

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 06-01-2021, and ending 05-31-2022

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 \$ 6,352,747,992

F Name and address of principal officer:
Brandon Gilliland
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)	3	59
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	27,070
6 Total number of volunteers (estimate if necessary)	6	406
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,292,025
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	776,790,344	895,833,162
9 Program service revenue (Part VIII, line 2g)	3,865,823,735	4,454,126,410
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,383,273	106,643,209
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,279,939	10,301,409
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,747,277,291	5,466,904,190
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	588,465,655	663,756,746
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)	2,051,175,575	2,383,949,399
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,049,699		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,573,620,387	1,948,854,933
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,213,261,617	4,996,561,078
19 Revenue less expenses. Subtract line 18 from line 12	534,015,674	470,343,112
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,971,149,215	6,582,591,173
21 Total liabilities (Part X, line 26)	2,545,251,304	2,847,537,255
22 Net assets or fund balances. Subtract line 21 from line 20	3,425,897,911	3,735,053,918

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 2023-04-11
Brandon Gilliland Vice President & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207
Firm's address ▶ 300 North Greene Street Suite 400 Phone no. (336) 275-3394
Greensboro, NC 27401

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 \$ 1,198,126,525 including grants of \$ 570,160,418) (Revenue \$ 1,156,715,153)
See Additional Data

4b (Code:) (Expenses \$ 514,876,673 including grants of \$ 52,681,346) (Revenue \$ 89,196,324)
See Additional Data

4c (Code:) (Expenses \$ 2,799,446,810 including grants of \$ 46,959) (Revenue \$ 2,943,397,004)
See Additional Data

(Code:) (Expenses \$ 194,248,603 including grants of \$ 40,868,023) (Revenue \$ 264,817,929)

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 \$ 194,248,603 including grants of \$ 40,868,023) (Revenue \$ 264,817,929)

4e Total program service expenses ▶ 4,706,698,611

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 []

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question/Description, Answer Field, and Yes/No/Amount. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 59. Row 1b: 49. Rows 2-9 contain various questions about governance and management with Yes/No columns.

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

Table with 16 main rows (10a-16b) and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and Yes/No columns. Contains questions about local chapters, policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: Michael Dunlap Associate VP & Controller 1320 S Dixie Highway Suite 150 Coral Gables, FL 331462912 (305) 284-4877

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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	49,475,120	49,475,120		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	569,845,493	569,845,493		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	44,436,133	44,436,133		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,306,371	2,146,776	3,024,953	1,134,642
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	1,860,371,255	1,747,239,817	97,354,175	15,777,263
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	95,425,805	90,423,655	4,124,812	877,338
9 Other employee benefits	298,679,286	275,519,437	19,325,517	3,834,332
10 Payroll taxes	123,166,682	115,269,379	6,444,944	1,452,359
11 Fees for services (non-employees):				
a Management				
b Legal	11,860,663	3,726,934	8,130,269	3,460
c Accounting	959,670	713,070	246,600	
d Lobbying	331,532		331,532	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,381,663	12,381,663		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	378,112,267	343,638,565	31,144,645	3,329,057
12 Advertising and promotion	33,085,295	32,107,050	485,895	492,350
13 Office expenses	88,432,020	81,614,401	6,299,255	518,364
14 Information technology	40,006,984	34,356,166	5,650,352	466
15 Royalties				
16 Occupancy	111,835,242	107,753,067	4,082,175	
17 Travel	27,480,041	26,345,702	686,640	447,699
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,398,100	15,328,842	1,842,752	226,506
20 Interest	51,935,373	50,205,342	1,730,031	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	179,043,227	172,464,342	6,578,885	
23 Insurance	32,105,393	20,028,202	12,076,867	324
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	722,019,705	722,019,705		
b Miscellaneous	241,867,758	189,659,750	51,252,469	955,539
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,996,561,078	4,706,698,611	260,812,768	29,049,699
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	35,150,322	1	40,596,166
	2 Savings and temporary cash investments	865,234,519	2	1,278,870,302
	3 Pledges and grants receivable, net	216,869,161	3	240,442,513
	4 Accounts receivable, net	568,784,393	4	625,448,297
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	21,354,679	7	18,335,907
	8 Inventories for sale or use	38,988,472	8	41,799,437
	9 Prepaid expenses and deferred charges	39,114,188	9	44,575,961
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,553,417,295		
	b Less: accumulated depreciation	10b 2,330,647,638	2,159,912,766	10c 2,222,769,657
	11 Investments—publicly traded securities	740,400,863	11	795,679,991
	12 Investments—other securities. See Part IV, line 11	1,050,563,898	12	1,019,420,280
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	234,775,954	15	254,652,662
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,971,149,215	16	6,582,591,173	
Liabilities	17 Accounts payable and accrued expenses	392,939,073	17	417,124,666
	18 Grants payable		18	
	19 Deferred revenue	231,242,848	19	144,187,536
	20 Tax-exempt bond liabilities	1,205,136,216	20	1,684,866,967
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	202,964,449	24	100,539,308
	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	512,968,718	25	500,818,778
	26 Total liabilities. Add lines 17 through 25	2,545,251,304	26	2,847,537,255
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,685,739,784	27	1,980,717,646
	28 Net assets with donor restrictions	1,740,158,127	28	1,754,336,272
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,425,897,911	32	3,735,053,918	
33 Total liabilities and net assets/fund balances	5,971,149,215	33	6,582,591,173	

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	5,466,904,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,996,561,078
3	Revenue less expenses. Subtract line 2 from line 1	3	470,343,112
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,425,897,911
5	Net unrealized gains (losses) on investments	5	-158,119,200
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	-3,067,905
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,735,053,918

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Form 990 (2021)

Form 990, Part III, Line 4a:

See Schedule OInstitution, 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 12 colleges and schools offer the following degree options: 138 bachelors, 140 masters, and 67 doctoral (62 research/scholarship and 5 professional practice).The School of Architecture, founded in 1983, offers accredited professional undergraduate and graduate degrees in architecture and several post-professional graduate degrees. Programs include the professional Bachelor of Architecture (B.Arch) and the Master of Architecture (M.Arch); the post-professional Master of Science in Architecture (M.S.Arch) with 2 possible tracks- Architectural Design and Architectural Studies; the Master of Urban Design (M.U.D); the Master of Construction Management (M.C.M)/ Executive Master of Construction Management (E.M.C.M), the Master of Professional Science in Urban Sustainability and Resilience (MPS), and the Master of Real Estate Development and Urbanism (M.R.E.D.U.), an interdisciplinary one-year graduate program that draws on the real-life experience of Developers-in-Residence and faculty support from the Schools of Business Administration and Law as well as Architecture. The College of Arts and Sciences enrolls over 4,400 undergraduate and 640 graduate students in 21 departments and 13 interdisciplinary programs. Seventeen departments offer graduate degrees in the fine arts, natural sciences, humanities, and social sciences.The College of Engineering comprises six departments that offer degrees in aerospace, architectural, biomedical, civil, computer, electrical, environmental, industrial, materials, 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 900 undergraduate students and over 230 graduate students, the College boasts an impressively diverse student body, consisting of students from 45 different countries. At the undergraduate level, 34% of the student population is Hispanic and 9% is Black. Females represent 37% of the students (15% 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 1,388 candidates for either J.D., LL.M. or dual degrees, and has over 23,000 living alumni worldwide. The J.D. program enrolls approximately 1,400 students from more than 133 undergraduate institutions. Of the entering J.D. students, approximately 56% are women, 46% are members of minority groups, and 60% have been out of undergraduate school one year or more. The students are from 32 states plus DC, PR and 11 countries. 65% speak one or more foreign language. The School offers graduate programs in the areas of International Law, International Arbitration, Maritime Law, Entertainment, Art and Sports, Business, Constitutional Law, Criminal Law, Environment, Family, Health Care, Human Rights, Immigration, Intellectual Property, Litigation Arbitration and Dispute Resolution, Social Justice and Public Interest, Technology Law, Estate Planning, Taxation, Taxation of Cross Border Investments, and Real Property Development, the latter 2 offer courses online as well as on-campus. The School also offers several joint degree programs. The law school offers a J.D./Master's in Music Industry, J.D./M.A. in Live Entertainment Management, J.D/M.A in Communications, and J.D/M.A. in Latin American Studies. In addition, the School offers a J.D./M.B.A., J.D./M.Acc, J.D./M.P.S. in Marine Ecosystems and Society, J.D./M.P.H. in Public Health, J.D./M.S. Ed. in Law, Community and Social Change, J.D./M.D., J.D./M.H.A-Health Administration, J.D./LL.M. in Tax, International Law, Maritime Law, Estate Planning, International Arbitration, or Real Property Development, and Entertainment, Arts and Sports Law, and a J.D./M.B.A./LL.M. in Tax, Real Property Development or Estate Planning. The School has been ranked as one of the "20 Most Innovative Law Schools" by Pre-Law Magazine. The School has been listed in the Top 10 in the 2022 Princeton Review in its specialty listings in three categories. 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. Approximately 800 medical students are joined by over 1,000 residents and fellows, about 700 graduate students and around 200 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 4-year and 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 6-year M.D./J.D. program, a 4-year M.D./M.A.I.A in International Administration program, a 4-year M.A. in Medical Humanities and Bioethics program, a 4-year M.D./Certificate in Security Management program, multiple scholarly pathways of emphasis, graduate degrees in ten areas, postdoctoral programs, and continuing medical education courses.

Form 990, Part III, Line 4b:

See Schedule OResearch and Public Service:UM has been classified by the Carnegie Commission as a Doctoral University with Highest Research Activity. The School of Architecture's areas of focus include Urban Design, Planning & Real Estate Development, Construction Management, Technology and Computation, Coastal Resilience, Health and the Built Environment, Historical Preservation and Adaptive Use, Classical and Traditional Design, Housing and Hospitality Design, Building in the Caribbean, Latin America and the Tropical World, Architectural History, and Theory. Faculty and students are actively engaged in interdisciplinary research with numerous schools including the Miller School of Medicine, The Leonard and Jayne Abess Center for Ecosystem Science and Policy and the Center for Computational Science. The College of Arts and Sciences provides numerous community outreach activities, including student musical theatre productions at the Jerry Herman Ring Theatre and Alvin Sherman Family Stage; student, faculty, and visiting artist exhibitions in the Wynwood Gallery in the design district of downtown Miami; faculty curated exhibitions at the Lowe Art Museum; lectures and other educational programs sponsored by the Center for the Humanities, and the Miami Institute for Advanced Study of the Americas; volunteer activities in the public schools, hospitals and community clinics for developmentally disabled children; technology workshops for Miami-Dade public school teachers sponsored by the Department of Modern Languages Laboratory; and a series of programs, hosted by several departments and funded by various federal agencies and private foundations, to enhance the diversity of students pursuing scientific careers through research opportunities for pre-college and undergraduate students; and career development opportunities for high-school and community-college faculty. The School of Law offers externship programs and foreign exchange programs in Argentina, Belgium, Brazil, China, Colombia, France, Germany, Hong Kong, India, Ireland, Israel, Italy, 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. In 2022, its name was expanded to Rosenstiel School of Marine, Atmospheric & Earth Science to better reflect its breadth and depth as it has grown to include studies of earth's geology in addition to its atmosphere and oceans. 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. 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 70-acres of owned and leased land within the 153-acre University of Miami/Jackson Memorial Medical Center complex. Each year the University of Miami Health System's nearly 1,800 providers and scientists represent more than 100 specialties and subspecialties with outcomes that are among the best in the nation. The health system is comprised of Sylvester Comprehensive Cancer Center, Bascom Palmer Eye Institute, and UHealth Tower, operating within UMHC. Sylvester Comprehensive Cancer Center is the only cancer center in South Florida designated by the National Cancer Institute. Bascom Palmer has been recognized as the number one eye hospital in the country for 21 years by U.S. News & World Report in its annual "America's Best Hospitals" issue. In addition to the three University-owned hospitals, there are also three primary hospitals affiliated with UHealth: Jackson Memorial Hospital, the primary teaching hospital for the medical school; Holtz Children's Hospital; and the Bruce W. Carter VA Medical Center. There are also about three dozen UHealth outpatient clinics across Miami-Dade, Broward, Palm Beach, and Collier counties. The Lennar Foundation Medical Center, located in Coral Gables, opened in 2016. The 206,000-square-foot diagnostic and treatment center provides the local community more convenient access to world-class medical care provided by UM physicians and specialists. It has been recognized as a national benchmark by Press Ganey and has been awarded the Pinnacle and Guardian of Excellence Awards each year since it opened.

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			
Julio Frenk President	80.00	X		X				1,838,505	0	267,784
Marc Buoniconti Trustee/Senior Director	40.00	X						185,068	125,000	18,376
Edward A Dauer Trustee / Faculty Member	20.00 40.00	X						109,706	0	32,886
Allan M Herbert Trustee	20.00	X						9,414	0	0
Leonard Abess Trustee	1.00	X						0	0	0
Betty G Amos Trustee	2.00	X						0	0	0
Hilarie Bass Trustee	55.00	X						0	0	0
Jon Batchelor Trustee	2.00	X						0	0	0
Fred Berens Trustee	2.00	X						0	0	0
Tracey Berkowitz Trustee	5.00	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	7.00	X						0	0	0
Richard D Fain Trustee	20.00	X						0	0	0
Miguel B Fernandez Trustee	0.50	X						0	0	0
Phillip Frost Trustee	2.00	X						0	0	0
Phillip T George Trustee	2.00	X						0	0	0
Kourtney Gibson Trustee	1.00	X						0	0	0
Rose Ellen Greene Trustee	1.00	X						0	0	0
Carlos Guzman Trustee	10.00	X						0	0	0
Barbara Hecht Havenick Trustee	2.00	X						0	0	0
Marilyn J Holifield 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			
Roberta L Jacoby Trustee	0.00	X						0	0	0
Manuel Kadre Trustee & Vice Chair	5.00	X						0	0	0
Carolyn B Lamm Trustee	5.00	X						0	0	0
Marcus Lemonis Trustee	0.00	X						0	0	0
Jayne Sylvester Malfitano Trustee	6.00	X						0	0	0
Jose R Mas Trustee	1.00	X						0	0	0
Patricia Menendez-Cambo Trustee	5.00	X						0	0	0
Stuart A Miller Trustee	15.00	X						0	0	0
William L Morrison Trustee	2.00	X						0	0	0
Judi Prokop Newman 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			
Aaron S Podhurst Trustee	10.00	X						0	0	0
Lois Pope Trustee	0.00	X						0	0	0
Alex E Rodriguez Trustee	0.00	X						0	0	0
Steven J Saiontz Trustee	4.00	X						0	0	0
Robert E Sanchez Trustee	2.00	X						0	0	0
Marvin R Shanken Trustee	2.00	X						0	0	0
Laurie S Silvers Trustee & Chair	20.00	X						0	0	0
HT Smith Jr Trustee	7.00	X						0	0	0
Jacquelyn R Soffer Trustee	0.00	X						0	0	0
E Roe Stamps IV Trustee	2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald G Stone Trustee	10.00	X						0	0	0
Johnny C Taylor Jr Trustee & Vice Chair	5.00	X						0	0	0
Ana VeigaMilton Trustee	10.00	X						0	0	0
Alice S Vilma Trustee	2.00	X						0	0	0
Jonathan Vilma Trustee	0.00	X						0	0	0
Maribel C Wadsworth Trustee	2.00	X						0	0	0
David R Weaver Trustee	4.00	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
Jacqueline A Travisano Executive VP & COO	80.00			X				1,093,533	0	62,246

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			
Jeffrey Duerk Executive VP & Provost	80.00			X				953,645	0	66,455
Francis Davis Secretary	40.00			X				159,965	0	60,740
Dipen J Parekh Director & Professor	80.00				X			2,875,870	0	87,937
Joseph Echevarria CEO of UHealth, EVP Health Affairs	80.00				X			1,673,533	0	55,261
Manuel Diaz Head Coach, Football	80.00					X		3,400,675	0	58,470
Joseph Lamelas Director & Professor	80.00					X		2,999,156	0	45,288
James J Larranaga Head Coach, Basketball	80.00					X		2,616,715	0	51,342
Allan Levi Director & Professor	80.00					X		1,855,213	0	55,057
Rodrigo Vianna Medical Surgeon Transplant	80.00					X		1,689,011	0	106,699
Aileen Ugalde University Secretary (former)	80.00						X	713,789	0	80,876

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 (Former)	80.00						X	165,739	0	78,470

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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).)
- 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 on 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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	691,914,187	833,310,843	735,793,948	776,790,344	895,833,162	3,933,642,484
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	691,914,187	833,310,843	735,793,948	776,790,344	895,833,162	3,933,642,484
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.						3,933,642,484

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	691,914,187	833,310,843	735,793,948	776,790,344	895,833,162	3,933,642,484
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,631,938	59,403,850	60,713,176	70,655,688	60,165,219	297,569,871
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,457,689	-332,088				1,125,601
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,232,337,956
12	Gross receipts from related activities, etc. (see instructions)					12	18,014,915,194

13 First 5 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 2021 (line 6, column (f) divided by line 11, column (f))	14	92.940 %
15	Public support percentage for 2020 Schedule A, Part II, line 14	15	91.740 %

- 16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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>		
b	Did the activities described on line 2a, above 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 lines 3a and 3b 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>If "Yes" or "No," 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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

Name of the organization University of Miami	Employer identification number 59-0624458
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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)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

331,532	
331,532	
4,990,913,302	
4,991,244,834	
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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- 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?

250,000	
0	
0	

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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	340,809	352,932	347,486	331,532	1,372,759
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)).

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
University of Miami

Employer identification number
59-0624458

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 2,473,397

(ii) Assets included in Form 990, Part X ▶ \$ 59,934,894

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 FASB ASC 958 relating to these items:

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other public ed & outreach 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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,393,436,637	1,050,754,202	997,413,188	1,021,508,292	948,579,230
b Contributions	39,823,087	44,900,777	67,672,070	22,260,195	29,917,174
c Net investment earnings, gains, and losses	-42,581,007	341,734,777	27,549,739	-2,903,234	87,286,606
d Grants or scholarships	-9,399,901	-8,886,321	-9,203,927	-9,311,271	-9,334,364
e Other expenditures for facilities and programs	-36,994,904	-35,066,457	-32,676,868	-34,140,794	-34,940,354
f Administrative expenses					
g End of year balance	1,344,283,912	1,393,436,637	1,050,754,202	997,413,188	1,021,508,292

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

- a** Board designated or quasi-endowment ▶ 16.940 %
- b** Permanent endowment ▶ 75.360 %
- c** Term endowment ▶ 7.700 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		101,020,484		101,020,484
b Buildings		2,749,942,815	1,367,931,316	1,382,011,499
c Leasehold improvements		78,601,023	71,022,787	7,578,236
d Equipment		948,899,845	688,151,350	260,748,495
e Other		674,953,128	203,542,185	471,410,943
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,222,769,657

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	-1,702,291	F
(2) Closely-held equity interests		
(3) Other _____ (A) Limited Partnerships	358,802,715	F
(B) Mutual Funds	396,386,699	F
(C) Other	265,933,157	F
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,019,420,280	

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)		
(10)		
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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Medical Self-Insurance Reserves	40,428,033
(3) Refundable Deposits	224,602
(4) Accrued Postretirement Benefit Cost	64,580,721
(5) Annuities Payable	5,523,560
(6) Refundable Federal Student Loans	2,317,496
(7) Other Liabilities	387,744,366
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	500,818,778

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	4,686,855,913
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-158,119,200
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-3,067,905
e	Add lines 2a through 2d	2e	-161,187,105
3	Subtract line 2e from line 1	3	4,848,043,018
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	11,853,620
b	Other (Describe in Part XIII.)	4b	607,007,552
c	Add lines 4a and 4b	4c	618,861,172
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,466,904,190

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	4,377,699,906
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	4,377,699,906
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	11,853,620
b	Other (Describe in Part XIII.)	4b	607,007,552
c	Add lines 4a and 4b	4c	618,861,172
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,996,561,078

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0624458

Name: University of Miami

Supplemental Information

Return Reference	Explanation
Part III, Line 4:	<p>Part III, Line 4: Art Collection: The purpose of the University of Miami's Lowe Art Museum (hereinafter "the Museum")'s Collections Management Policy is to document the policies that guide the development, care, stewardship, and use of its collections in a manner that is consistent with both the Museum's Mission and the highest standards of professional art museum practice. Through this Collections Management Policy, the Museum ensures that: - Its collections are preserved, protected, and secured in accordance with the highest of relevant professional standards; - The Museum's collection-related activities promote public good rather than individual gain; - Access to its collections and collection-related materials is appropriately monitored and regulated; - Acquisition, deaccessioning, and loans of works in its collections are conducted in a manner that conforms to the Museum's Mission, complies with applicable law, and reflects the highest of ethical standards; - Disposal of works from its collection through sale, exchange, or other means is solely for the advancement of the Museum's Mission, and that proceeds from the sale of such works are used only to purchase other works of art; and - Its collections are accounted for by regular inventory and documented in the Museum's collections management database. Overall Scope of the Collection The Museum's Permanent Collection represents five millennia of human creativity on every inhabited continent. All collection objects are works of fine art or culturally significant archaeological/ethnographic material. In addition, the Museum maintains a collection of public sculpture installed throughout the University of Miami's Coral Gables campus on behalf of its parent institution. 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 generally exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code (IRC), except for unrelated business income. Accordingly, no significant provision for income taxes is made in the financial statements. At May 31, 2022 and 2021, there were no uncertain tax positions. The University files tax returns with U.S. federal and other state tax authorities for which generally the statute of limitations extends to the year ended May 31, 2019.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments:	Other Pension Related Gains/Losses

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 \$374,146,954, grants and contracts pass-through transactions from sponsoring agencies \$237,809,378, cost of sales of inventories/other assets of \$397; Less: Other Inc/loss \$13,426, non-program related rental expenses \$4,560,579 and direct expenses related to fundraising events \$388,599.

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

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.**
▶ **Go to www.irs.gov/Form990EZ for the latest information.**

Department of the Treasury
Internal Revenue Service

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 on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
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?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		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 & Inclusion 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 * 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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" on 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 the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			2,295,294
b Total from continuation sheets to Part I	0	255			161,737,795
c Totals (add lines 3a and 3b)	0	255			164,033,089

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
5 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 ▶								2
3 Enter total number of other organizations or entities ▶								32
(7)							Schedule F (Form 990) 2021	
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(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; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

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	289,584
East Asia & the Pacific			Program Services	Grants to Recipients	147,046

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	711,781
Middle East & North Africa			Program Services	Grants to Recipients	106,174

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	260,689
South America			Program Services	Grants to Recipients	435,052

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	62,515
Sub-Saharan Africa			Program Services	Grants to Recipients	282,453

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	93,913
East Asia & the Pacific			Program Services	Travel - Institutional Research and Education	33,585

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	559,393
Middle East & North Africa			Program Services	Travel - Institutional Research and Education	17,924

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	33,870
South America			Program Services	Travel - Institutional Research and Education	94,029

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	Travel - Institutional Research and Education	7,873
Sub-Saharan Africa			Program Services	Travel - Institutional Research and Education	56,726

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			Investments	N/A	148,667,952
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium			Investments	N/A	6,451,607

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		20	Program Services	Independent Contractors- Institutional Research and Education	48,351
East Asia and the Pacific		17	Program Services	Independent Contractors- Institutional Research and Education	151,652

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		109	Program Services	Independent Contractors- Institutional Research and Education	3,717,577
Middle East and North Africa		9	Program Services	Independent Contractors- Institutional Research and Education	506,501

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		62	Program Services	Independent Contractors- Institutional Research and Education	1,002,258
South America		28	Program Services	Independent Contractors- Institutional Research and Education	210,164

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		4	Program Services	Independent Contractors- Institutional Research and Education	12,270
Sub-Saharan Africa		6	Program Services	Independent Contractors- Institutional Research and Education	72,150

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	100,600	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	47,199	Wire Transfer	0	N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America & the Caribbean	Research	35,518	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	106,267	Wire Transfer	0	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	105,906	Wire Transfer	0	N/A	N/A
		East Asia & the Pacific	Research	41,140	Check	0	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	21,600	Wire Transfer	0	N/A	N/A
		Europe	Research	139,485	Wire Transfer	0	N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	39,163	Check	0	N/A	N/A
		Europe	Research	33,510	Wire Transfer	0	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	99,756	Wire Transfer	0	N/A	N/A
		Europe	Research	81,502	Wire Transfer	0	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	128,566	Wire Transfer	0	N/A	N/A
		Europe	Research	36,776	Wire Transfer	0	N/A	N/A

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Research	61,656	Wire Transfer	0	N/A	N/A
		Europe	Research	39,767	Wire Transfer	0	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	General Support	30,000	Wire Transfer	0	N/A	N/A
		Middle East & North Africa	Research	86,174	Wire Transfer	0	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	20,000	Check	0	N/A	N/A
		North America	Research	37,074	Check	0	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	189,563	Wire Transfer	0	N/A	N/A
		North America	Research	34,052	Check	0	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	60,792	Wire Transfer	0	N/A	N/A
		South America	Research	149,231	Wire Transfer	0	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	91,819	Wire Transfer	0	N/A	N/A
		South America	Research	66,195	Wire Transfer	0	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	11,835	Wire Transfer	0	N/A	N/A
		South America	Research	55,180	Wire Transfer	0	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	62,515	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	5,251	Wire Transfer	0	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	54,851	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	55,995	Wire Transfer	0	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	153,009	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	13,347	Wire Transfer	0	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	138	4,794,218	Check		N/A	N/A
Scholarships, Fellowship Grants	East Asia and the Pacific	645	11,338,525	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	298	9,600,150	Check		N/A	N/A
Scholarships, Fellowship Grants	Middle East and North Africa	90	1,605,858	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	81	1,911,751	Check		N/A	N/A
Scholarships, Fellowship Grants	Russia and Neighboring States	33	1,048,770	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	330	7,314,925	Check		N/A	N/A
Scholarships, Fellowship Grants	South Asia	126	3,633,808	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	39	862,832	Check		N/A	N/A

SCHEDULE G (Form 990)

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

OMB No. 1545-0047
2021
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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 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) Total events
		Gala (event type)	Gala (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,474,100	380,528	506,575	2,361,203
	2 Less: Contributions	1,461,400	342,818	421,676	2,225,894
	3 Gross income (line 1 minus line 2)	12,700	37,710	84,899	135,309
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	98	2,208	22,750	25,056
	6 Rent/facility costs	29,171	6,570	83,394	119,135
	7 Food and beverages	39,824	4,158	5,590	49,572
	8 Entertainment		25,410	71,087	96,497
	9 Other direct expenses	1,789	33,971	50,845	86,605
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				376,865
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-241,556

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			18,332
Direct Expenses	2 Cash prizes			11,735	11,735
	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 checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				11,735
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				6,597

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.000 %

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

Name ▶ Kathy Dwyer

Address ▶ 600 Long Wharf Drive New Haven, CT06511

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 ▶ \$ 12,502 and the amount of gaming revenue retained by the third party ▶ \$ 0.

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

Name ▶ _____

Address ▶ 600 Long Wharf Drive New Haven, CT06511

16 Gaming manager information:

Name ▶ Kathy Dwyer

Gaming manager compensation ▶ \$ 1,928

Description of services provided ▶ Website/platform, software license, location services, training, technical support, Bump system programming, regulatory approval

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 ▶ \$ 12,502

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
Name of the organization
 University of Miami

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Employer identification number
 59-0624458

OMB No. 1545-0047
2021
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 checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000</u> %	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 Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
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	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

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)			6,966,628		6,966,628	0.140 %
b Medicaid (from Worksheet 3, column a)			326,589,994	188,893,244	137,696,750	2.760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			333,556,622	188,893,244	144,663,378	2.900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			10,716,809	4,663,486	6,053,323	0.120 %
f Health professions education (from Worksheet 5)			139,417,898	50,859,004	88,558,894	1.770 %
g Subsidized health services (from Worksheet 6)			4,320,827	4,320,827		
h Research (from Worksheet 7)			65,014,768	44,730,875	20,283,893	0.410 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			548,000		548,000	0.010 %
j Total. Other Benefits			220,018,302	104,574,192	115,444,110	2.310 %
k Total. Add lines 7d and 7j			553,574,924	293,467,436	260,107,488	5.210 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			2,000		2,000	0 %
6 Coalition building			90,500		90,500	0 %
7 Community health improvement advocacy			20,182		20,182	0 %
8 Workforce development			26,778	20,000	6,778	0 %
9 Other						
10 Total			139,460	20,000	119,460	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 50,358,261		
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)	5 363,038,739
6 Enter Medicare allowable costs of care relating to payments on line 5	6 410,522,645
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -47,483,906
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 Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____

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

		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 checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		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>umiamihealth.org/community-health-improvement</u>		
	b <input type="checkbox"/> Other website (list url): <u>jacksonhealth.org/community/; nicklauschildrens.org/patient-resources/commu</u>		
	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>20</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>umiamihealth.org/community-health-improvement</u>	Yes	
	a		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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
	b 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 Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.000000000000</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?	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):	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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>umiamihealth.org/sylvester-comprehensive-cancer-center/billing-,-a-,-financ</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>umiamihealth.org/sylvester-comprehensive-cancer-center/billing-,-a-,-financ</u>		
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-,-a-,-financ</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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) 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: 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)	21	Yes
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Part V Facility Information *(continued)*

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

University of Miami Hospital and Clinics

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities:	The University of Miami Health System continues to work on innovative efforts to better meet the needs of vulnerable and under resourced populations that go beyond clinical care to address social determinants of health, which have great impact on health status. Community building activities provide community members with the necessary resources to manage care, interact with the environment, and advocate in a way that is necessary to improve health and well-being.
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 University's financial statements do not contain a footnote concerning bad debt for the hospitals. The University's financial statements account for bad debt as a reduction of revenue. For the year ended May 31, 2022, the hospitals recorded \$50,358,261 of implicit price concessions as a direct reduction of patient service revenue that would have been reported as a provision for bad debts prior to the adoption of ASU 2014-09.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	<p>The source of this information is the Medicare Cost Report data, which uses a "cost to charge" ratio methodology. The University of Miami Hospital and Clinics (UMHC) is a Prospective Payment System (PPS) exempt hospital and, as such, is cost based reimbursed for both inpatient and outpatient services. For inpatient services, the limit is the TEFRA target limit. The hospital, on occasion, exceeds the target rate and does not receive full cost reimbursement. The TEFRA target amount is updated by the Medicare program annually by the TEFRA updating factor. However, the amount of the TEFRA updating factor is always significantly less than the actual healthcare inflation factor because the Medicare program includes a "budget neutrality" factor for the overall Medicare program. For outpatient services, the limit is the payment to cost ratio (PCR). The PCR was established using a base year, which was 1996, at a rate of 85.5% of cost. The PCR for all PPS-exempt cancer centers was 89% from 1/1/20 to 5/31/20, and also 89% through 5/31/21; therefore, the hospital currently does not receive payment for about 11% 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 University of Miami Health System completed its most recent community health needs assessment (CHNA) in 2020, evaluating the health needs of individuals living in Miami-Dade County, Florida. The CHNA identifies the target audience when working to improve health outcomes for residents with the greatest needs. The completion of the CHNA and corresponding implementation plan allowed the University of Miami Health System to prioritize the significant health needs of the community and develop a robust strategy to address those needs. A multidisciplinary committee reviewed the CHNA and provided oversight for activities in the implementation plan. The committee leads the efforts in developing the assessment, implementation strategy and working with the Board of Directors to obtain necessary approvals.
Part VI, Line 3:	Patient education of eligibility for assistance: The University of Miami Health System provides financial assistance for medically necessary care to patients who are in the U.S. legally with family income levels up to four times the Federal Poverty Income Guidelines. The Financial Assistance Policy is made available in plain language in English, Spanish, and Haitian Creole on the University of Miami Health System's website.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	<p>Community information: The University of Miami Health System's main campus is situated in and primary serves Miami-Dade County. Miami-Dade County is one of the few counties in the nation that is a "minority-majority," in that a racial/ethnic minority group comprises much of the population with approximated 71.6% Latino or Hispanic residents; 16.3% Black/African American; 11.7% white, non-Hispanic; 1.5% Asian; and 0.2% American Indian and Alaska Native. Miami-Dade has a relatively young population with 80.1% of persons being under the age of 65, and 20.3% under the age of 18. In Miami-Dade County 12.7% of families live below the federal poverty level, with a median household income of \$62,500 as compared to 9.4% and \$66,251 respectively in the State of Florida. The SocioNeeds Index is a measure of socioeconomic need calculated from several social and economic factors that are correlated with health outcomes. Index values range from 0 to 100, in which 100 represents communities with the greatest socioeconomic need. The median score for Miami-Dade County is 64.1 out of 100, which is indicative of poor health outcomes due to high needs within the community. The SocioNeeds Index further confirms the socioeconomic disparities observed among residents of Miami-Dade County.</p>
Part VI, Line 5:	<p>Promotion of community health: The University of Miami Health System is focused on the well-being of the community served. The Miller School of Medicine, Sylvester Comprehensive Cancer Center, Bascom Palmer Eye Institute, and all clinical departments conduct critical health screenings, provide education and outreach activities to underserved populations through a myriad of activities including health fairs, free clinics, community-based screenings, referrals to low/no-cost programs, and ensure placement of mobile units in underserved communities with limited transportation. The health system's Board of Directors reviews and approved the CHNA and corresponding implementation plan further ensuring the organizational commitment to improving overall community health.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	Affiliated health care system: The organization has an affiliation agreement with Miami-Dade County's Public Health Trust (PHT) to provide teaching physicians who supervise PHT's interns and residents at Jackson Memorial Hospital.

Additional Data**Software ID:****Software Version:****EIN:** 59-0624458**Name:** University of Miami**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	University of Miami Hospital & Clinics 1475 NW 12 Avenue Miami, FL 33136 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 Hospital and Clinics	Part V, Section B, Line 3j: The University of Miami Health System completed a joint-CHNA with Jackson Health System and Nicklaus Children's Hospital at the start of 2020. The CHNA is a systematic, data-driven approach to determining the health status, behaviors, and needs of Miami-Dade residents. The CHNA report defines the community, describes the health status of the community, identifies the priority health concerns, and links community resources available to address significant health needs. This information was used to guide the decisions and the health system's efforts to improve community health and wellness through the current Implementation Plan.

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

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	Part V, Section B, Line 5: The University of Miami Health System did consider input from persons who represent the broad interests of the community through an Online Key Informant Survey. A list of recommended participants was provided by the University of Miami Health System, the Jackson Health System, and Nicklaus Children's Hospital. This list included names and contact information of community leaders including individuals working with low-income, minority, or other medically underserved groups. Key informants were contacted via email with an introduction to the purpose of the survey and a link to take the survey online; reminder emails were sent as needed to increase participation. In addition to the input from community stakeholders through the Online Key Informant Survey, personal interviews (via teleconference) were conducted with six representatives of hospital leadership at the University of Miami Health System, Jackson Health System, and Nicklaus Children's Hospital. These surveys and interviews focused on health issues that may be identified as a problem in the communities they work in. These results were used to determine the health priorities in the CHNA.

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

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	Part V, Section B, Line 6a: The CHNA was completed in conjunction with Jackson Health System and in collaboration with Nicklaus Children's Hospital.

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

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>Part V, Section B, Line 6b: Yes. Final participation in the CHNA included representatives of the organizations outlined below. Adrienne Arsht Center American Heart Association Avanse Ansanm Beacon Council Borinquen Medical Centers of Miami-Dade Boys Scouts of America Branches, Inc. Brief Strategic Family Therapy Institute Carrollton School of the Sacred Heart Catalyst Miami Center for Family and Child Enrichment Center for Haitian Studies City of Hialeah Gardens City of Miami Gardens City of Miami Springs Community Newspapers Coral Gables Fire Rescue Dan Marino Foundation Florida Blue Florida Department of Health Miami-Dade Friends of the Underline 501-C3 non-profit Greater Miami Jewish Foundation Health Council of South Florida Hispanic Women of Distinction Hope for Miami Jackson Health Foundation Jackson Health System Jessie Trice Community Health Centers La Liga Contra El Cancer Liberty City Reads Marlins Community Program Marlins Foundation Miami Beach Community Health Center Miami Dade College Miami Dade Fire Rescue Miami Dade Gay & Lesbian Chamber Miami Fire Rescue Miami Girls Rock Camp Miami Knight Foundation Miami-Dade Community Action & Human Services Department Miami-Dade Delegation Miami-Dade Homeless Trust Miller School of Medicine (MSOM) Nicklaus Children's Hospital-Neurosurgery Overtown Children and Youth Coalition Overtown Youth Center/ Honey Shine Public Health Trust of Miami-Dade County Ronald McDonald House Roxcy Bolton Rape Treatment Center Service Employees International Union (SEIU) Local 1991 South Florida Hispanic Chamber of Commerce Thelma Gibson Health Initiative United Way of Miami-Dade University of Miami University of Miami Health System - Sylvester Comprehensive Cancer Center, Office of Outreach and Engagement University of Miami Health System (UHealth) University of Miami School of Architecture WIC Program</p>

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>Part V, Section B, Line 11: In the University of Miami Health System's most recent CHNA, the following were identified as priority community health needs: Access to Health Care Services, Cancer, COVID-19, Diabetes, Health Disease and Stroke, Housing, Injury and Violence, Mental Health, Nutrition, Physical Activity, & Weight, Sexual Health, Substance Abuse, and Tobacco Use. Due to limited resources and personnel during the COVID-19 pandemic, five of the twelve areas of opportunity have been specified as priority areas for the implementation plan, which was developed via consensus amongst a multidisciplinary group known as the Community Benefit Committee. The five priority areas are Access to Health Care Services, Cancer, COVID-19, Mental Health, and Physical Activity, Weight, & Nutrition. The Mitchell Wolfson Sr. Department of Community Health (DOCS) has consistently hosted four free health clinics per week around Miami-Dade County while partnering with other community-based organizations and community-focused initiatives such as the IDEA Exchange Clinic and the Pediatric Mobile Clinic. The DOCS program is a student run clinic hosted in various health centers across Miami-Dade County. In FY22, the DOCS clinics have served 764 patients in clinical settings and 682 patients through health fairs, with 4,972 medical student volunteer hours, 551 resident physical volunteer hours, and 521 faculty volunteer hours. The University of Miami Health System also have efforts focused on HIV/AIDS assistance programs and research. The IDEA Exchange clinic offers safe and effective methods to reduce the risk of blood-borne infections, such as Hepatitis B and HIV, among high-risk populations. The Tele MOUD Program is designed to reach marginalized groups most affected by HIV and SUD during the COVID-19 pandemic. This program made treatment accessible through an online format, to facilitate the initiation of care and achieve HIV viral suppression. Through the RAPID Program, HIV prevention and treatment options are made readily available via the Mobile PrEP Program mobile units, the Rapid Access Wellness Clinics, and the GenWell Program. The Department of Infectious Diseases also conducts research studies exploring different aspects of HIV/AIDS including clinical trials. Faculty in this department also research other infectious diseases, including COVID-19 and Monkey Pox. The SIRI (severe injection-related infection) Program exists in conjunction with the Jackson Health System to improve the health outcomes of hospitalized patients. Physicians at the University of Miami Health System also participate in Miami Street Medicine, a team of healthcare providers that addresses access to care by bringing the care to the community. This program primarily cares for the unhoused and aims to build trust and transition patients into housing and primary-care relationships. The Pediatric Mobile Clinic offers free comprehensive medical care to local uninsured children. This mobile clinic</p>

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>nic improves healthcare access by eliminating financial and physical barriers, such as the cost of care or transportation to clinics. By bringing care to a centralized location that is accessible for families, the mobile clinic ensures families can guarantee care for their children. During American Heart Month in February, the University of Miami Health System offered coronary calcium screenings along with health education and referrals for care. Throughout FY22, the Sylvester Office of Outreach team provided cancer screenings for cervical and colorectal cancer to under-screened and underserved communities throughout the Sylvester catchment areas of Miami-Dade, Monroe, Broward, and Palm Beach counties. The team also provided cancer health education for different types of cancer through education sessions. The educational sessions include Cancer 101, Cervical Cancer, and Colorectal Cancer. Individuals that receive screenings and require follow-up care are referred to local Federally Qualified Health Clinics (FQHCs). The Sylvester Game Changer Vehicle provides health education, cancer screenings, HIV testing, and counseling and referrals to the community for free. The Firefighter Cancer Initiative conducts free skin cancer screenings for fire fighters in South Florida due to the high rate of cancer within the first responder community. The primary goals of FCI are to better document and understand the excess burden of cancer among Florida firefighters, and identify novel, evidence-based methods for reducing risk. The initiative is led by a multidisciplinary team of scientists, healthcare practitioners and occupational health and safety experts and uses community engaged approaches to ensure that firefighters' voice and occupational experience is reflected throughout all aspects of program planning and implementation. Regarding education support for the community, the University of Miami Health System supports academic pathway programs designed by the Department of Diversity, Equity, and Inclusion that are aimed at preparing students from economically disadvantaged backgrounds to successfully compete for admission and graduation from allied and health professional schools. These programs include the High School Careers in Medicine Workshop, the Summer Training in Research (STIR), the MCAT Prep Program, and the Health Careers Motivation Program. Participants the pathway programs are offered a variety of resources and opportunities that include but are not limited to individual mentoring, portfolio review and development, mock interview preparation, clinical shadowing, research, and community outreach. The Bascom Palmer Eye Institute has a Vision Van that provides free vision screenings for thousands of people of all ages across South Florida. Bascom Palmer also participates in annual health fairs and health events throughout South Florida. As an academic medical center, the University of Miami Health System engages in research endeavors across a multi-</p>

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	<p>ude of health disciplines. These research investigations are grant-funded and have a share d goal of advancing health care and expanding general knowledge. Additionally, the Univers ity of Miami Health System has many Continuing Medical Education programs that aim to cert ify or licen se medical and allied-health professionals.The University of Miami (UM) Health System (UHealth) engaged in multiple efforts to improve community benefit reporting since 2020, beginning with discussions among UHealth Leadership that aligned with the purpose o f community benefit and the establishment of the Community Health Department. Additionally , a group of community benefit champions formed the Community Benefit Committee to address the health concerns brought up in the CHNA and implementation plan. This formalized colla boration has improved community benefit reporting by making the sources of data more infor med and accessible. In 2022, the organization's Purpose Blueprint, used to guide decision making and strategy, included community health needs as a strategic priority. UHealth hire d a program manager to connect siloed programs across the organization and educate on the topic of community benefit. Educational presentations, one-on-one discussions, and trainin g materials improved the organization's awareness and understanding of community benefit. Additionally, Ernst & Young was engaged to identify best practices for community benefit d ata collection and reporting that the health system could implement and replicate. Through these best practices, the Community Health Department engaged with Leadership in academi cs and research to collect information that historically was omitted from UM's Schedule H r eport. UHealth hopes to improve data collection and reporting every year by continuing to prioritize community benefit and establishing policies and procedures that will streamline reporting and ensure data accuracy.</p>

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

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

Form and Line Reference	Explanation
University of Miami Hospital and Clinics	Part V, Section B, Line 16j: FAP Full URL: https://umiamihealth.org/sylvester-comprehensive-cancer-center/billing,-a-,financial-information/financial-assistance

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

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

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 noncash 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 149
3 Enter total number of other organizations listed in the line 1 table 40

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	11312	569,845,493		N/A	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
123 THERAPY INC 3670 N 54TH AVE HOLLYWOOD, FL 330212340	45-3437211		112,401	0	N/A	N/A	RESEARCH
ADRIANA TAFUR SERVICES INCORPORATED 2020 NE 163RD ST STE 207 N MIAMI BEACH, FL 331624927	51-0535858		34,482	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BELFER 1108 BRONX, NY 104611900	83-0621846	501(c)(3)	438,654	0	N/A	N/A	RESEARCH
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 554151126	41-1717098	501(c)(3)	50,000	0	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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ANGEL SPEECH AND THERAPY SERVICES INC 5470 W 16TH AVE HIALEAH, FL 330122105	46-2204485		5,097	0	N/A	N/A	RESEARCH
ARIZONA STATE UNIVERSITY THUNDERBIRD SCHOOL OF GLOBAL MANAGEMENT 1 GLOBAL PL GLENDALE, AZ 853066000	86-0196696	State of AZ	28,209	0	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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BAPTIST HEALTH AMBULATORY SERVICES INC 1660 PRUDENTIAL DR STE 203 JACKSONVILLE, FL 322078185	59-3410739	501(c)(3)	14,190	0	N/A	N/A	RESEARCH
BAPTIST HEALTH SOUTH FLORIDA INC 6855 S RED RD FL 2 STE 200 CORAL GABLES, FL 331433623	65-0267668	501(c)(3)	5,940	0	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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BAPTIST HOSPITAL OF MIAMI INC PO BOX 100470 ATLANTA, GA 303840470	59-0910342	501(c)(3)	43,320	0	N/A	N/A	RESEARCH
BERMUDA INSTITUTE OF OCEAN SCIENCES INC IBC 9013152-01 ROCKAWAY BLVD JAMAICA, NY 11434	06-0706038	501(c)(3)	113,217	0	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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BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 1025 W JOHNSON ST MADISON, WI 537061706	39-1805963	501(c)(3)	334,486	0	N/A	N/A	RESEARCH
BOARD OF SUPERVISORS OF LA STATE UNIV AGRICULTURAL AND MECHANICAL COLLEGE 204 THOMAS BOYD HALL BATON ROUGE, LA 708030110	72-6000848	State of LA	6,741	0	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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BUILDING FOUNDATIONS THERAPY SERVICES INC 13590 SW 134TH AVE STE 107 MIAMI, FL 331864575	46-1893790		16,185	0	N/A	N/A	RESEARCH
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD MC 234-6 PASADENA, CA 911250001	95-1643307	501(c)(3)	63,339	0	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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CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE STE 615 NORD HALL CLEVELAND, OH 441061712	34-1018992	501(c)(3)	813,761	0	N/A	N/A	RESEARCH
CHILDREN'S HEALTH & EDUCATIONAL MANAGEMENT INC 14221 SW 120 ST STE 210 MIAMI, FL 33186	02-0552323		107,940	0	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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CHULA VISTA ELEMENTARY SCHOOL DISTRICT 540 G ST RM 1001 CHULA VISTA, CA 919103604	95-6000613		27,450	0	N/A	N/A	RESEARCH
COLLABORATIVE DRUG DISCOVERY INC 1633 BAYSHORE HWY STE 342 BURLINGAME, CA 940101515	42-1631574		56,910	0	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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COLORADO SEMINARY OFFICE OF RESEARCH SPONSORED PROGRAM PO BOX 911811 DENVER, CO 802911811	84-0404231	501(c)(3)	96,726	0	N/A	N/A	RESEARCH
COLORADO STATE UNIVERSITY MORGAN LIBRARY ACCT SERVS 1019 CAMPUS DELIVERY FORT COLLINS, CO 805231019	84-6000545		11,685	0	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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COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216TH ST CUTLER BAY, FL 331901003	59-1372690	501(c)(3)	291,087	0	N/A	N/A	RESEARCH
COMMUNITY JUSTICE PROJECT INC 3000 BISCAYNE BLVD STE 106 MIAMI, FL 331374139	47-2777185	501(c)(3)	49,846	0	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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COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU RM 4104 CHESAPEAKE BUILDING COLLEGE PARK, MD 207423141	52-6002033	State of MD	46,824	0	N/A	N/A	RESEARCH
CONNECTFAMILIAS INC 1111 SW 8TH ST STE 207 MIAMI, FL 331303639	37-1646586	501(c)(3)	39,613	0	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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CORNELL UNIVERSITY 526 N CAMPUS 130 BIOTECHNOLOGY BLDG ITHACA, NY 148536007	15-0532082	501(c)(3)	122,957	0	N/A	N/A	RESEARCH
CREATV MICROTECH INC 11609 LAKE POTOMAC DR POTOMAC, MD 208541221	52-1997174		15,641	0	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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D & D REHAB CENTER INC 3412 W 84TH ST UNIT E-106 HIALEAH, FL 330184918	27-1913437		11,499	0	N/A	N/A	RESEARCH
DEBORA A FRYE 620 IBIS DR DELRAY BEACH, FL 334441928	26-1939010		31,203	0	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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DREXEL UNIVERSITY ELAM PROGRAM 2900 W QUEEN LN K WING PHILADELPHIA, PA 191291033	23-1352630	501(c)(3)	96,174	0	N/A	N/A	RESEARCH
DUKE UNIVERSITY CFAR IMMUNOLOGY COREDUMC BOX 2926-SCHOOL OF MEDICINE DURHAM, NC 27710	56-0532129	501(c)(3)	446,744	0	N/A	N/A	RESEARCH

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EASTER SEALS SOUTH FLORIDA INC 1475 NW 14 AVE MIAMI, FL 331251616	59-0722783	501(c)(3)	11,861	0	N/A	N/A	RESEARCH
EMMUNE INC 14155 US HIGHWAY 1 STE 302 JUNO BEACH, FL 334081430	46-2445960		50,000	0	N/A	N/A	RESEARCH

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EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(c)(3)	3,133,187	0	N/A	N/A	RESEARCH
FAMILY CENTRAL INC 819 NE 26TH ST FORT LAUDERDALE, FL 333051239	59-1487190	501(c)(3)	844,118	0	N/A	N/A	RESEARCH

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FENWAY COMMUNITY HEALTH CENTER INC 1340 BOYLSTON ST BOSTON, MA 022154302	04-2510564	501(c)(3)	199,985	0	N/A	N/A	RESEARCH
FIDEC CORPORATION 1390 S DIXIE HWY STE 1106 CORAL GABLES, FL 331462936	13-4186589	501(c)(3)	19,029	0	N/A	N/A	RESEARCH

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FLORIDA A&M UNIVERSITY 1700 LEE HALL DR 201 FOOTE-HILYER ADMINISTRATION CTR TALLAHASSEE, FL 323073200	59-0977035	501(c)(3)	72,216	0	N/A	N/A	RESEARCH
FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC 2145 DELTA BLVD STE 200 TALLAHASSEE, FL 32303	59-3352342	501(c)(3)	100,323	0	N/A	N/A	RESEARCH

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FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 ATLANTA, GA 303848660	65-0385507	State of FL	182,367	0	N/A	N/A	RESEARCH
FLORIDA HEALTH SCIENCES CENTER INC 409 BAYSHORE BLVD FL 5-RESEARCH TAMPA, FL 336062707	59-3458145	501(c)(3)	91,575	0	N/A	N/A	RESEARCH

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FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES 11200 SW 8TH STGL 310B MIAMI, FL 331992516	65-0177616	State of FL	1,436,779	0	N/A	N/A	RESEARCH
FLORIDA KEYS AREA HEALTH EDUCATION CENTER INC 5800 OVERSEAS HWY STE 38 MARATHON, FL 330502744	65-0183810	501(c)(3)	588,051	0	N/A	N/A	RESEARCH

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FLORIDA PUBLIC HEALTH INSTITUTE INC 2701 N AUSTRALIAN AVE STE 204 WEST PALM BEACH, FL 334074525	30-0051514	501(c)(3)	24,439	0	N/A	N/A	RESEARCH
FLORIDA REHAB PROFESSIONALS GROUP INC 401 CORAL WAY STE 403 CORAL GABLES, FL 331344926	45-0601954		319,915	0	N/A	N/A	RESEARCH

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FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY STE 300-PO BOX 3064166 TALLAHASSEE, FL 323064166	59-1961248	State of FL	95,290	0	N/A	N/A	RESEARCH
GAMA REHAB SERVICES INC 19042 NW 91ST CT MIAMI, FL 330188418	20-0203443		26,219	0	N/A	N/A	RESEARCH

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GATEWAY COMMUNITY SERVICES INC 555 STOCKTON ST JACKSONVILLE, FL 322042534	59-1881828	501(c)(3)	234,861	0	N/A	N/A	RESEARCH
GEORGE MASON UNIVERSITY CASHIERS OFFICE MS 2E14400 UNIVERSITY DR FAIRFAX, VA 220304422	54-0836354	State of VA	220,749	0	N/A	N/A	RESEARCH

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GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC PO BOX 3999 ATLANTA, GA 303023999	58-1845423	501(c)(3)	23,447	0	N/A	N/A	RESEARCH
GRADY MEMORIAL HOSPITAL CORPORATION 80 JESSE HILL JR DR SE STE 3H005 ATLANTA, GA 303033031	26-2037695	501(c)(3)	106,593	0	N/A	N/A	RESEARCH

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GREENWOOD GENETIC CENTER INC 101 GREGOR MENDEL CIR GREENWOOD, SC 296462316	57-0604070	501(c)(3)	54,877	0	N/A	N/A	RESEARCH
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC PO BOX 742801 ATLANTA, GA 303742801	59-2451713	501(c)(3)	56,143	0	N/A	N/A	RESEARCH

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HARTFORD HOSPITAL CORP 80 SEYMOUR ST HARTFORD, CT 061025037	06-0646668	501(c)(3)	50,804	0	N/A	N/A	RESEARCH
HEALTH CHOICE NETWORK INC 9064 NW 13TH TER DORAL, FL 331722907	90-0525658	501(c)(3)	69,971	0	N/A	N/A	RESEARCH

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HENNEPIN HEALTHCARE RESEARCH INSTITUTE 701 PARK AVE STE PP7700 MINNEAPOLIS, MN 554151623	41-1677920	501(c)(3)	12,608	0	N/A	N/A	RESEARCH
HONORHEALTH FOUNDATION 10510 N 92ND ST STE 302 SCOTTSDALE, AZ 852584632	74-2355411	501(c)(3)	32,033	0	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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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI INC 1 GUSTAVE L LEVY PL NEW YORK, NY 100296504	13-6171197	501(c)(3)	278,785	0	N/A	N/A	RESEARCH
INDIANA UNIVERSITY DEPT 78920 PO BOX 78000 DETROIT, MI 482780920	35-6001673	State of IN	517,989	0	N/A	N/A	RESEARCH

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INTERCOASTAL MEDICAL GROUP INC 2650 BAHIA VISTA ST STE 305 SARASOTA, FL 342392634	65-0784345		5,706	0	N/A	N/A	RESEARCH
JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA INC 735 NE 125 ST NORTH MIAMI, FL 331615611	59-0637867	501(c)(3)	488,549	0	N/A	N/A	RESEARCH

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JUST LEARNING CORP 8341 NW 21ST CT SUNRISE, FL 333223831	20-4969026		98,270	0	N/A	N/A	RESEARCH
KREATIVE KIDS THERAPY CENTER CO 8491 NW 17TH ST STE 110 DORAL, FL 331261025	46-2510560		18,963	0	N/A	N/A	RESEARCH

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LATINOS SALUD INC 1401 NE 26th Street WILTON MANORS, FL 333051321	26-2763535	501(c)(3)	53,447	0	N/A	N/A	RESEARCH
LEARNING WITH FUN-BETTER FUTURE CORP 12350 SW 132ND CT STE 109 MIAMI, FL 331866458	20-4409513		157,569	0	N/A	N/A	RESEARCH

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LIBERTY KIDS INC 50 NE 128TH ST NORTH MIAMI, FL 331614512	20-5019202		20,440	0	N/A	N/A	RESEARCH
LID VIZION LLC 11767 S DIXIE HWY PMB 426 PINECREST, FL 331564438	37-1959520		23,636	0	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 JACKSONVILLE 4500 SAN PABLO RD JACKSONVILLE, FL 322241865	59-3337028	501(c)(3)	250,165	0	N/A	N/A	RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE - BOX 10 NEW YORK, NY 10065	13-1924236	501(c)(3)	34,960	0	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 AREA HEALTH EDUCATION CENTER INC 7955 NW 12TH ST STE 429 MIAMI, FL 331261823	65-0009277	501(c)(3)	599,163	0	N/A	N/A	RESEARCH
MONTEREY BAY AQUARIUM RESEARCH INSTITUTE PO BOX 841949 LOS ANGELES, CA 900841949	77-0150580	501(c)(3)	24,484	0	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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MORTON PLANT MEASE HEALTH CARE INC 4600 N HABANA AVE STE 23 TAMPA, FL 336147123	59-2374556	501(c)(3)	17,820	0	N/A	N/A	RESEARCH
MOUNT SINAI MEDICAL CENTER OF FLORIDA INC 4300 ALTON RD-COST CENTER 02-4753 MIAMI BEACH, FL 331402948	59-0624424	501(c)(3)	38,750	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUJERES UNIDAS EN JUSTICIA EDUCACION Y REFORMA INC 27112 S DIXIE HWY NARANJA, FL 330327317	65-0534683	501(c)(3)	27,094	0	N/A	N/A	RESEARCH
MUSEUM OF SCIENCE INC FROST SCIENCE 1101 BISCAYNE BLVD MIAMI, FL 331321758	59-0854960	501(c)(3)	113,990	0	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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MY TIME INC 2009 SW 9TH ST MIAMI, FL 331353323	30-0755466		39,960	0	N/A	N/A	RESEARCH
NATIONAL FOUNDATION FOR CENTERS FOR DISEASE CONTROL AND PREVENTION 600 PEACHTREE ST NE STE 1000 ATLANTA, GA 303082215	58-2106707	501(c)(3)	359,434	0	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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NATIONAL OPINION RESEARCH CENTER 55 E MONROE ST STE 2000 CHICAGO, IL 606035901	36-2167808	501(c)(3)	233,133	0	N/A	N/A	RESEARCH
NEW YORK UNIVERSITY SPONSORED PROGRAMS ADMINISTRATION PO BOX 5166 NEW YORK, NY 100875166	13-5562309	501(c)(3)	21,910	0	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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NORTHWESTERN UNIVERSITY 633 CLARK ST RM G-547 EVANSTON, IL 602081112	36-2167817	501(c)(3)	314,627	0	N/A	N/A	RESEARCH
NOVA SOUTHEASTERN UNIVERSITY INC 3301 COLLEGE AVE FORT LAUDERDALE, FL 333147796	59-1083502	501(c)(3)	1,115,509	0	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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OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 972393079	93-1176109	State of OR	98,851	0	N/A	N/A	RESEARCH
OVERTOWN YOUTH CENTER INC 100 S BISCAYNE BLVD FL 8 MIAMI, FL 331312011	65-1048896	501(c)(3)	53,075	0	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 PO BOX 415649-ACCT 275-23595-114643 BOSTON, MA 022415649	04-2103580	501(c)(3)	52,198	0	N/A	N/A	RESEARCH
PROVIDENCE HEALTH & SERVICES - OREGON PO BOX 5977 PORTLAND, OR 972285977	51-0216587	501(c)(3)	11,332	0	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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REGENTS OF THE UNIV OF CALIFORNIA LOS ANGELES BOX 957089 1125 MURPHY HALL-405 HILGARD AVE LOS ANGELES, CA 900959000	95-6006143	501(c)(3)	127,133	0	N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO 12850 E MONTVIEW BLVD-C238 RM V20-4132 AURORA, CO 800452065	84-6000555	State of CO	67,311	0	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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REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	501(c)(3)	17,248	0	N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5960 PO BOX 1450 MINNEAPOLIS, MN 554855960	41-6007513	State of MN	520,461	0	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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RESEARCH FOUNDATION OF THE CITY UNIVERSITY OF NEW YORK 230 W 41ST ST FL 7 NEW YORK, NY 100367207	13-1988190	501(c)(3)	27,577	0	N/A	N/A	RESEARCH
RUTGERS THE STATE UNIVERSITY OF NEW JERSEY INFINITE BIOLOGICS BUSINESS OFFICE-145 BEVIER RD PISCATAWAY, NJ 088548082	22-6001086	State of NJ	32,929	0	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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SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR SAN DIEGO, CA 921821901	95-6042721	501(c)(3)	261,808	0	N/A	N/A	RESEARCH
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION 210 N FOURTH ST FL 4 SAN JOSE, CA 951125569	94-6017638	501(c)(3)	3,203,162	0	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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SANFORD-BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE INC 10901 N TORREY PINES RD LA JOLLA, CA 920371005	51-0197108	501(c)(3)	155,349	0	N/A	N/A	RESEARCH
SECORE INTERNATIONAL INC 4673 NORTHWEST PKWY HILLIARD, OH 430261126	47-5385160	501(c)(3)	56,203	0	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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SISTEMA UNIVERSITARIO ANA G MENDEZ INCORPORADO PO BOX 21345 RIO PIEDRAS, PR 009281345	66-0201206	501(c)(3)	47,140	0	N/A	N/A	RESEARCH
SMITHSONIAN INSTITUTION OSP CLEARING ACCOUNT 24411 NETWORK PL CHICAGO, IL 606731243	53-0206027	501(c)(3)	21,315	0	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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SOUTH FLORIDA NATIONAL PARKS TRUST INC 1390 S DIXIE HWY STE 2217 CORAL GABLES, FL 331462945	13-4341209	501(c)(3)	25,305	0	N/A	N/A	RESEARCH
SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION 1201 NW 16TH ST RM D806C MIAMI, FL 331251624	65-0207903	501(c)(3)	96,929	0	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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SPEECH PATHOLOGY AND EDUCATIONAL CENTER INC 8590 SW 40TH ST MIAMI, FL 331553214	65-0303523		200,180	0	N/A	N/A	RESEARCH
ST JUDE CHILDRENS RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(c)(3)	83,473	0	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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ST JOHN'S UNIVERSITY CARNESECCA ARENA 8000 UTOPIA PKWY QUEENS, NY 114399000	11-1630830	501(c)(3)	15,074	0	N/A	N/A	RESEARCH
ST JOSEPH'S HOSPITAL INC 2985 DREW ST STOP 1027FL 3 CLEARWATER, FL 337593012	59-0774199	501(c)(3)	16,170	0	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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STATE UNIVERSITY OF IOWA 5270 CBRB IOWA CITY, IA 522421078	42-6004813	State of IA	83,055	0	N/A	N/A	RESEARCH
SUNSHINE HEALTH NETWORK INC 15321 S DIXIE HWY STE 309 PALMETTO BAY, FL 331571873	42-1747958		41,375	0	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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TENDRAL LLC 77 CRANDON BLVD APT 7D KEY BISCAYNE, FL 331491403	45-2515092		61,500	0	N/A	N/A	RESEARCH
TEXAS A&M UNIVERSITY 833 GRAHAM RD COLLEGE STATION, TX 778459668	74-6000531	State of TX	22,897	0	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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TEXAS HEART INSTITUTE HOU1117 PO BOX 650998 DALLAS, TX 752650998	74-6053200	501(c)(3)	201,796	0	N/A	N/A	RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY PO BOX 884253 LOS ANGELES, CA 900884253	94-1156365	501(c)(3)	441,327	0	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 BRIGHAM AND WOMEN'S HOSPITAL INC BANK OF AMERICA NA PO BOX 3887 BOSTON, MA 022413887	04-2312909	501(c)(3)	109,115	0	N/A	N/A	RESEARCH
THE CENTER FOR FAMILY AND CHILD ENRICHMENT INC 1825 NW 167TH ST STE 102 MIAMI GARDENS, FL 330564838	59-1775062	501(c)(3)	148,987	0	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 EMORY CLINIC INC PO BOX 1162810 ATLANTA, GA 303686218	58-2030692	501(c)(3)	13,317	0	N/A	N/A	RESEARCH
THE FLORIDA AQUARIUM INC 701 CHANNELSIDE DR TAMPA, FL 336025600	59-2807815	501(c)(3)	139,275	0	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 GENERAL HOSPITAL CORPORATION BANK OF AMERICA NA PO BOX 3829 BOSTON, MA 022413829	04-2697983	501(c)(3)	119,263	0	N/A	N/A	RESEARCH
THE GENEVA FOUNDATION PO BOX 84212 SEATTLE, WA 981245512	91-1593913	501(c)(3)	6,098	0	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 GEORGETOWN UNIVERSITY INC PO BOX 571164 WASHINGTON, DC 200571164	53-0196603	501(c)(3)	559,664	0	N/A	N/A	RESEARCH
THE HENRY M JACKSON FOUNDATION FOR ADVANCEMENT OF MILITARY MEDICINE 6720A ROCKLEDGE DR STE 100 BETHESDA, MD 208171891	52-1317896	501(c)(3)	5,970,156	0	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 JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 606930125	52-0595110	501(c)(3)	658,600	0	N/A	N/A	RESEARCH
THE MCLEAN HOSPITAL CORPORATION PO BOX 3951 BANK OF AMERICA NA BOSTON, MA 022413951	04-2697981	501(c)(3)	44,500	0	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 MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 S PARK CIR BLDG 1 STE 402 CHARLESTON, SC 294074636	57-6000722	State of SC	102,694	0	N/A	N/A	RESEARCH
THE METROHEALTH SYSTEM PO BOX 73308 CLEVELAND, OH 441930002	34-6004382		16,233	0	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 MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DR SW ATLANTA, GA 303101458	58-1438873	501(c)(3)	483,599	0	N/A	N/A	RESEARCH
THE OHIO STATE UNIVERSITY THE BACILLUS GENETIC STOCK CENTER 484 W 12TH AVE COLUMBUS, OH 432101218	31-6025986	State of OH	194,734	0	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 PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY JMH -COMMUNICATIONS OUTREACH 1611 NW 12TH AVE MIAMI, FL 33136	59-1713947	501(c)(3)	91,763	0	N/A	N/A	RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO, CA 957989062	94-6036494	State of CA	29,649	0	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 REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD MAIN DEPOSITORY PO BOX 741539 LOS ANGELES, CA 900741539	95-6006144	State of CA	166,388	0	N/A	N/A	RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	State of CA	433,399	0	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 RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 122010009	14-1368361	501(c)(3)	327,646	0	N/A	N/A	RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 3030 BROADWAY MAIL CODE 1900 NEW YORK, NY 100276902	13-5598093	501(c)(3)	2,308,441	0	N/A	N/A	RESEARCH

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THE TRUSTEES OF PRINCETON UNIVERSITY SPONSORED RESEARCH ACCT701 CARNEGIE CTR STE 443 PRINCETON, NJ 085406242	21-0634501	501(c)(3)	58,289	0	N/A	N/A	RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 191785541	23-1352685	501(c)(3)	3,075,399	0	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 UNIVERSITY OF ARIZONA SURPLUS PROPERTY OFFICE 3740 E 34TH ST TUCSON, AZ 857135305	74-2652689	State of AZ	149,519	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF CHICAGO 6030 S ELLIS AVE 25 CHICAGO, IL 606372608	36-2177139	501(c)(3)	36,233	0	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 UNIVERSITY OF NEW MEXICO HSC1 UNIV OF NEW MEXICO- MSC09 5225 ALBUQUERQUE, NM 871310001	85-6000642		357,836	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES PO BOX 864568 ORLANDO, FL 328864568	59-3102112	State of FL	331,983	0	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 UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON PO BOX 301418 DALLAS, TX 753031418	74-1761309	State of TX	849,607	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO PO BOX 1898 SAN ANTONIO, TX 782971898	74-1586031	State of TX	448,262	0	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 UNIVERSITY OF UTAH 115 S 1460 E RM 383 SALT LAKE CITY, UT 841120101	87-6000525	State of UT	73,499	0	N/A	N/A	RESEARCH
THE WASHINGTON UNIVERSITY CB 8086-660 S EUCLID AVE ST LOUIS, MO 631101010	43-0653611	501(c)(3)	989,203	0	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 BY DESIGN INC 17670 NW 78TH AVE STE 113 MIAMI, FL 330153665	90-0060916		30,550	0	N/A	N/A	RESEARCH
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 024673800	04-2103545	501(c)(3)	105,339	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSIDAD CENTRAL DEL CARIBE INC PO BOX 60327 BAYAMON, PR 009606032	66-0349669	501(c)(3)	77,834	0	N/A	N/A	RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S GRANTS ACCOUNTING-801 FINANCIAL SERV BLDG BIRMINGHAM, AL 352331806	63-6005396	State of AL	755,230	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST SLOT 545 LITTLE ROCK, AR 722057101	71-6046242	State of AR	16,315	0	N/A	N/A	RESEARCH
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES PO BOX 113001 GAINESVILLE, FL 326113001	59-6002052	State of FL	2,855,346	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC 3901 RAINBOW BLVD MS1039 KANSAS CITY, KS 661608500	48-1108830	501(c)(3)	101,900	0	N/A	N/A	RESEARCH
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC 300 E MARKET ST STE 300 LOUISVILLE, KY 402021959	61-1029626	501(c)(3)	116,211	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS - AMHERST 100 VENTURE WAY STE 201 HADLEY, MA 010359450	04-3167352	State of MA	101,698	0	N/A	N/A	RESEARCH
UNIVERSITY OF MEMPHIS PO BOX 1000 DEPT 313 MEMPHIS, TN 381480313	62-0648618	State of TN	7,911	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 120 MASON FARM RDGMB 5023 E-CB7519 CHAPEL HILL, NC 275996134	56-6001393	State of NC	467,308	0	N/A	N/A	RESEARCH
UNIVERSITY OF NORTH FLORIDA 1 UNF DR CONTROLLERS OFFICE JACKSONVILLE, FL 322247699	59-2976169		28,064	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE 673 ROCHESTER, NY 146420001	16-0743209	501(c)(3)	59,190	0	N/A	N/A	RESEARCH
UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM ST STE 128 COLUMBIA, SC 292082901	57-6001153	State of SC	18,866	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS STE 205 LOS ANGELES, CA 900898006	95-1642394	501(c)(3)	184,343	0	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS AT AUSTIN 2500 SPEEDWAY MBB 3210 AUSTIN, TX 78712	74-6000203	State of TX	50,000	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER IMC72266 NORTH TOWER-7007 BERTNER AVE HOUSTON, TX 77030	74-6001118	State of TX	387,542	0	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER OBRIEN KIDNEY CENTER 5323 HARRY HINES BLVD H5132 DALLAS, TX 753908856	75-6002868	State of TX	36,146	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE VIRGIN ISLANDS OFFICE OF ACCOUNTING 2 JOHN BREWERS BAY SAINT THOMAS, VI 008029990	66-0432514	501(c)(3)	410,468	0	N/A	N/A	RESEARCH
UNIVERSITY OF WEST GEORGIA ORSP1601 MAPLE ST CARROLLTON, GA 301180001	58-6002055		7,973	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANDERBILT UNIVERSITY MEDICAL CENTER INC VUMC FINANCE DEPT 1236-PO BOX 121236 DALLAS, TX 753121236	35-2528741	501(c)(3)	597,946	0	N/A	N/A	RESEARCH
VARIETY CHILDRENS HOSPITAL PO BOX 862192 ORLANDO, FL 328862192	59-0638499	501(c)(3)	36,411	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCE FINANCIAL SERVICES MEDICAL CENTER BLVD WINSTONSALEM, NC 271570001	22-3849199	501(c)(3)	390,314	0	N/A	N/A	RESEARCH
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 482020788	38-6028429	State of MI	37,277	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE BOX 89 NEW YORK, NY 10021	13-1623978	501(c)(3)	826,484	0	N/A	N/A	RESEARCH
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND ST POMONA, CA 917661854	95-3127273	501(c)(3)	12,881	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF NURSING 1000 VERMONT AVE NW SUITE 910 WASHINGTON DC, DC 200054903	52-2213870	501(c)(3)	7,300	0	N/A	N/A	GENERAL SUPPORT
AMERICAN CANCER SOCIETY INC 9500 S DADELAND BLVD STE 710 MIAMI, FL 331562849	13-1788491	501(c)(3)	125,000	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC AHA ECC DISTRIBUTION PO BOX 841390 DALLAS, TX 752841390	13-5613797	501(c)(3)	50,000	0	N/A	N/A	GENERAL SUPPORT
BROWARD COUNTY MEDICAL ASSOCIATION INC 5101 NW 21ST AVE STE 510 FORT LAUDERDALE, FL 333092731	59-0834012	501(c)(6)	6,000	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARE ELEMENTARY SCHOOL INC 2025 NW 1ST AVE MIAMI, FL 331274901	46-5269625	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
CORAL GABLES CHAMBER OF COMMERCE INC 201 ALHAMBRA CIR STE 100 CORAL GABLES, FL 331345107	59-0205525	501(c)(6)	46,000	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORAL SPRINGS COCONUT CREEK REGIONAL CHAMBER OF COMMERCE INC 9500 W SAMPLE RD CORAL SPRINGS, FL 330654104	65-0779708	501(c)(6)	21,995	0	N/A	N/A	GENERAL SUPPORT
CROHN'S & COLITIS FOUNDATION 21301 POWERLINE RD SUITE 301 BOCA RATON, FL 33433	13-6193105	501(c)(3)	17,500	0	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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DIRECT RELIEF 6100 WALLACE BECKNELL RD SANTA BARBARA, CA 93117	95-1831116	501(c)(3)	150,000	0	N/A	N/A	GENERAL SUPPORT
EL HERALDO DE BROWARD INC 116 ROYAL PARK DR 1G OAKLAND PARK, FL 333095860	59-2013604		10,000	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB OF SOUTH FLORIDA INC 4850 W PROSPECT RD FT LAUDERDALE, FL 333093048	65-0528626	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE INC 512 NE 3RD AVE FORT LAUDERDALE, FL 333013236	59-0250255	501(c)(6)	34,555	0	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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GREATER MIAMI CHAMBER OF COMMERCE INC 1 SE 3RD AVE STE 1410 MIAMI, FL 331311700	59-0358775	501(c)(6)	45,000	0	N/A	N/A	GENERAL SUPPORT
GREATER PLANTATION CHAMBER OF COMMERCE INC 7401 NW 4TH ST PLANTATION, FL 333172204	59-0977809	501(c)(6)	15,200	0	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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JACKSON HEALTH FOUNDATION INC 1500 NW 12TH AVE STE 1117E MIAMI, FL 331361079	65-0077727	501(c)(3)	20,000	0	N/A	N/A	GENERAL SUPPORT
LIVE LIKE BELLA INC 2199 PONCE DE LEON BLVD STE 303 CORAL GABLES, FL 33134	46-2965698	501(c)(3)	10,000	0	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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MIAMI AFFILIATE OF THE SUSAN G KOMEN BREAST CANCER FOUNDATION INC PO BOX 801889 DALLAS, TX 753801889	75-2844638	501(c)(3)	125,000	0	N/A	N/A	GENERAL SUPPORT
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVE MANHATTAN BEACH, CA 902663763	33-0841281	501(c)(3)	25,500	0	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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SHARSHERET INC 2410 HOLLYWOOD BLVD HOLLYWOOD, FL 330206607	13-4198529	501(c)(3)	15,000	0	N/A	N/A	GENERAL SUPPORT
SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE INC 333 ARTHUR GODFREY RD STE 300 MIAMI BEACH, FL 331403642	65-0511241	501(c)(6)	23,900	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GREATER HOLLYWOOD CHAMBER OF COMMERCE INC 330 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020	59-0293937	501(c)(6)	5,500	0	N/A	N/A	GENERAL SUPPORT
THE JOHNSON ADMINISTRATION INC 18495 SOUTH DIXIE HWY 362 MIAMI, FL 33157	80-0494485		9,820	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY INC JP MORGAN CHASE LOCKBOX PO BOX 735308 DALLAS, TX 753735308	13-5644916	501(c)(3)	150,000	0	N/A	N/A	GENERAL SUPPORT
UW TECH POLICY LAB U OF WASHINGTON FOUNDATION UW GIFT SERVICES BOX 359505 SEATTLE, WA 98195	94-3079432	501(c)(3)	10,000	0	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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WINTERFEST INC 512 NE 3RD AVE FORT LAUDERDALE, FL 333013236	65-0059092	501(c)(4)	20,000	0	N/A	N/A	GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2021
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 checked="" type="checkbox"/> Tax idemnification 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 checked="" type="checkbox"/> Tax idemnification 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 checked="" type="checkbox"/> Tax idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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 checked="" 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 checked="" 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 checked="" 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 Yes								
	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	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 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 during fiscal year ended May 31, 2022. 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. Non-Taxable Social Club Dues: Social club dues were provided for Julio Frenk, Jacqueline Travisano, and Jeffrey Duerk. The amounts were not included in taxable income. Tax Gross-Up Payments: Tax Gross-Up Payments were provided to President Julio Frenk and Marc Buoniconti.

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, Lines 4a-b	Severance: Mark Diaz \$138,206.66

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 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 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 7	Certain officers received sign-on bonuses, and payments for assuming duties outside of their job requirements / description

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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 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	52-1418508	59333AFW6	04-26-2007	473,302,568	See Schedule K, Part VI	X			X		X
B Miami-Dade Co Educ Fac Authority	52-1418508	59333ALR0	12-12-2012	106,138,985	See Schedule K, Part VI		X		X		X
C Miami-Dade Co Educ Fac Authority	52-1418508	59333AMB4	10-07-2015	432,889,335	See Schedule K, Part VI		X		X		X
D Miami-Dade Co Educ Fac Authority	52-1418508	59333ANA5	03-27-2018	251,677,763	See Schedule K, Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	143,225,000						1,985,000	
2	Amount of bonds legally defeased	155,070,000							
3	Total proceeds of issue	480,088,974		106,149,046		433,709,817		257,518,907	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	17,381,191		1,362,336		9,394,090		14,566,425	
6	Proceeds in refunding escrows	303,488,136				221,307,671			
7	Issuance costs from proceeds	3,097,405		929,658		2,213,897		1,657,665	
8	Credit enhancement from proceeds	3,351,958							
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	152,770,285		103,763,232		200,794,159		241,294,817	
11	Other spent proceeds			93,819					
12	Other unspent proceeds								
13	Year of substantial completion	2009		2014		2017		2020	
		Yes		No		Yes		No	
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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	
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 %				0.720 %		1.000 %	
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 ▶	0.670 %							
6 Total of lines 4 and 5	0.960 %				0.720 %		1.000 %	
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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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		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:	Series 2007 Bonds - 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: Series 2012 Bonds - Finance and refinance the acquisition, construction, renovation and equipping of University facilities. Schedule K, Part I - Line C, Column F: Series 2015 Bonds - 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: Series 2018 Bonds - Finance or refinance, including through reimbursement, the acquisition, construction, renovation, and equipping of University facilities. Schedule K, Part I - Line C, Column C: CUSIP #59333AMB4; 59333AMA6 Schedule K, Part II - Line 3, Column A: Variance of \$6,786,406 when compared to Part I - Line A, Column (e) is due primarily to interest earnings. Schedule K, Part II - Line 3, Column B: Variance of \$10,060 when compared to Part I - Line B, Column (e) is due primarily to interest/dividend earnings and unspent issuance cost. Schedule K, Part II - Line 3, Column C: Variance of \$820,482 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 \$5,841,143.95 compared to Part I - Line D, Column (e) is due primarily to interest/dividend 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 2c, Column A, B, C, and D: Last rebate computation date 5/31/2022. No rebate due and no filing required on the Series 2007AB, 2012A, 2015A and 2018A.

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 Col B	Family member of trustee.
Schedule L, Part IV - Lines 3, 5 Col B	Family member of officer.
Schedule L, Part IV - Lines 1-7 Col D	Family member employment.
Schedule L, Part IV - Line 7, Col B	Family member of key employee
Schedule L, Part IV - Lines 8, 9 Col B	University trustee
Schedule L, Part IV - Lines 8 & 9 Col D	Business Transactions - sublease, 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) Andrew Camner	See Part V	82,012	See Part V		No
(1) Gino DiMare	See Part V	469,612	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) Felicia Knaul	See Part V	429,572	See Part V		No
(1) Eric Winter	See Part V	152,825	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) Rosemarie Ugalde	See Part V	240,902	See Part V		No
(1) Laura Chamorro Dauer	See Part V	170,883	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) Amruta Parekh	See Part V	193,920	See Part V		No
(1) Oleta Partners LLC	See Part V	223,676	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) Precision Guard 360	See Part V	173,442	See Part V		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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

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	18	638,502	Fair Market Value
2 Art—Historical treasures	X	1	1,834,895	
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes	X	1	105,000	Fair Market Value
8 Intellectual property				
9 Securities—Publicly traded	X	190	26,329,696	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Equipment</u>)	X	9	672,951	Fair Market Value
26 Other ▶ (_____)				
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** 25

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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 didn't 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.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**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; Phillip T. Frost - Trustee, Phillip T. George - Trustee - Business Relationship; Marc Buoniconti - Trustee, Paul DiMare - Trustee, - Business Relationship; Jonathan Vilma - Trustee, Alice Vilma - Trustee - Family Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	Significant Changes to Governing Documents: The University's governing documents (Charter and Bylaws) were amended to extend the term of the Board Chair to three years.

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, the Office of the Secretary shares a copy of the final return with all voting members of the Board prior to the return being filed.

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 to all trustees, officers, and key employees, an annual conflict of interest questionnaire together with the Policy adopted by Board. Once replies are received, they are reviewed by the Chairs of the Board and the Conflict of Interest Sub-Committee. When apparent conflicts arise, the sub-committee reviews and approves a waiver of conflict and conflict management plan or denies a waiver of the relationship or proposal creating the conflict.

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>Form 990, Part VI, Section B, line 15</p>	<p>Process for Review of Compensation of Officers and Key Employees: The Talent and Compensation Sub-Committee of the Executive Committee (the "Sub-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 Sub-Committee are recorded by the Office of the Secretary. The following process is performed annually, typically at the April/May meeting of the Sub-Committee to approve compensation for i) the officers (the Senior Executives, including the President and his or her non-administrative direct reports, which include Executive Vice Presidents, and the Senior Vice Presidents, as well as the Secretary and Treasurer; ii) the Senior Leadership (Vice Presidents (non-UHealth) and Academic Deans); iii) the Intercollegiate Athletic Director; and iv) Related Persons (employees who are current trustees; Family members of current trustees, Senior Executives, or Senior Leadership; former presidents or former trustees for up to five (5) years following the conclusion of their service): 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 Sub-Committee receives the performance appraisals for each officer, the completed survey prepared by the actuary, and the current and proposed salaries and other cash compensation for each officer, including the President, Senior Leadership and Related Persons. After review and discussion, the Sub-Committee approves the compensation for Related Persons, Senior Leadership, and the officers listed above, including the President, who is excused while deliberation about his/her performance and compensation is discussed. Once compensation is approved, it is signed by the President and the Chair of the Sub-Committee, and provided to the payroll office, with a copy maintained in the Office of the Secretary, as a record of the Committee's approval. Minutes of the meeting of the Sub-Committee are recorded by the Office of the Secretary. Further, the Sub-Committee receives an annual report from the UHealth Board of Directors Talent and Compensation Committee identifying approved total compensation decisions for the previous year, including any chiefs who directly report to the Executive Vice President for Health Affairs and CEO of UHealth. 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 Buoniconti is a Trustee and also Senior Director - Advocacy and Donor Relations at the Miami Project to Cure Paralysis. Average hours per week estimate of 40 hours minimum is based on his being a full time, exempt employee.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Other Pension Related Gains / Losses -3,067,905.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

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

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.

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" 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	Yes	
(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
(6) Cane Angel Network Inc 1951 NW 7th Avenue Miami, FL 33136 84-3960646	Research innovation & Educ	FL	501(C)(3)	Line 12a, I	N/A	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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 (3)	Charitable Remainder Unitrust	FL	N/A						No
(2) Perpetual (2)	Perpetual Trust	FL	N/A						No
(3) Remainder (1)	Remainder Trust	FL	N/A						No

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 Yes	
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	131,767	See Part VII
(2) Cane Angel Network Inc	R	330,864	See Part VII
(3) Ophthalmology Research Foundation Inc	K	1,606,328	See Part VII
(4) University Rathskeller Inc	R	117,853	See Part VII
(5) Ophthalmology Research Foundation Inc	C	3,013,310	See Part VII

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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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 1535 Levante Ave Suite 201 Miami, FL 33146 59-0624458	Real Estate	FL			University of Miami
Crestre LLC 1535 Levante Ave Suite 201 Miami, FL 33146 20-2458426	Real Estate	FL		547,833	Biscayne View Properties LLC
1509 Venture LLC 1535 Levante Ave Suite 201 Miami, FL 33146 20-2458426	Real Estate	FL		1,793,593	Biscayne View Properties LLC
East Urban LLC 1535 Levante Ave Suite 201 Miami, FL 33146 20-2458426	Real Estate	FL	8,970	949,725	Biscayne View Properties LLC
Triprop LLC 1535 Levante Ave Suite 201 Miami, FL 33146 20-2458426	Real Estate	FL		4,294,891	Biscayne View Properties LLC
7th Avenue Market LLC 1535 Levante Ave Suite 201 Miami, FL 33146 20-2458426	Real Estate	FL		3,003,453	Biscayne View Properties LLC
Equi Terra LLC 1535 Levante Ave Suite 201 Miami, FL 33146 59-0624458	Real Estate	FL			University of Miami
Ten Bor LLC 1535 Levante Ave Suite 201 Miami, FL 33146 27-3025289	Real Estate	FL			Equi Terra LLC
PT Property Holding LLC 1535 Levante Ave Suite 201 Miami, FL 33146 27-3025289	Real Estate	FL			Equi Terra LLC
University of Miami Preservation LLC 1535 Levante Ave Suite 201 Miami, FL 33146 59-0624458	Hold UM Designated Easement	FL			University of Miami