
		Europe	Research	308,658	Check/ 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	18,673	Wire Transfer		N/A	N/A
		Europe	Research	77,560	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	120,382	Check		N/A	N/A
		Europe	Research	19,596	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	36,942	Wire Transfer		N/A	N/A
		Europe	Research	358,591	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	16,466	Check/ Wire Transfer		N/A	N/A
		Europe	General Support	61,572	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)
		Middle East & North Africa	Research	104,083	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	217,013	Check		N/A	N/A
		North America	Research	89,193	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	50,052	Check		N/A	N/A
		South America	Research	39,256	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	406,433	Wire Transfer		N/A	N/A
		South America	Research	69,760	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	179,340	Wire Transfer		N/A	N/A
		South America	Research	7,500	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	General Support	6,000	Wire Transfer		N/A	N/A
		South America	General Support	5,100	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	93,409	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	84,000	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)
		Sub-Saharan Africa	Research	227,212	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	181,233	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	555,206	Wire Transfer		N/A	N/A
		Sub-Saharan Africa	Research	386,232	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	66,000	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	62	1,250,635	Check		N/A	N/A
Scholarships, Fellowship Grants	East Asia and the Pacific	597	7,747,649	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	221	5,832,834	Check		N/A	N/A
Scholarships, Fellowship Grants	Middle East and North Africa	73	1,197,397	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	70	1,448,184	Check		N/A	N/A
Scholarships, Fellowship Grants	Russia and Neighboring States	28	487,427	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	223	3,438,269	Check		N/A	N/A
Scholarships, Fellowship Grants	South Asia	102	2,041,310	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	25	629,116	Check		N/A	N/A

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Ruffalo Noel Levitz 1025 Kirkwood Pkw CedarRapids, IA 52404	Campaign Management		No	783,628	567,736	215,892
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				783,628	567,736	215,892

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)	
		Dinner Gala (event type)	Dinner Gala (event type)	11 (total number)	Total events (add col (a) through col (c))	
1	Gross receipts	640,525	391,426	950,572	1,982,523	
2	Less Contributions	599,540	350,611	730,157	1,680,308	
3	Gross income (line 1 minus line 2)	40,985	40,815	220,415	302,215	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		420	4,675	5,095
	6	Rent/facility costs	51,896	75,938		127,834
	7	Food and beverages	226,586	2,958	119,951	349,495
	8	Entertainment	123,832	23,435	81,744	229,011
	9	Other direct expenses	84,888	39,352	94,953	219,193
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				930,628
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-628,413	

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))
		1	Gross revenue		
Direct Expenses	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		%
b	An outside facility		%

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
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
 University of Miami

Hospitals

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

Name of the organization
 University of Miami

Employer identification number
 59-0624458

OMB No 1545-0047

2017

Open to Public Inspection

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 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
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 _____ %	3b Yes	
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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	

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)			8,195,000		8,195,000	0 230 %
b Medicaid (from Worksheet 3, column a)			149,098,630	145,400,808	3,697,822	0 100 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			157,293,630	145,400,808	11,892,822	0 330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,586,680	2,428,473	158,207	0 %
f Health professions education (from Worksheet 5)			21,181,263	3,182,446	17,998,817	0 490 %
g Subsidized health services (from Worksheet 6)			1,143,666	1,143,666		
h Research (from Worksheet 7)			181,867,330	175,914,923	5,952,407	0 160 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			124,282		124,282	0 %
j Total. Other Benefits			206,903,221	182,669,508	24,233,713	0 650 %
k Total. Add lines 7d and 7j			364,196,851	328,070,316	36,126,535	0 980 %

Part III 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			1,742,688	1,636,765	105,923	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			1,742,688	1,636,765	105,923	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	83,324,041
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	248,555,916
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	276,124,749
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-27,568,833
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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 Hospitals and Clinic

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 _____

		Yes	No
Community Health Needs Assessment			
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?		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		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)	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>16</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 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	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	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		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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://umiamihealth.org/sylvester-comprehensive-cancer-center</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	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) _____		No
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 Hospitals and Clinic

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	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
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)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
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)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>umiamihealth.org/sylvester-comprehensive-cancer-center/billing-insurance/fi</u>		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>umiamihealth.org/sylvester-comprehensive-cancer-center/billing-insurance/fi</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input 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		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

University of Miami Hospitals and Clinic

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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
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? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in 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 Hospitals and Clinic

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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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 did not prepare a community benefit report during the tax year
Part I, Line 7	The Medicare cost report was used, except for 7b (Medicaid and other means-tested government programs) For 7b, a cost-to-charge ratio was used The cost to charge ratio used for Medicaid cost calculation is based on the actual cost of Traditional Medicaid Fee-for-Service claims as reported on the Medicare Cost Report These calculated costs (Inpatient Routine, Inpatient Ancillary, and Outpatient) are compared to the charges for these services reported on the same cost report This ratio is used 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.

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) 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 exempt cancer centers was 91% through 12/31/17, and then 88% from 1/1/18 to 5/31/18, therefore, the hospital currently does not receive payment for a range of 9% to 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 The communities' healthcare needs are assessed by the organization in collaboration with the Miami-Dade County Public Health Trust (PHT)
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	Community information The community served by the organization is Miami-Dade County, Broward County, Collier County and the Palm Beaches, which are large urban areas Since these South Florida counties have a large immigration population, many patients are uninsured, under-insured, or Medicaid recipients The national economic crisis and the high level of unemployment have exacerbated this issue
Part VI, Line 5	Promotion of community health A majority of the hospitals' governing body is comprised of persons who reside in the Hospitals' primary service area who are neither employees nor contractors of the Hospital, nor family members thereof The Hospital extends medical staff privileges to all qualified physicians in its community for some or all of its departments In order to improve patient care and access to the specialized healthcare services, the organization applies a significant portion of any surplus to capital budget for new technology, new medical equipment, building renovations, and other betterments and improvements

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	State filing of community benefit report Not applicable

Schedule H (Form 990) 2017

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		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	University of Miami Hospital & Clinics 1475 NW 12 Avenue Miami, FL 33136 sylvester.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 Hospitals and Clinics	Part V, Section B, Line 5 As a part of the Community Health Needs Assessment in 2016, both external and internal consumers were surveyed, and various focus groups were developed to get opinions on leading health issues A telephone interview methodology was conducted of 2,701 individuals/healthcare consumers throughout Miami-Dade County, ages 18 and above by Professional Research Consultants, Inc (PRC) Press Ganey surveys were used in 2015-2016 to internally survey patients at UMHC following treatment UMHC contracted with Healthcare Council of South Florida (HCSF) to develop focus groups of health system leadership (in early 2016) and to consolidate the data of the community resident surveys and hospital data sets
University of Miami Hospitals and Clinics	Part V, Section B, Line 6a The organization did not prepare a community benefit report during the tax year

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 Hospitals and Clinics	Part V, Section B, Line 11 The hospital completed an Implementation Plan during 2017, which addresses the needs identified in the CHNA Priority needs include Access to Care, Chronic Disease Management, Availability of Primary Care and Prevention, Healthy Lifestyles Exercise and Nutrition, and Elder Care/Geriatrics As indicated in the Implementation Plan, all 5 of these priority needs have been addressed in the Implementation Strategy

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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?
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 142
3 Enter total number of other organizations listed in the line 1 table. 38

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	11745	420,668,830		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
ACEER FOUNDATION 202 CARTER DRIVE WEST CHESTER, PA 19382	63-1045786	501(c)(3)	21,542		N/A	N/A	RESEARCH
ALGYNOMICS INC PO BOX 2451 CHAPEL HILL, NC 27514	20-3217603		13,237		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
AMERICAN HEART ASSOCIATION INC PO BOX 841750 DALLAS, TX 75284	13-5613797	501(c)(3)	143,942		N/A	N/A	RESEARCH
ARIZONA STATE UNIVERSITY THE BIODESIGN INSTITUTE- 1001 S MCALLISTER AVE TEMPE, AZ 85287	86-0196696	State of AZ	147,902		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 ENVIRONMENTAL RESEARCH PO BOX 5175 NEW YORK, NY 10087	04-2608324		65,036		N/A	N/A	RESEARCH
AUBURN UNIVERSITY 208 M WHITE SMITH HALL-308 MELL STREET AUBURN UNIVERSITY, AL 36849	63-6000724	State of AL	12,216		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
BAYSTATE MEDICAL CENTER 759 CHESTNUT STREET SPRINGFIELD, MA 01199	04-2790311	501(c)(3)	44,873		N/A	N/A	RESEARCH
BECKMAN COULTER 5350 LAKEVIEW PARKWAY SOUTH DR INDIANAPOLIS, IN 46268	95-1040600	501(c)(3)	15,802		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
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVENUE AT VIRGINIA MASON SEATTLE, WA 98101	91-0653422	501(c)(3)	23,869		N/A	N/A	RESEARCH
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET-SUITE 6401 MADISON, WI 53715	39-1805963	501(c)(3)	694,689		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)	28,166		N/A	N/A	RESEARCH
BROWN UNIVERSITY 69 BROWN STREET BOX 1997 PROVIDENCE, RI 02912	05-0258809	501(c)(3)	159,020		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		64,465		N/A	N/A	RESEARCH
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE 475 BRANNAN ST SUITE 130 SAN FRANCISCO, CA 94107	94-0562680		20,550		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 AVENUE NORD HALL 615 CLEVELAND, OH 44106	34-1018992	501(c)(3)	405,467		N/A	N/A	RESEARCH
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD FINANCE DEPT LOS ANGELES, CA 90048	95-1644600	501(c)(3)	31,657		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		50,718		N/A	N/A	RESEARCH
CENTER FOR HAITIAN STUDIES INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(c)(3)	78,951		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 HOSP OF PHILADELPHIA 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(c)(3)	11,921		N/A	N/A	RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNETT AVENUE OH -3039 CINCINNATI, OH 45229	31-0833936		18,760		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		65,619		N/A	N/A	RESEARCH
COLLABORATIVE DRUG DISCOVERY INC 1633 BAYSHORE HWY STE 342 CA -1515 BURLINGAME, CA 94010	42-1631574		210,000		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 SEMINARY 2199 S University Blvd DENVER, CO 80210	84-0404231	501(c)(3)	38,475		N/A	N/A	RESEARCH
COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY 555 S HOWES ST ST FORT COLLINS, CO 80523	84-6000545	State of CO	49,765		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
COLUMBIA UNIVERSITY RESTRICTED FUNDS DIV MAIL CODE 7409-1700 BROADWAY NEW YORK, NY 10019	13-5598093	501(c)(3)	2,229,942		N/A	N/A	RESEARCH
CONCEPT HEALTH SYSTEMS INC 162 NE 49TH ST MIAMI, FL 33137	23-7063810	501(c)(3)	79,469		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
CONNECTFAMILIAS INC 1111 SW 8TH ST STE 207 MIAMI, FL 33130	37-1646586		75,736		N/A	N/A	RESEARCH
CONSOLIDATED SAFETY SERVICES INCORPORATED 10301 DEMOCRACY LANE-STE 300 FAIRFAX, VA 22030	54-1480935		69,470		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)	20,066		N/A	N/A	RESEARCH
CRAIG HOSPITAL 3425 S CLARKSON ST BUSINESS OFFICE ENGLEWOOD, CA 80113	84-0404233	501(c)(3)	184,430		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 SDIXIE HIGHWAY BOA BUILDING STE 200 CORAL GABLES, FL 33146	82-2424147		144,509		N/A	N/A	RESEARCH
DREXEL UNIVERSITY 3201 ARCH STREET 340 PHILADELPHIA, PA 19104	23-1352630	501(c)(3)	87,935		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 PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(c)(3)	317,905		N/A	N/A	RESEARCH
EASTERN VIRGINIA MEDICAL SCHOOL PO BOX 1980 NORFOLK, VA 23501	54-6055378		45,655		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
EMMUNE INC 130 SCRIPPS WAY JUPITER, FL 33458	46-2445960		81,688		N/A	N/A	RESEARCH
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(c)(3)	771,001		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 ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC 820 E PARK AVE STE D200 TALLAHASSEE, FL 32301	59-3352342	501(c)(3)	161,564		N/A	N/A	RESEARCH
FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 ATLANTA, GA 30384	65-0385507	State of FL	147,680		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 DEPARTMENT OF HEALTH 832 WEST CENTRAL BLVD ORLANDO, FL 32805	59-3502843	State of FL	53,404		N/A	N/A	RESEARCH
FLORIDA FISH AND WILDLIFE CON PO BOX 6150 TALLAHASSEE, FL 33701	59-3105845	State of FL	23,003		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	89,109		N/A	N/A	RESEARCH
FLORIDA INSTITUTE FOR HUMAN & MACHINE COGNITION INC 40 S ALCANIZ ST FL -6008 PENSACOLA, FL 32502	20-0760849		101,692		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 INTERNATIONAL UNIVERSITY 3000 NE 151ST STREET NORTH MIAMI, FL 33181	65-0177616	State of FL	669,972		N/A	N/A	RESEARCH
FLORIDA KEYS AHEC INC 5800 OVERSEAS HIGHWAY SUITE 38 MARATHON, FL 33050	65-0183810	501(c)(3)	569,355		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 REHAB PROFESSIONALS 401 MIRACLE MILE SUITE 403 CORAL GABLES, FL 33134	45-0601954		150,355		N/A	N/A	RESEARCH
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-1961248	State of FL	1,329,932		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
FROST MUSEUM OF SCIENCE INC 1101 BISCAYNE BLVD MIAMI, FL 33132	59-0854960	501(c)(3)	2,066,729		N/A	N/A	RESEARCH
GATEWAY COMMUNITY SERVICES 555 STOCKTON STREET JACKSONVILLE, FL 32204	59-1881828	501(c)(3)	15,722		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
GENSCRIPT USA INC 860 CENTENNIAL AVE PISCATAWAY, NJ 08854	36-4654831		5,489		N/A	N/A	RESEARCH
GEORGIA TECH RESEARCH CORP 505 TENTH STREET NW ATLANTA, GA 30318	58-0603146	501(c)(3)	168,209		N/A	N/A	RESEARCH

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

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H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC 12902 USF MAGNOLIA DR TAMPA, FL 33612	59-2451713	501(c)(3)	39,577		N/A	N/A	RESEARCH
H LEE MOFFITT CANCER CNTR & RESEARCH INSTITUTE HOSPITAL INC PO BOX 742801 ATLANTA, GA 30374	59-3238634	501(c)(3)	472,502		N/A	N/A	RESEARCH

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

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HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02241	04-2103580	501(c)(3)	28,637		N/A	N/A	RESEARCH
HEALTH CHOICE NETWORK INC 9064 NW 13 TERRACE DORAL, FL 33172	65-0504316	501(c)(3)	171,014		N/A	N/A	RESEARCH

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

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HENRY FORD HEALTH SYSTEM 1 FORD PL 5E DETROIT, MI 48202	38-1357020	501(c)(3)	271,242		N/A	N/A	RESEARCH
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 6720A ROCKLEDGE DR STE 100 BETHESDA, MD 20817	52-1317896		16,208		N/A	N/A	RESEARCH

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

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HJR REEFSCAPING PO BOX 1126 HORMIGUEROS, PR 00660	66-0704731		24,000		N/A	N/A	RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L LEVY PL ATTN RAJ APPAVU BOX 3500 NEW YORK, NY 10029	13-6171197	501(c)(3)	17,784		N/A	N/A	RESEARCH

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

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ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET MAIN BLDG ROOM 301 CHICAGO, IL 60616	36-2170136	501(c)(3)	10,316		N/A	N/A	RESEARCH
INDIANA UNIVERSITY 400 EAST 7 STREET-POPLARS BUILDING ROOM 501 BLOOMINGTON, IN 47405	35-6001673	State of IN	313,076		N/A	N/A	RESEARCH

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

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J CRAIG VENTER INSTITUTE 4120 CAPRICORN LANE LA JOLLA, CA 92037	52-1842938	501(c)(3)	16,935		N/A	N/A	RESEARCH
JESSIE TRICE COMMUNITY HEALTH 5607 NW 27TH AVE STE 1 MIAMI, FL 33142	59-1235617	501(c)(3)	14,842		N/A	N/A	RESEARCH

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

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JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX C/O BOA-12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	501(c)(3)	9,129		N/A	N/A	RESEARCH
KUMC RESEARCH INSTITUTE INC 3901 RAINBOW BLVD MS1039 KANSAS CITY, KS 66160	48-1108830	501(c)(3)	52,149		N/A	N/A	RESEARCH

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

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LA JOLLA INSTITUTE FOR ALLERGY AND IMMUNOLOGY 9420 ATHENA CIR LA JOLLA, CA 92037	33-0328688	501(c)(3)	23,772		N/A	N/A	RESEARCH
MANHATTAN COLLEGE 4513 MANHATTAN COLLEGE PKWY MIGUEL HALL 1 FLOOR RIVERDALE, NY 10471	13-1740468	501(c)(3)	10,599		N/A	N/A	RESEARCH

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

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MASS GENERAL HOSPITAL CORP PO BOX 3829 BOSTON, MA 02241	04-2697983	501(c)(3)	67,568		N/A	N/A	RESEARCH
MAYO CLINIC JACKSONVILLE PO BOX 4006 ROCHESTER, MN 55903	59-3337028	501(c)(3)	17,928		N/A	N/A	RESEARCH

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

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MAYO CLINIC ROCHESTER RESEARCH FINANCE 200 1ST ST SW ROCHESTER, MN 55905	41-6011702	501(c)(3)	53,113		N/A	N/A	RESEARCH
MCLEAN HOSPITAL PO BOX 3951 BOSTON, MA 02241	04-2697981	501(c)(3)	93,189		N/A	N/A	RESEARCH

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

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MEDICAL UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM ST COLUMBIA, SC 29208	57-6000722	State of SC	18,487		N/A	N/A	RESEARCH
MEDSTAR HEALTH RESEARCH INSTITUTE PO BOX 418223 BOSTON, MA 02241	52-6056274	501(c)(3)	84,522		N/A	N/A	RESEARCH

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

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MEMORIAL SLOAN-KETTERING CANCER CENTER FINANCE/MISC GPO PO BOX 26338 NEW YORK, NY 10087	13-1924236		26,017		N/A	N/A	RESEARCH
MER CONSULTANTS LLC 5521 SE NASSAU TER STUART, FL 34997	37-1692116		20,830		N/A	N/A	RESEARCH

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

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MIAMI DADE AHEC 1200 NW 78TH AVENUE SUITE 209 MIAMI, FL 33126	65-0009277	501(c)(3)	520,544		N/A	N/A	RESEARCH
MIAMI DADE COLLEGE 11011 SW 104 STREET MIAMI, FL 33176	59-1210485	State of FL	65,046		N/A	N/A	RESEARCH

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

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MONTEREY BAY AQUARIUM RESEARCH INSTITUTE 7700 SANDHOLDT ROAD MOSS LANDING, CA 95039	77-0150580	501(c)(3)	170,754		N/A	N/A	RESEARCH
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310	58-1438873		299,260		N/A	N/A	RESEARCH

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

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MOUNT SINAI MEDICAL CENTER OF FLORIDA INC 4300 ALTON RD MIAMI BEACH, FL 33140	59-0624424	501(c)(3)	167,683		N/A	N/A	RESEARCH
NATURE AMERICA INC PO BOX 512257 PHILADELPHIA, PA 19175	13-3066007		5,200		N/A	N/A	RESEARCH

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NAVAL RESEARCH LABORATORY 4555 OVERLOOK AVE SW BLDG222 RM217 WASHINGTON, DC 20375	31-1575142	US Govt	180,000		N/A	N/A	RESEARCH
NEW JERSEY INSTITUTE OF TECHNOLOGY PO BOX 18110 NEWARK, NJ 07191	22-6000910	State of NJ	50,879		N/A	N/A	RESEARCH

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NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY 1601 EAST MARKET CASHIERS OFFICE DOWDY ADMIN BLDG GREENSBORO, NC 27411	56-6000007	State of NC	224,009		N/A	N/A	RESEARCH
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7514-ADMIN SVCS III SUITE 240 RALEIGH, NC 27695	56-6000756	State of NC	157,838		N/A	N/A	RESEARCH

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NORTHWESTERN UNIVERSITY LIFE SCIECES FINANCIAL SVCS-2205 TECH DRIVE ROOM 2-150 EVANSTON, IL 60201	36-2167817	501(c)(3)	121,741		N/A	N/A	RESEARCH
NOVA SOUTHEASTERN UNIVERSITY EM PAPPER CLINICAL IMMUNOLOGY 3321 COLLEGE AVE STE 490 DAVIE, FL 33314	59-1083502	501(c)(3)	936,198		N/A	N/A	RESEARCH

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NYU SCHOOL OF MEDICINE 1 PARK AVE NEW YORK, NY 10016	13-5562309		52,040		N/A	N/A	RESEARCH
OREGON STATE UNIVERISITY 312 KERR ADMINISTRATION BLD CORVALLIS, OR 97331	61-1730890	State of OR	93,771		N/A	N/A	RESEARCH

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

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PALO ALTO RESEARCH CENTER INC 3333 COYOTE HILL ROAD PALO ALTO, CA 94304	04-6387876		385,765		N/A	N/A	RESEARCH
PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING 227 W BEAVER AVE STE 401 STATE COLLEGE, PA 16801	24-6000376	State of PA	38,917		N/A	N/A	RESEARCH

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

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PRESIDENT AND FELLOWS OF HARVARD COLLEGE 677 HUNTINGTON AVE CCPE-DEPT A BOSTON, MA 02115	04-2103580	501(c)(3)	88,838		N/A	N/A	RESEARCH
REAL PREVENTION LLC 130 PEARL BROOK DR CLIFTON, NJ 07013	46-2906812		23,792		N/A	N/A	RESEARCH

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REGENTS OF THE UNIV OF CALIFORNIA RIVERSIDE ACCOUNTING OFFICE -002 900 UNIVERSTITY AVENUE RIVERSIDE, CA 92521	95-6006142	State of CA	17,601		N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA PSC BOX 957089 1125 MURPHY HALL-405 HILGARD AVE LOS ANGELES, CA 90095	94-3067788	501(c)(3)	978,525		N/A	N/A	RESEARCH

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REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA BARBARA GEVIRTZ GRADUATE SCHOOL OF EDUCATION SANTA BARBARA, CA 93106	95-6006145	State of CA	171,039		N/A	N/A	RESEARCH
REMOTE MEASUREMENTS AND RESEARCH 214 EUCLID AVE SEATTLE, WA 98122	26-0728644		19,593		N/A	N/A	RESEARCH

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RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 12201	14-1368361	501(c)(3)	181,200		N/A	N/A	RESEARCH
SALK INSTITUTE FOR BIOLOGICAL STUDIES GT3 CORE-10010 N TORREY PINES ROAD LA JOLLA, CA 92037	95-2160097	501(c)(3)	84,839		N/A	N/A	RESEARCH

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SAN JOSE STATE UNIVERSITY 210 N FOURTH STREET 4TH FLOOR SAN JOSE, CA 95112	94-6017638	501(c)(3)	2,955,333		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)	176,254		N/A	N/A	RESEARCH

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SCHOOL BOARD MIAMI DADE COUNTY 1450 NE 2ND AVE STE 615 MIAMI, FL 33132	59-6000572	M Dade County	9,034		N/A	N/A	RESEARCH
SIEMENS MEDICAL SOLUTIONS USA PO BOX 223692 PITTSBURGH, PA 15251	94-2784998		40,692		N/A	N/A	RESEARCH

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SIMPSON WEATHER ASSOCIATES INC 809 E JEFFERSON ST CHARLOTTESVIL, VA 22902	54-1132684		35,847		N/A	N/A	RESEARCH
SOUTH FLORIDA VA FOUNDATION 1201 NW 16TH ST ROOM D806 MIAMI, FL 33125	65-0207903	501(c)(3)	227,935		N/A	N/A	RESEARCH

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

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SPECTRUM PROGRAMS INC 6100 BLUE LAGOON DRIVE SUITE 400 MIAMI, FL 33126	59-1415981	501(c)(3)	47,389		N/A	N/A	RESEARCH
SPEECH PATHOLOGY AND EDUCATION 8510 SW 8TH ST MIAMI, FL 33144	65-0303523		231,400		N/A	N/A	RESEARCH

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ST JUDE CHILDRENS RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 38148	62-0646012	501(c)(3)	38,927		N/A	N/A	RESEARCH
STANFORD UNIVERSITY 651 SERRA ST SUITE 220 STANFORD, CA 94305	94-1156365	501(c)(3)	158,824		N/A	N/A	RESEARCH

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TEXAS A&M ENGINEERING EXPERIMENT STATION - FISCAL OFFICE 7607 EASTMARK DRIVE-SUITE 112 MS 3124 COLLEGE STATION, TX 77840	74-1974733	State of TX	104,962		N/A	N/A	RESEARCH
TEXAS A&M UNIVERSITY 4352-CONSERVATION RESEARCH LAB COLLEGE STATION, TX 77843	74-2907553	State of TX	115,641		N/A	N/A	RESEARCH

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THE GENEVA FOUNDATION 917 PACIFIC AVE STE 600 TACOMA, WA 98402	91-1593913	501(c)(3)	16,370		N/A	N/A	RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MC0225 LA JOLLA, CA 92093	94-6036493	State of CA	723,721		N/A	N/A	RESEARCH

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

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THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(c)(3)	464,697		N/A	N/A	RESEARCH
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM 510 20TH ST SOUTH BIRMINGHAM, AL 35294	63-6005396	State of AL	17,891		N/A	N/A	RESEARCH

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

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THERAPY AND LEARNING CORP PO BOX 565142 MIAMI, FL 33256	83-0471851		11,085		N/A	N/A	RESEARCH
THERAPY BY DESIGN INC 17670 NW 78TH AVE STE 113 MIAMI, FL 33015	90-0060916		23,105		N/A	N/A	RESEARCH

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

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TRANSLATIONAL GENOMICS RESEARCH 445 N FIFTH STREET SUITE 600 PHOENIX, AZ 85004	75-3065445	501(c)(3)	98,318		N/A	N/A	RESEARCH
TULANE UNIVERSITY 6823 ST CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(c)(3)	364,919		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 CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	State of CA	64,772		N/A	N/A	RESEARCH
UNIVERSIDAD CENTRAL DEL CARIBE INC PO BOX 60327 BAYAMON, PR 00960	66-0349669	501(c)(3)	124,682		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)	60,021		N/A	N/A	RESEARCH
UNIVERSITY CORPORATION FOR ATMOSPHERIC RESEARCH P O BOX 3000 ATMOSPHERIC RESEARCH UCAR BOULDER, CO 80307	84-0412668	501(c)(3)	195,977		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 ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUCSON, AZ 85719	86-6004791	State of AZ	5,464		N/A	N/A	RESEARCH
UNIVERSITY OF CALIFORNIA ONE SHIELDS AVE MS1C ROOM 126 DAVIS, CA 95616	95-2226406	State of CA	5,183		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 CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	State of CA	34,042		N/A	N/A	RESEARCH
UNIVERSITY OF CENTRAL FLORIDA PO BOX 160118 ORLANDO, FL 32816	59-2924021	State of FL	100,421		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	68,471		N/A	N/A	RESEARCH
UNIVERSITY OF COLORADO DENVER 12850 E MONTVIEW BLVD- C238 RM V20-4132 AURORA, CO 80045	84-6000555	State of CO	286,277		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 FLORIDA 123 GRINTER HALL P O BOX 113001 GAINESVILLE, FL 32611	59-6002052	State of FL	798,668		N/A	N/A	RESEARCH
UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD HOUSTON, TX 77204	74-6001399	State of TX	61,943		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 ILLINOIS GRANTS CONTRACTS 1901 S FIRST ST-STE A MC685 CHAMPAIGN, IL 61820	37-6000511	501(c)(3)	271,251		N/A	N/A	RESEARCH
UNIVERSITY OF IOWA 5270 CBRB IOWA CITY, IA 52242	42-6004813	State of IA	129,379		N/A	N/A	RESEARCH

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

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UNIVERSITY OF KANSAS 1000 SUNNYSIDE AVE-ROOM 4082 LAWRENCE, KS 66045	48-1124839		17,092		N/A	N/A	RESEARCH
UNIVERSITY OF LOUISIANA AT LAFAYETTE PO BOX 42570 LAFAYETTE, LA 70504	72-6000820	State of LA	750,562		N/A	N/A	RESEARCH

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

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UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203	52-6002033	State of MD	23,331		N/A	N/A	RESEARCH
UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH ATTENTION MEDICAL SCHOOL BURSAR WORCESTER, MA 01655	04-3167352	State of MA	26,976		N/A	N/A	RESEARCH

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

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UNIVERSITY OF MINNESOTA C/O UNIV TAX MNGMT 2221 UNIVERSITY AVE SE-SUITE 111 MINNEAPOLIS, MN 55414	41-6007513	State of MN	491,426		N/A	N/A	RESEARCH
UNIVERSITY OF NEW MEXICO LATIN AMERICAN IBERIAN INSTITUTE MSC02 1690 ALBUQUERQUE, NM 87131	85-6000642		73,958		N/A	N/A	RESEARCH

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

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UNIVERSITY OF NORTH CAROLINA C/O BOA LOCKBOX PO BOX 402420 ATLANTA, GA 30384	56-6001393	State of NC	59,196		N/A	N/A	RESEARCH
UNIVERSITY OF NORTH TEXAS OFFICE OF GRANTS CONTRACTS 1155 UNION CIR 305250 DENTON, TX 76203	75-6002149	State of TX	490,085		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 PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(c)(3)	30,432		N/A	N/A	RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(c)(3)	327,552		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 RHODE ISLAND OFFICE OF THE CONTROLLER 75 LOWER COLLEGE RD RM 110 KINGSTON, RI 02881	05-6000522	State or RI	38,600		N/A	N/A	RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE BOX 673 ROCHESTER, NY 14642	16-0743209	501(c)(3)	12,000		N/A	N/A	RESEARCH

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

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UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886	59-2959590	501(c)(3)	303,567		N/A	N/A	RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 90089	95-1642394	501(c)(3)	109,076		N/A	N/A	RESEARCH

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

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UNIVERSITY OF TEXAS AT AUSTIN 3001 LAKE AUSTIN BLVD SUITE 20110 AUSTIN, TX 78703	74-6000203	State of TX	154,396		N/A	N/A	RESEARCH
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	32,136		N/A	N/A	RESEARCH

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

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UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER WILLED BODY PROGRAM 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	State of TX	67,533		N/A	N/A	RESEARCH
UNIVERSITY OF VIRGINIA SCHOOL OF MED 101 HOSPITAL DR DAVIS 5 ROOM 5293 CHARLOTTESVILLE, VA 22908	54-6001796	501(c)(3)	20,302		N/A	N/A	RESEARCH

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

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UNIVERSITY OF WASHINGTON OFC OF RESEARCH- 3935 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	State of WA	501,256		N/A	N/A	RESEARCH
UNIVERSITY OF WISCONSIN FOUNDATION 1685 HIGHLAND AVE MADISON, WI 53705	39-0743975	501(c)(3)	69,475		N/A	N/A	RESEARCH

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

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VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE SUITE 100 NASHVILLE, TN 37203	62-0476822	501(c)(3)	269,561		N/A	N/A	RESEARCH
WAKE FOREST UNIVERSITY HEALTH SCIENCES BIOCHEMISTRY DEPARTMENT MEDICAL CENTER BLVD WINSTONSALEM, NC 21157	22-3849199	501(c)(3)	11,606		N/A	N/A	RESEARCH

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

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WASHINGTON STATE UNIVERSITY ORSO 280 LIGHTY PULLMAN, WA 99164	91-6601108	State of WA	20,872		N/A	N/A	RESEARCH
WATER MAPPING LLC 1041 EDGEWATER LN GULF BREEZE, FL 32563	47-3600220		101,600		N/A	N/A	RESEARCH

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

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WAYNE STATE UNIVERSITY CASHIERS OFFICE PO BOX 02788 DETROIT, MI 48202	38-6028429	State of MI	23,240		N/A	N/A	RESEARCH
WEILL CORNELL MEDICAL COLLEGE 575 LEXINGTON AVE 9TH FL NEW YORK, NY 10022	13-1623978	501(c)(3)	110,120		N/A	N/A	RESEARCH

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

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WEST VIRGINIA UNIVERSITY RESEARCH CORPORATION PO BOX 6002 MORGANTOWN, WV 26506	55-0665758	501(c)(3)	15,252		N/A	N/A	RESEARCH
YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520	06-0646973	501(c)(3)	32,345		N/A	N/A	RESEARCH

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

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AMERICAN CANCER SOCIETY 3709 W JETTON AVENUE TAMPA, FL 33629	13-1788491	501(c)(3)	55,000		N/A	N/A	GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK HOSPITALS HEADQUARTERS 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	87-0387205	501(c)(3)	9,130		N/A	N/A	GENERAL SUPPORT

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

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CORAL GABLES CHAMBER COMMERCE 224 CATALONIA AVENUE CORAL GABLES, FL 33134	59-0205525	501(c)6	50,775		N/A	N/A	GENERAL SUPPORT
DIRECT RELIEF 27 S LA PATERA GOLETA, CA 93117	95-1831116	501(c)(3)	28,688		N/A	N/A	GENERAL SUPPORT

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

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ELSEVIER INC PO BOX 9533 NEW YORK, NY 10087	13-1958712		9,750		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		N/A	N/A	GENERAL SUPPORT

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

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GILDAS CLUB SOUTH FL 119 ROSE DR FT LAUDERDALE, FL 33316	65-0528626	501(c)(3)	28,000		N/A	N/A	GENERAL SUPPORT
GREATER MIAMI CHAMBER OF COMMERCE 1601 BISCAYNE BOULEVARD BALLROOM LEVEL MIAMI, FL 33132	59-0358775	501(c)6	80,750		N/A	N/A	GENERAL SUPPORT

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

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HISPANIC BUSINESS INITIATIVE FUND OF FLORIDA INC 3201 E COLONIAL DR STE A20 ORLANDO, FL 32803	59-3341405	501(c)(3)	6,500		N/A	N/A	GENERAL SUPPORT
JACKSON HEALTH FOUNDATION 1500 NW 12 AVE STE 1117 EAST MIAMI, FL 33136	65-0077727	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT

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

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LEADERS IN FURTHERING EDUCATION 1720 SOUTH OCEAN BLVD MANALAPAN, FL 33462	58-2087274	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 200 S PARK RD STE 140 HOLLYWOOD, FL 33021	13-5644916	501(c)(3)	60,000		N/A	N/A	GENERAL SUPPORT

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

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MANATEE EDUCATION FOUNDATION INC 1023 MANATEE AVENUE WEST SUITE 215 BRANDENTON, FL 34205	65-0037457	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT
MIAMI DADE COLLEGE FOUNDATION INC 300 NE SECOND AVENUE ROOM 1423-1 MIAMI, FL 33132	59-6169745	501(c)(3)	15,000		N/A	N/A	GENERAL SUPPORT

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

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NEIGHBORS 4 NEIGHBORS 8900 NW 18 TERRACE DORAL, FL 33172	65-0364391	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT
OFFERDAHL'S HAND-OFF FOUNDATION 2749 NE 45TH NE 37TH DRIVE OAKLAND PARK, FL 33308	45-4645993	501(c)(3)	25,000		N/A	N/A	GENERAL SUPPORT

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

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PAN- AMERICAN ASSOCIATION OF OPHTHALMOLOGY 1301 S BOWEN ROAD 450 ARLINGTON, TX 76013	62-0564302	501(c)6	5,100		N/A	N/A	GENERAL SUPPORT
SUSAN G KOMEN MIAMI 1333 S UNIVERSITY DR STE 206 PLANTATION, FL 33324	75-2844638	501(c)(3)	35,000		N/A	N/A	GENERAL SUPPORT

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

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THE ORANGE BOWL COMMITTEE INC 14360 NW 77TH CT MIAMI LAKES, FL 33016	59-0384382	501(c)(3)	6,585		N/A	N/A	GENERAL SUPPORT
WORLD STRATEGIC FORUM INC 777 BRICKELL AVENUE SUITE 500 MIAMI, FL 33131	27-2147644	501(c)(3)	10,000		N/A	N/A	GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 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)		
<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 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)									
<p>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</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a Yes									
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a Yes									
	6b	No								
<p>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</p>	7 Yes									
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

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, Donna Shalala, and James J Larranaga. The amounts were not included in taxable income. House and Household Assistance A house and household assistance is provided to the President 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, Steven Altschuler, 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. Part I, Question 4a, Severance Payments Steven Altschuler and David Ertel both received severance payments of \$1,128,446 and 749,102.56, respectively.
Part I, Line 6	Hospital & Clinic may provide incentives to certain officers, and highly compensated individuals. Incentive payment are based on productivity / efficiency measures, as well as certain financial targets.
Part I, Line 7	Certain officers received sign-on bonuses, and one time payments for assuming duties outside of their job requirements / description.

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				
1 Marc Buoniconti Trustee/Senior Director	(i)	174,366	0	138	17,500	694	192,698	0
	(ii)	0	0	0	0	0	0	0
1 Julio Frenk President	(i)	1,163,675	75,000	58,997	27,000	274,346	1,599,018	0
	(ii)	0	0	0	0	0	0	0
2 Leslie Dellinger Aceituno Secretary	(i)	119,487	0	16,564	14,243	16,680	166,974	0
	(ii)	0	0	0	0	0	0	0
3 Jeffrey Duerk Executive VP & Provost	(i)	382,642	0	77,629	0	12,020	472,291	0
	(ii)	0	0	0	0	0	0	0
4 Jacqueline A Travisano Executive VP & COO	(i)	430,508	0	127,053	0	15,347	572,908	0
	(ii)	0	0	0	0	0	0	0
5 Steven Altschuler EVP & CEO of UHealth	(i)	926,408	1,420,833	1,173,711	27,000	25,315	3,573,267	0
	(ii)	0	0	0	0	0	0	0
6 Nestor F De La Cruz-Munoz Associate Professor Dept of Surgery	(i)	797,450	371,054	333,459	27,000	23,329	1,552,292	0
	(ii)	0	0	0	0	0	0	0
7 David Ertel CFO, UHealth Systems	(i)	695,499	450,000	827,301	17,943	17,626	2,008,369	0
	(ii)	0	0	0	0	0	0	0
8 James J Larranaga Head Coach, Basketball	(i)	245,718	80,000	1,797,411	27,000	17,559	2,167,688	0
	(ii)	0	0	0	0	0	0	0
9 Mark Richt Head Coach, Football	(i)	243,937	0	3,746,827	27,000	22,104	4,039,868	0
	(ii)	0	0	0	0	0	0	0
10 Richard Russell Ballard CEO, UMHC (former)	(i)	353,760	30,000	28,274	27,000	22,046	461,080	0
	(ii)	0	0	0	0	0	0	0
11 Steven F Falcone Chief Exec, UHealth Clinic (fmr)	(i)	572,436	36,421	156,426	29,700	28,413	823,396	0
	(ii)	0	0	0	0	0	0	0
12 Michael B Gittelman CEO, ABLEH (former)	(i)	499,862	40,000	28,367	27,000	78,114	673,343	0
	(ii)	0	0	0	0	0	0	0
13 Thomas J LeBlanc Executive VP & Provost (fmr)	(i)	446,559	0	88,748	29,700	12,383	577,390	0
	(ii)	0	0	0	0	0	0	0
14 Donna E Shalala President (former)	(i)	140,685	0	141,356	29,700	940	312,681	0
	(ii)	0	0	0	0	0	0	0
15 Sory John Birdsall Chief Exec, UHealth Rgnl Alliance(fmr)	(i)	463,803	29,400	138	27,000	21,791	542,132	0
	(ii)	0	0	0	0	0	0	0
16 Aileen Ugalde University Secretary (former)	(i)	582,631	0	48,941	32,196	24,926	688,694	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

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

Employer identification number
 59-0624458

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Miami-Dade Co Educ Fac Authority	59-6000573	59333AFW6	04-26-2007	473,302,568	See Schedule K, Part VI	X			X		X
B	Miami-Dade Co Educ Fac Authority	59-6000573	59333ALR0	12-12-2012	106,138,985	See Schedule K, Part VI		X		X		X
C	Miami-Dade Co Educ Fac Authority	59-6000573	59333AMB4	10-07-2015	432,889,335	See Schedule K, Part VI		X		X		X
D	Miami-Dade Co Educ Fac Authority	59-6000573	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	92,360,000							
2	Amount of bonds legally defeased	155,070,000							
3	Total proceeds of issue	480,088,974		106,149,046		433,679,788		252,044,456	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	17,381,191		1,362,336		9,393,455			
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		198,929,179		29,409,377	
11	Other spent proceeds			93,819					
12	Other unspent proceeds					1,835,586		220,977,415	
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 ▶	0 290 %		0 060 %		0 580 %		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 ▶	0 660 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 950 %		0 060 %		0 580 %		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)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		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							
6 Were any gross proceeds invested beyond an available temporary period?	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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	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 1997B - Issue Date April 1, 1997, Series 2000A - Issue Date December 7, 1999, Series 2000B - Issue Date February 3, 2000, Series 2004A - Issue Date January 16, 2004 Schedule K, Part I - Line B, Column F Finance or refinance the acquisition, construction, renovation and equipping of University facilities Schedule K, Part I - Line C, Column F Finance or refinance the costs of the acquisition, construction, renovation and equipping of University facilities and refunding of prior issues Refunded Series 2007A - Issue date April 26, 2007 and Series 2008A - Issue date May 8, 2008 Schedule K, Part I - Line D, 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 \$790,454 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 \$366,693 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 5/31/2018 No rebate due and no filing required on the Series 2007AB, 2012A, and 2015A for period ending May 31, 2018

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

Employer identification number
59-0624458

Part I Excess Benefit Transactions (section 501(c)(3), 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)		38,248	Disct Tuition	Tuition Asst
(2)		22,000	Scholarship	Educ Assist
(3)		13,300	Stipend	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 1-4, 6-9 Col B	Family member of trustee
Schedule L, Part IV - Lines 4-5, 10 Col B	Family member of officer
Schedule L, Part IV - Lines 1-8, 10 Col D	Family member employment
Schedule L, Part IV - Line 9, Col D	Business Transactions - performance of services

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Marc Buoniconti	See Part V	175,000	See Part V		No
(1) Andrew Camner	See Part V	62,667	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
(3) Gino DiMare	See Part V	154,847	See Part V		No
(1) Felicia Knaul	See Part V	367,710	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
(5) Brian Leblanc	See Part V	35,696	See Part V		No
(1) Sandra Veiga	See Part V	14,625	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
(7) George Williamson III	See Part V	13,000	See Part V		No
(1) Eric Winter	See Part V	105,726	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
(9) Jose Bared & Victor Bared	see Part V	273,806	See Part V		No
(1) Rosemarie Ugalde	See Part V	132,376	See Part V		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

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

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 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	19	1,111,558	Fair Market Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	315	14,415,839	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	234	218,902	Fair Market Value
26 Other ▶ (Auction Items)	X	156	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** 6

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Miami

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 Buoniconi - Trustee, Nicolas Buoniconi - Trustee, Paul DiMare - Trustee, - Business Relationship, Marc Buoniconi - Trustee, Nicolas Buoniconi - Trustee - Family Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	Charter was amended with respect to the term of the Chair of the Board whose two-year term would in the ordinary course expire in 2018. The Board may vote to extend the term of such Chair of the Board by one year only, which term would expire in 2019.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Monitoring and Compliance with Conflict of Interest Policy The Office of the Secretary of the Board of Trustees sends an annual conflict of interest questionnaire together with the policy adopted by the Board to all trustees, officers and key employees Once replies are received, they are reviewed by the 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

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	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

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 Buoniconiti 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 420 Other Pension Related Gains / Losses 44,307,251 Refunds of Contributions -28,521

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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 (13)	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		133,139	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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	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	306,995	See Part VII

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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
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Schedule Form 9021

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
Biscayne View Properties LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
Crestre LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		634,712	Biscayne View Properties LLC
1509 Venture LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		1,797,586	Biscayne View Properties LLC
East Urban LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL	13,648	1,009,552	Biscayne View Properties LLC
Tripop LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 20-2458426	Real Estate	FL		4,307,775	Biscayne View Properties LLC
7th Avenue Market LLC 1320 South Dixie Hwy Suite 705 Coral Gables, FL 33146 20-2458426	Real Estate	FL		3,015,708	Biscayne View Properties LLC
Equi Terra LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
Ten Bor LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 27-3025289	Real Estate	FL			Equi Terra LLC
PT Property Holding LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 27-3025289	Real Estate	FL			Equi Terra LLC
University of Miami Preservation LLC 1252 Memorial Drive Room 230 Coral Gables, FL 33146 59-0624458	Hold UM Designated Easement	FL			University of Miami
Boston House LLC 1395 Brickell Avenue 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL			University of Miami
UHealth Ventures Holding Company LLC 1120 NW 14th Street Miami, FL 33136 82-1968627	Holding Company	FL			University of Miami