

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
2022
Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **06-01-2022**, and ending **05-31-2023**

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 \$ 7,264,921,250

F Name and address of principal officer:
Ramon Coto
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	57
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	48
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	28,823
6 Total number of volunteers (estimate if necessary)	6	465
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,713,807
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	11,566

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	895,833,162	935,249,250
9 Program service revenue (Part VIII, line 2g)	4,454,126,410	4,871,986,919
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,643,209	106,640,412
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,301,409	7,685,808
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,466,904,190	5,921,562,389
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	663,756,746	695,411,265
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)	2,383,949,399	2,620,578,751
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	225,752
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,467,979		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,948,854,933	2,179,383,818
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,996,561,078	5,495,599,586
19 Revenue less expenses. Subtract line 18 from line 12	470,343,112	425,962,803

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,582,591,173	7,027,102,373
21 Total liabilities (Part X, line 26)	2,847,537,255	2,925,918,685
22 Net assets or fund balances. Subtract line 21 from line 20	3,735,053,918	4,101,183,688

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 2024-04-10

Ramon Coto Vice President & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P01048557

Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207

Firm's address ▶ 500 W 5th St Suite 800 WinstonSalem, NC 27101 Phone no. (336) 275-3394

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 1,381,245,438 including grants of \$ 599,912,115) (Revenue \$ 1,191,718,718)
See Additional Data

4b (Code:) (Expenses \$ 545,467,069 including grants of \$ 58,149,140) (Revenue \$ 112,078,730)
See Additional Data

4c (Code:) (Expenses \$ 3,092,825,727 including grants of \$ 65,858) (Revenue \$ 3,276,800,468)
See Additional Data

(Code:) (Expenses \$ 222,715,066 including grants of \$ 37,284,152) (Revenue \$ 291,389,003)

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 \$ 222,715,066 including grants of \$ 37,284,152) (Revenue \$ 291,389,003)

4e Total program service expenses ▶ 5,242,253,300

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial details.

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 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 28,823			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a		No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
8				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No	
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17			

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 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 1a (57), 1b (48), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

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

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

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

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	43,534,939	125,000	979,702

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5,041

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Management Health Systems LLC 1580 Sawgrass Corporate Pkwy Ste 20 Sunrise, FL 33323	Staffing Services	104,220,179
Skanska USA Building Inc 400 N Ashley Dr Ste 400 Tampa, FL 33602	Construction	30,071,467
ABM Industries Incorporated PO BOX 534198 Atlanta, GA 30353	Maintenance and Repair Services	29,965,124
Compass Group USA Inc PO BOX 50196 Los Angeles, CA 90074	Food Service Management	20,574,155
Presidio Holdings Inc PO BOX 822169 Philadelphia, PA 19182	IT Services	18,759,313

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 842

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	722,744				
	b Membership dues	1b					
	c Fundraising events	1c	975,090				
	d Related organizations	1d					
	e Government grants (contributions)	1e	649,880,504				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	283,670,912				
	g Noncash contributions included in lines 1a - 1f:\$	1g	12,859,056				
	h Total. Add lines 1a-1f			935,249,250			
Program Service Revenue	2a Hospitals and Clinics	Business Code					
		900099	2,578,568,052	2,578,568,052			
	b Tuition and Fees	900099	1,049,647,289	1,049,647,289			
	c Medical Prof Practice	900099	698,232,417	697,820,151	412,266		
	d Auxiliary Enterprises	900099	291,388,602	85,748,638	8,366,563	197,273,401	
	e Local Grants and Contr	900099	112,078,730	112,078,730			
	f All other program service revenue		142,071,829	141,743,842	327,987		
g Total. Add lines 2a-2f.		4,871,986,919					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		98,140,762			98,140,762	
	4 Income from investment of tax-exempt bond proceeds		24,939			24,939	
	5 Royalties		5,136,826			5,136,826	
	6a Gross rents	(i) Real	6,730,283				
		(ii) Personal	23,824				
		6b Less: rental expenses	3,814,893				12,222
	c Rental income or (loss)	6c	2,915,390			11,602	
	d Net rental income or (loss)			2,926,992		11,602	2,915,390
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,347,463,842				
		(ii) Other	9,281				
		b Less: cost or other basis and sales expenses	7b	1,338,995,415			2,997
	c Gain or (loss)	7c	8,468,427			6,284	
	d Net gain or (loss)			8,474,711		-5,398,980	13,873,691
	8a Gross income from fundraising events (not including \$ 975,090 of contributions reported on line 1c). See Part IV, line 18						
		8a	146,346				
b Less: direct expenses		8b	518,725				
c Net income or (loss) from fundraising events			-372,379			-372,379	
9a Gross income from gaming activities. See Part IV, line 19							
	9a	7,963					
	b Less: direct expenses	9b	14,168				
c Net income or (loss) from gaming activities			-6,205		-6,205		
10a Gross sales of inventory, less returns and allowances							
	10a	1,015					
	b Less: cost of goods sold	10b	441				
c Net income or (loss) from sales of inventory			574		574		
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			5,921,562,389	4,665,606,702	3,713,807	316,992,630	

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	58,080,705	58,080,705		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	584,986,525	584,986,525		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	52,344,035	52,344,035		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,708,763	3,312,941	5,644,290	2,751,532
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	2,066,024,132	1,942,163,353	108,040,122	15,820,657
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	109,270,669	107,092,124	1,730,564	447,981
9 Other employee benefits	294,982,053	278,230,353	13,194,653	3,557,047
10 Payroll taxes	138,593,134	133,177,330	4,144,005	1,271,799
11 Fees for services (non-employees):				
a Management				
b Legal	7,214,864	3,302,776	3,911,750	338
c Accounting	11,337,417		11,337,417	
d Lobbying	348,978		348,978	
e Professional fundraising services. See Part IV, line 17	225,752			225,752
f Investment management fees	12,708,241	12,708,241		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	423,046,486	393,746,935	27,109,652	2,189,899
12 Advertising and promotion	37,476,913	36,413,902	646,697	416,314
13 Office expenses	73,455,809	65,257,076	7,497,343	701,390
14 Information technology	42,143,925	37,862,111	4,281,814	
15 Royalties				
16 Occupancy	124,183,829	118,917,371	5,249,511	16,947
17 Travel	43,005,681	40,595,167	1,132,213	1,278,301
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,367,289	21,132,808	2,091,524	142,957
20 Interest	63,171,069	61,060,810	2,110,259	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	181,227,576	174,637,515	6,589,173	888
23 Insurance	79,351,958	60,533,616	18,818,342	
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	877,936,560	877,897,355		39,205
b Miscellaneous	179,407,223	178,800,251		606,972
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,495,599,586	5,242,253,300	223,878,307	29,467,979
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	40,596,166	1	-58,417,051
	2 Savings and temporary cash investments	1,278,870,302	2	1,439,481,568
	3 Pledges and grants receivable, net	240,442,513	3	225,734,465
	4 Accounts receivable, net	625,448,297	4	670,320,433
	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	18,335,907	7	16,981,129
	8 Inventories for sale or use	41,799,437	8	44,727,000
	9 Prepaid expenses and deferred charges	44,575,961	9	54,534,827
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,061,105,628		
	b Less: accumulated depreciation	10b 2,473,515,593	2,222,769,657	10c 2,587,590,035
	11 Investments—publicly traded securities	795,679,991	11	874,538,542
	12 Investments—other securities. See Part IV, line 11	1,019,420,280	12	936,138,712
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	254,652,662	15	235,472,713
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,582,591,173	16	7,027,102,373	
Liabilities	17 Accounts payable and accrued expenses	417,124,666	17	491,437,995
	18 Grants payable		18	
	19 Deferred revenue	144,187,536	19	124,594,063
	20 Tax-exempt bond liabilities	1,684,866,967	20	1,666,400,012
	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	100,539,308	24	94,835,332
	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	500,818,778	25	548,651,283
	26 Total liabilities. Add lines 17 through 25	2,847,537,255	26	2,925,918,685
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	1,980,717,646	27	2,357,451,587
	28 Net assets with donor restrictions	1,754,336,272	28	1,743,732,101
	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	3,735,053,918	32	4,101,183,688	
33 Total liabilities and net assets/fund balances	6,582,591,173	33	7,027,102,373	

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	5,921,562,389
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,495,599,586
3	Revenue less expenses. Subtract line 2 from line 1	3	425,962,803
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,735,053,918
5	Net unrealized gains (losses) on investments	5	-43,912,300
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	-15,920,733
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,101,183,688

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 (2022)

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 19,000 students. The University's 12 colleges and schools offer the following degree options: 141 bachelors, 139 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 6 different tracks; 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 Master of Science in Data Science combines the teaching domain-specific and technical skills for analyzing large data sets.The College of Arts and Sciences enrolls over 4,400 undergraduate and 640 graduate students in 21 departments and 14 interdisciplinary programs. Seventeen departments offer graduate degrees in the fine arts, natural sciences, humanities, and social sciences.The College of Engineering comprises 5 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 800 undergraduate students and over 250 graduate students, the College boasts an impressively diverse student body, consisting of students from 45 different countries. At the undergraduate level, 32.2% of the student population is Hispanic and 8.9% 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 over 1,300 candidates for either J.D., LL.M. or dual degrees, and has over 22,000 living alumni worldwide. The J.D. program enrolls over 1,100 students from more than 118 undergraduate institutions. Of the entering J.D. students, approximately 56% are women, 55% are students of color, and 51% have been out of undergraduate school one year or more. The students are from 34 states plus DC, PR and 24 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, and received an "A" in 7 areas of study in 2023. Its alumni are regularly featured in Super Lawyers Magazine. Miami Law was number 8 in numbers of Super Lawyers in 2023.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 834 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 Humanities. 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, Chile, China, Colombia, France, Germany, Hong Kong, Ireland, Israel, Italy, Panama, Spain, and Switzerland. 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. UHealth is ranked among the best hospitals in Florida by U.S. News & World Report Best Hospitals. 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 22 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				1,685,829	0	310,173
Marc Buoniconti Trustee/Senior Director	20.00	X						187,440	125,000	19,717
Edward A Dauer Trustee / Faculty Member	20.00 40.00	X						115,449	0	37,833
Allan M Herbert Trustee	35.00	X						6,000	0	38,535
Leonard Abess Trustee	1.00	X						0	0	0
Betty G Amos Trustee	2.00	X						0	0	0
Hilarie Bass Trustee	50.00	X						0	0	0
Jon Batchelor Trustee	1.00	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			
Joseph Bonner Trustee	5.00	X						0	0	0
Alfred R Camner Trustee	5.00	X						0	0	0
Adam E Carlin Trustee	4.00	X						0	0	0
Wayne E Chaplin Trustee	2.00	X						0	0	0
Christopher Chen Trustee	0.00	X						0	0	0
Adriana Cisneros Trustee	0.00	X						0	0	0
Charles E Cobb Trustee	2.00	X						0	0	0
Devang Desai Trustee	5.00	X						0	0	0
Paul J DiMare Trustee	0.00 2.00	X						0	0	0
David L Epstein Trustee	1.00 7.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard D Fain Trustee	15.00	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 Rose Trustee	0.00	X						0	0	0
Kourtney Gibson Trustee	1.00	X						0	0	0
Rose Ellen Greene Trustee	2.00	X						0	0	0
Carlos Guzman Trustee	8.00	X						0	0	0
Barbara Hecht Havenick Trustee	2.00	X						0	0	0
Marilyn J Holifield Trustee	1.00	X						0	0	0
Manuel Kadre Trustee & Vice Chair	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			
Carolyn B Lamm Trustee	5.00	X						0	0	0
Jayne Sylvester Malfitano Trustee	1.00	X						0	0	0
Jose R Mas Trustee	4.00	X						0	0	0
Patricia Menendez-Cambo Trustee	4.00	X						0	0	0
Stuart A Miller Trustee	20.00	X						0	0	0
William L Morrison Trustee	4.00	X						0	0	0
Judi Prokop Newman Trustee	1.00	X						0	0	0
Aaron S Podhurst Trustee	10.00	X						0	0	0
Lois Pope Trustee	1.00	X						0	0	0
Alex E Rodriguez Trustee	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven J Saiontz Trustee	5.00	X						0	0	0
Robert E Sanchez Trustee	1.00	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	5.00	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
Ronald G Stone Trustee	5.00	X						0	0	0
Johnny C Taylor Jr Trustee & Vice Chair	5.00	X						0	0	0
Ana VeigaMilton 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			
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	2.00	X						0	0	0
Geisha Jimenez Williams Trustee	1.00	X						0	0	0
Raymond J Zomerfeld Trustee	3.00	X						0	0	0
G Ed Williamson II Trustee	3.00	X						0	0	0
Joseph Echevarria CEO	80.00			X				1,779,669	0	55,980
Jacqueline A Travisano Executive VP & COO	60.00			X				1,046,855	0	59,010
Rudy Fernandez EVP of Ops & Ext. Affairs	80.00			X				802,310	0	47,723

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			
Frances Davis Secretary to the Board/AVP of Strategic Communicat	80.00			X				229,322	0	55,224
Dipen J Parekh COO of UHealth & Professor	80.00				X			3,379,451	0	62,517
Mario Cristobal Head Coach, Football	80.00					X		22,674,180	0	40,202
Joseph Lamelas Director & Professor	80.00					X		3,007,585	0	47,178
James J Larranaga Head Coach, Basketball	80.00					X		2,850,185	0	53,856
Dan Radakovich VP/Director of Athletics	80.00					X		2,451,972	0	26,909
Joshua Gattis Athletic Coach	80.00					X		2,204,800	0	18,355
Jeffrey Duerk Executive VP & Provost (Frmr)	60.00						X	947,898	0	60,194
Leslie Dellinger Aceituno Secretary (Former)	60.00						X	165,994	0	46,296

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

2022

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
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support
Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities, etc.
Section 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
Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (92.050%); 15 Public support percentage for 2020 Schedule A, Part II, line 14 (92.940%); 16a 33 1/3% support test-2022; 16b 33 1/3% support test-2021; 17a 10%-facts-and-circumstances test-2022; 17b 10%-facts-and-circumstances test-2021; 18 Private foundation.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2022. 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—2021. 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** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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.

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2022
Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- 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.

348,978	
348,978	
5,486,011,450	
5,486,360,428	
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-

250,000	
0	
0	

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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) 2019	(b) 2020	(c) 2021	(d) 2022	(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	352,932	347,486	331,532	348,978	1,380,928
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 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.

OMB No. 1545-0047 2022 Open to Public Inspection

Name of the organization University of Miami

Employer identification number 59-0624458

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation of land, habitat, open space, and historic structures. Includes a table for 'Held at the End of the Year' with rows 2a-d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets with dollar amounts.

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	1,344,283,912	1,393,436,637	1,050,754,202	997,413,188	1,021,508,292
b Contributions	80,167,139	39,823,087	44,900,777	67,672,070	22,260,195
c Net investment earnings, gains, and losses	-4,535,116	-42,581,007	341,734,777	27,549,739	-2,903,234
d Grants or scholarships	-10,324,586	-9,399,901	-8,886,321	-9,203,927	-9,311,271
e Other expenditures for facilities and programs	-43,878,155	-36,994,904	-35,066,457	-32,676,868	-34,140,794
f Administrative expenses					
g End of year balance	1,365,713,194	1,344,283,912	1,393,436,637	1,050,754,202	997,413,188

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 ▶ 75.920 %
- c** Term endowment ▶ 7.140 %

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		102,632,812		102,632,812
b Buildings		2,843,035,966	1,467,050,184	1,375,985,782
c Leasehold improvements		80,983,143	68,790,202	12,192,941
d Equipment		1,018,452,062	710,936,094	307,515,968
e Other		1,016,001,645	226,739,113	789,262,532
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,587,590,035

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	-1,032,231	F
(2) Closely-held equity interests		
(3) Other _____ (A) Limited Partnerships	357,705,683	F
(B) Mutual Funds	291,860,259	F
(C) Other	287,605,001	F
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	936,138,712	

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
Medical Self-Insurance Reserves	65,889,552
Refundable Deposits	263,062
Accrued Postretirement Benefit Cost	78,275,688
Annuities Payable	5,510,479
Refundable Federal Student Loans	1,590,306
Other Liabilities	397,122,196
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	548,651,283

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	5,219,421,922
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-43,912,700
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-15,920,733
e	Add lines 2a through 2d	2e	-59,833,433
3	Subtract line 2e from line 1	3	5,279,255,355
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	11,978,090
b	Other (Describe in Part XIII.)	4b	630,328,944
c	Add lines 4a and 4b	4c	642,307,034
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,921,562,389

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	4,853,292,552
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	4,853,292,552
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	11,978,090
b	Other (Describe in Part XIII.)	4b	630,328,944
c	Add lines 4a and 4b	4c	642,307,034
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,495,599,586

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, 2023 and 2022, 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, 2020.

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 \$ 387,287,663 , grants and contracts pass-through transactions from sponsoring agencies \$ 247,400,713, cost of sales of inventories/other assets of \$576; Less: Other Inc/loss \$14,168, non-program related rental expenses \$3,827,115 and direct expenses related to fundraising events \$518,725.

SCHEDULE E (Form 990)

Schools

OMB No. 1545-0047

2022

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

Table with 3 columns: Question, YES, NO. Rows include questions about nondiscriminatory policies, record keeping, and financial aid.

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

2022

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			2,877,991
b Total from continuation sheets to Part I	0	307			136,638,459
c Totals (add lines 3a and 3b)	0	307			139,516,450

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 ▶								33
(7)							Schedule F (Form 990) 2022	
(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	187,398
East Asia & the Pacific			Program Services	Grants to Recipients	186,787

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	685,111
Middle East & North Africa			Program Services	Grants to Recipients	273,251

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	61,607
South America			Program Services	Grants to Recipients	474,839

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Grants to Recipients	723,189
Central American and the Caribbean			Program Services	Travel - Institutional Research and Education	285,809

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia & the Pacific			Program Services	Travel - Institutional Research and Education	249,092
Europe			Program Services	Travel - Institutional Research and Education	1,979,037

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
Middle East & North Africa			Program Services	Travel - Institutional Research and Education	107,616
North America			Program Services	Travel - Institutional Research and Education	296,792

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Travel - Institutional Research and Education	415,889
South Asia			Program Services	Travel - Institutional Research and Education	74,753

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Travel - Institutional Research and Education	249,305
Central America and the Caribbean			Investments	N/A	118,821,814

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 (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium			Investments	N/A	9,618,068
Central America and the Caribbean		26	Program Services	Independent Contractors- Institutional Research and Education	183,392

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific		28	Program Services	Independent Contractors- Institutional Research and Education	245,329
Europe		115	Program Services	Independent Contractors- Institutional Research and Education	2,726,371

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
Middle East and North Africa		14	Program Services	Independent Contractors- Institutional Research and Education	141,534
North America		69	Program Services	Independent Contractors- Institutional Research and Education	1,149,250

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Russia and Neighboring States		1	Program Services	Independent Contractors- Institutional Research and Education	350
South America		43	Program Services	Independent Contractors- Institutional Research and Education	257,250

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia		3	Program Services	Independent Contractors- Institutional Research and Education	1,800
Sub-Saharan Africa		8	Program Services	Independent Contractors- Institutional Research and Education	120,817

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	37,649	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	47,701	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	35,301	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	20,325	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	11,745	Wire Transfer	0	N/A	N/A
		Central America & the Caribbean	Research	34,678	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	109,703	Wire Transfer	0	N/A	N/A
		East Asia & the Pacific	Research	77,084	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	30,500	Wire Transfer	0	N/A	N/A
		Europe	Research	29,846	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	99,994	Wire Transfer	0	N/A	N/A
		Europe	Research	20,837	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	15,995	Wire Transfer	0	N/A	N/A
		Europe	Research	80,611	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	97,670	Wire Transfer	0	N/A	N/A
		Europe	Research	148,690	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	110,968	Wire Transfer	0	N/A	N/A
		Europe	General Support	50,000	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	124,559	Wire Transfer	0	N/A	N/A
		Middle East & North Africa	Research	148,692	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	41,232	Check	0	N/A	N/A
		North America	Research	20,375	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	166,022	Wire Transfer	0	N/A	N/A
		South America	Research	74,539	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	115,560	Wire Transfer	0	N/A	N/A
		South America	Research	32,602	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	86,116	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	21,137	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	13,029	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	474,443	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	61,791	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	30,741	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	33,000	Wire Transfer	0	N/A	N/A
		Sub-Saharan Africa	Research	43,917	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	45,131	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	167	5,741,506	Electronic Fund		N/A	N/A
Scholarships, Fellowship Grants	East Asia and the Pacific	650	12,057,016	Electronic Fund		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	376	11,333,538	Electronic Fund		N/A	N/A
Scholarships, Fellowship Grants	Middle East and North Africa	102	1,906,171	Electronic Fund		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	110	2,833,620	Electronic Fund		N/A	N/A
Scholarships, Fellowship Grants	Russia and Neighboring States	50	1,760,868	Electronic Fund		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	327	7,776,218	Electronic Fund		N/A	N/A
Scholarships, Fellowship Grants	South Asia	169	4,873,125	Electronic Fund		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	55	1,419,789	Electronic Fund		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
2022
Open to Public Inspection

Name of the organization
 University of Miami

Employer identification number
 59-0624458

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 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 EverTrue Inc 33 Arch St 17th Fl Boston, MA 02110	Fundraising consulting and software solutions		No	178,407	100,000	78,407
2 EAB Global Inc PO BOX 603519 Charlotte, NC 282603519	Fundraising services and consulting		No	142,321	125,752	16,569
3						
4						
5						
6						
7						
8						
9						
10						
Total				320,728	225,752	94,976

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)	5 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	435,014	314,418	372,004	1,121,436
	2 Less: Contributions	406,349	294,016	274,725	975,090
	3 Gross income (line 1 minus line 2)	28,665	20,402	97,279	146,346
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	209	113	3,235	3,557
	6 Rent/facility costs	5,623	68,082		73,705
	7 Food and beverages	128,304	94,054	57,552	279,910
	8 Entertainment	51,736	15,263	25,911	92,910
	9 Other direct expenses	32,436	16,467	19,740	68,643
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				518,725
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-372,379	

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			7,963
Direct Expenses	2 Cash prizes			14,168	14,168
	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 _____ 0 % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				14,168	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				-6,205	

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 ▶ \$ 4,789 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 ▶ \$ 2,326

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 ▶ \$ 4,789

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 20a.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047
2022
Open to Public Inspection

Employer identification number
 59-0624458

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	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> %	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 _____ %	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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?		No
b If "Yes," did the organization make it available to the public?		

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)			8,643,391		8,643,391	0.160 %
b Medicaid (from Worksheet 3, column a)			310,110,192	187,042,753	123,067,439	2.240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			318,753,583	187,042,753	131,710,830	2.400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			3,138,592	1,065,000	2,073,592	0.040 %
f Health professions education (from Worksheet 5)			113,775,660	47,217,530	66,558,130	1.210 %
g Subsidized health services (from Worksheet 6)			15,506,001	9,789,312	5,716,689	0.100 %
h Research (from Worksheet 7)			105,975,489	4,289,625	101,685,864	1.850 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			629,850		629,850	0.010 %
j Total. Other Benefits			239,025,592	62,361,467	176,664,125	3.210 %
k Total. Add lines 7d and 7j			557,779,175	249,404,220	308,374,955	5.610 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			322,304	233,058	89,246	0 %
4 Environmental improvements						
5 Leadership development and training for community members			17,326		17,326	0 %
6 Coalition building						
7 Community health improvement advocacy			12,875		12,875	0 %
8 Workforce development			4,832,442	4,420,278	412,164	0.010 %
9 Other						
10 Total			5,184,947	4,653,336	531,611	0.010 %

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 30,985,655	
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)	5 361,798,189
6 Enter Medicare allowable costs of care relating to payments on line 5	6 463,720,083
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -101,921,894
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)

See Additional Data Table	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

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>20</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	Yes	
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	Yes	
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>21</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
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 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. Line 7e: Community Health Improvement and Community Benefit Operations are through a community benefit reporting system developed by the University of Miami Health System. Programs who cannot report indirect costs apply an indirect cost rate calculated for on-site and off-site programs using the Medicare Cost Report. Line 7f: Estimates were used to calculate the cost of educating healthcare professionals. Limitations in the University's accounting systems do not properly provide direct expenses or allocations for indirect costs. Therefore, the allowable rate of indirect cost allocations agreed upon with the NIH of 50% was used as a product of direct expenses. Direct costs were also estimated to reflect the cost of educating healthcare professionals. This approach was also adopted by the Florida Board of Governor's Medical Education Funding report which followed implemented the methodology by Jones and Korn's "On the Cost of Educating a Medical Student" published by AAMC in 1997. Line 7h: Research numbers were calculated using the NSF HERD report.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	Total bad debt expense is determined using the hospital's patient accounting records.
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).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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, 2023, the hospitals recorded \$30,985,655 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.
Part III, Line 8:	The source of this information is the Medicare Cost Report data, which uses a "cost to charge" ratio methodology. The University of Miami Hospital and 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b:	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.
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.
Part VI, Line 4:	Community information: The University of Miami Health System's main campus is situated in and primary serves Miami-Dade County, with 69% of inpatient origin coming from within the county from July 1, 2022 March 31, 2023. Miami-Dade County is a "minority-majority," in that a racial and ethnic minority group comprises much of the population with approximated 69.4% Latino or Hispanic residents. Additionally, the population identifies racially as 14.6% Black/African American; 29.1% white; 1.7% Asian; 0.4% American Indian and Alaska Native; 12.1% being other, and 42.1% being two or more races. Miami-Dade has a relatively young population with 82.4% of persons being under the age of 65, and 20.2% under the age of 18. In Miami-Dade County 12.3% of families live below the federal poverty level, with a median household income of \$60,992 as compared to a median of \$72,603 in the United States. Miami-Dade County is in South Florida and is home to many immigrants from across the globe. Additionally, the county is increasingly vulnerable to the changing climate.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5:	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 reviewed and approved the CHNA and corresponding implementation plan further ensuring the organizational commitment to improving overall community health.
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. In FY23, the health system started the CHNA cycle for 2024, with Jackson Health System, Nicklaus Children's Hospital, and Mount Sinai Medical Center as collaborators.

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. Key Informants included 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, virtual one-on-one interviews 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 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 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. In addition to the efforts mentioned further, the University of Miami Health System and Jackson Health System have a long-standing partnership focused on addressing the needs of the populations served by both health systems. The Mitchell Wolfson Sr. Department of Community Health (DOCS) program is a student run clinic that consistently hosts four free health clinics per week and eight health fairs per year around Miami-Dade County while partnering with community-focused initiatives. In FY23, the DOCS clinics 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 Pediatric Mobile Clinic and Shotz-2-Go program provided free comprehensive medical care to local uninsured children. By bringing care to a centralized location accessible for families, the mobile clinic ensures families can guarantee care for their children. The Pediatric Mobile Clinic and Shotz-2-Go Program cumulatively provided care for 15,689 children in Miami-Dade County. The School Health Initiative (SHI) operates in nine public schools (three high schools, two middle schools, and four elementary schools) throughout Miami-Dade County. The SHI mission is to integrate healthcare and education for children and adolescents experiencing barriers to receiving adequate medical care. Additionally, the Mailman Center for Child Development offers community health improvement, health professions education, and workforce development programs to support the needs of the community. Through all its programming, the Mailman Center serves nearly 20,000 individuals, helping the community improve its overall health outcomes. The University of Miami Health System provides 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. 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 SIRI (sever</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>e injection-related infection) Program exists in conjunction with the Jackson Health System to improve the health outcomes of hospitalized patients. Additionally, University of Miami RAPID Program is to provide innovative and accessible approaches to infectious diseases prevention and treatment. This program's outreach efforts include mobile health, a mobile PrEP van, and a wellness clinic. During American Heart Month in February, the University of Miami Health System offered discounted coronary calcium screenings along with health education and referrals for care. Throughout FY23, the Sylvester Office of Outreach Team provided cancer screenings for cervical and colorectal cancer to underserved and underserved communities throughout Miami-Dade, Monroe, Broward, and Palm Beach Counties through the Sylvester Game Changer Vehicle and community health fairs. The team hosted 176 health screening events being attended by 8,593 people. The team also provided cancer health education for different types of cancer through education sessions. Individuals that receive screenings and require follow-up care are referred to local Federally Qualified Health Clinics (FQHCs). The Firefighter Cancer Initiative conducts free skin cancer screenings for firefighters in South Florida due to the high rate of cancer within the first responder community. 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 Office of Diversity, Inclusion and Community Engagement (ODICE) aimed at preparing students from economically disadvantaged backgrounds to successfully apply for admission and graduation from allied and health professional schools. The pathway programs offered a variety of resources and opportunities including mentoring, portfolio review and development, interview preparation, career development, skill improvement, clinical shadowing, research, and community outreach. The Bascom Palmer Eye Institute's Vision Van provided free vision screenings for thousands of people of all ages across South Florida. Bascom Palmer also participates in annual health fairs and other health events throughout South Florida. The Miami Project Office of Education and Outreach (Office) organically reaches out to all new onset spinal cord injury (SCI) undergoing inpatient care and maintains consistent contact with the local Spinal Cord Injury Support Group (SCISG) nonprofit organizations via monthly meetings for both subacute/inpatient (P.R.E.P.A.R.E.) and chronic/community dwelling audiences. The Office directs the Steinbrenner Scholars Program, an immersive neuroscience summer internship, and collaborates</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	with a local medical school to boost disability-specific medical education through a grant funded "safe transfers in the primary care setting" workshop. Outside of University of Miami, the Office collaborates with multiple state and nonprofit partners to build and maintain accessmiami.org , a vetted list of regional disability services. The Office brings The Miami Project's mission to primary age students via Miami Dade County public schools STEAM Expo where the Office hosts the Brain Fair in collaboration with neuroscience departments from three other local universities. The Office is a regional site for the BrainBee and A nato-Bee, both science competitions for teens. As an academic medical center, the University of Miami Health System engages in research endeavors across a multitude of health disciplines. These research investigations are grant-funded and have a shared goal of advancing health care and expanding general knowledge. Additionally, the University of Miami Health System has many Continuing Medical Education programs aimed to certify or license medical and allied-health professionals.

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

2022

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 174
3 Enter total number of other organizations listed in the line 1 table 45

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	11211	584,986,525		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		141,271	0	N/A	N/A	RESEARCH
ADELPHI UNIVERSITY 1 SOUTH AVE GARDEN CITY, NY 115304213	11-1630741	501(c)(3)	9,981	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADRIANA TAFUR SERVICES INCORPORATED 2020 NE 163RD ST STE 207 N MIAMI BEACH, FL 331624927	51-0535858		67,784	0	N/A	N/A	RESEARCH
ADVANCING SICKLE CELL ADVOCACY PROJECT INC 740 NW 177TH TER MIAMI, FL 331694714	47-4705477	501(c)(3)	40,346	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
AECOM TECHNICAL SERVICES INC 1178 PAYSHERE CIRCLE CHICAGO, IL 606740011	95-2661922		66,149	0	N/A	N/A	RESEARCH
AIDS HEALTHCARE FOUNDATION 6255 W SUNSET BLVD FL 21 LOS ANGELES, CA 900287422	95-4112121	501(c)(3)	18,138	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)	173,303	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL SPEECH AND THERAPY SERVICES INC 5470 W 16TH AVE HIALEAH, FL 330122105	46-2204485		21,380	0	N/A	N/A	RESEARCH
ARIZONA STATE UNIVERSITY PO BOX 876011 TEMPE, AZ 852876011	86-0196696	State of AZ	44,704	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATMOSPHERIC AND ENVIRONMENTAL RESEARCH INC PO BOX 5175 NEW YORK, NY 100875175	04-2608324		27,224	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.

(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
BERMUDA INSTITUTE OF OCEAN SCIENCES INC IBC 9013 152-01 ROCKAWAY BLVD JAMAICA, NY 11434	06-0706038	501(c)(3)	134,609	0	N/A	N/A	RESEARCH
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIV AND AGRICULTURAL AND MECHANICA 204 THOMAS BOYD HALL BATON ROUGE, LA 708030110	72-6000848	State of LA	8,074	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
BUILDING FOUNDATIONS THERAPY SERVICES INC 13590 SW 134TH AVE STE 107 MIAMI, FL 331864575	46-1893790		12,500	0	N/A	N/A	RESEARCH
CARE RESOURCE COMMUNITY HEALTH CENTERS INCORPORATED 3510 BISCAYNE BLVD MIAMI, FL 331373840	59-2564198	501(c)(3)	89,272	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE STE 615 NORD HALL CLEVELAND, OH 441061712	34-1018992	501(c)(3)	1,773,256	0	N/A	N/A	RESEARCH
CENTRO DE CANCER DE LA UNIVERSIDAD DE PUERTO RICO PO BOX 363027 SAN JUAN, PR 009363027	66-0654313		442,120	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
CHILDREN'S HEALTH & EDUCATIONAL MANAGEMENT INC 14221 SW 120 ST STE 210 MIAMI, FL 33186	02-0552323		127,650	0	N/A	N/A	RESEARCH
COLLABORATIVE DRUG DISCOVERY INC 1633 BAYSHORE HWY STE 342 BURLINGAME, CA 940101515	42-1631574		170,998	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY SPONSORED PROGRAMS 2002 CAMPUS DELIVERY FORT COLLINS, CO 805232002	84-6000545		20,625	0	N/A	N/A	RESEARCH
COMMUNITY HEALTH OF SOUTH FLORIDA INC 10300 SW 216TH ST CUTLER BAY, FL 331901003	59-1372690	501(c)(3)	331,744	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU RM 4104 CHESAPEAKE BUILDING-DIVISIO OF RESEARCH COLLEGE PARK, MD 207423141	52-6002033	State of MD	64,313	0	N/A	N/A	RESEARCH
CONNECTFAMILIAS INC 1111 SW 8TH ST STE 207 MIAMI, FL 331303639	37-1646586	501(c)(3)	29,398	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY PO BOX 6705 ITHACA, NY 148516705	15-0532082	501(c)(3)	10,280	0	N/A	N/A	RESEARCH
CRAIG HOSPITAL 3425 S CLARKSON ST BUSINESS OFFICE ENGLEWOOD, CA 801132811	84-0404233	501(c)(3)	86,757	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
CREATV MICROTECH INC 11609 LAKE POTOMAC DR POTOMAC, MD 208541221	52-1997174		67,039	0	N/A	N/A	RESEARCH
CURATORS OF THE UNIVERSITY OF MISSOURI UMKC PO BOX 805111 KANSAS CITY, MO 641805111	43-6003859		37,758	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
DEBORA A FRYE 620 IBIS DR DELRAY BEACH, FL 334441928	26-1939010		9,390	0	N/A	N/A	RESEARCH
DUKE UNIVERSITY ACCOUNT RECEIVABLE LOCKBOX PO BOX 602651 CHARLOTTE, NC 282602651	56-0532129	501(c)(3)	628,601	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
EASTER SEALS SOUTH FLORIDA INC 1475 NW 14 AVE MIAMI, FL 331251616	59-0722783	501(c)(3)	12,616	0	N/A	N/A	RESEARCH
EMMUNE INC 14155 US HIGHWAY 1 STE 302 JUNO BEACH, FL 334081430	46-2445960		70,000	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
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 311935084	58-0566256	501(c)(3)	3,485,919	0	N/A	N/A	RESEARCH
FAMILY CENTRAL INC 819 NE 26TH ST FORT LAUDERDALE, FL 333051239	59-1487190	501(c)(3)	1,168,740	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
FENWAY COMMUNITY HEALTH CENTER INC PO BOX 847074 BOSTON, MA 022847074	04-2510564	501(c)(3)	339,920	0	N/A	N/A	RESEARCH
FLORIDA A&M UNIVERSITY 1700 LEE HALL DR 201 FOOTE-HILYER ADMIN TALLAHASSEE, FL 323073200	59-0977035	501(c)(3)	60,197	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECHNOLOGY INC 2145 DELTA BLVD STE 200 TALLAHASSEE, FL 32303	59-3352342	501(c)(3)	64,944	0	N/A	N/A	RESEARCH
FLORIDA ATLANTIC UNIVERSITY PO BOX 198660 ATLANTA, GA 303848660	65-0385507	State of FL	195,753	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES 11200 SW 8TH ST GL 310B MIAMI, FL 331992516	65-0177616	State of FL	1,307,641	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)	736,375	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA REHAB PROFESSIONALS GROUP INC 401 CORAL WAY STE 403 CORAL GABLES, FL 331344926	45-0601954		398,709	0	N/A	N/A	RESEARCH
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY STE 300 PO BOX 3064166 TALLAHASSEE, FL 323064166	59-1961248	State of FL	377,620	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
GAMA REHAB SERVICES INC 19042 NW 91ST CT MIAMI, FL 330188418	20-0203443		18,832	0	N/A	N/A	RESEARCH
GATEWAY COMMUNITY SERVICES INC 555 STOCKTON ST JACKSONVILLE, FL 322042534	59-1881828	501(c)(3)	177,394	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
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 220304422	54-0836354	State of VA	156,615	0	N/A	N/A	RESEARCH
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC PO BOX 3999 ATLANTA, GA 303023999	58-1845423	501(c)(3)	87,789	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
GRADY MEMORIAL HOSPITAL CORPORATION 50 HURT PLZ SE STE 301 ATLANTA, GA 303032946	26-2037695	501(c)(3)	225,504	0	N/A	N/A	RESEARCH
GREENWOOD GENETIC CENTER INC 101 GREGOR MENDEL CIR GREENWOOD, SC 296462316	57-0604070	501(c)(3)	6,185	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC PO BOX 742801 ATLANTA, GA 303742801	59-2451713	501(c)(3)	59,980	0	N/A	N/A	RESEARCH
HARTFORD HOSPITAL CORP 80 SEYMOUR ST HARTFORD, CT 061025037	06-0646668	501(C)3	33,410	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC ELM AND CARLTON ST BUFFALO, NY 142630001	14-1402155	501(c)(3)	785,996	0	N/A	N/A	RESEARCH
HENNEPIN HEALTHCARE RESEARCH INSTITUTE 701 PARK AVE STE PP7700 MINNEAPOLIS, MN 554151623	41-1677920	501(c)(3)	7,651	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
HONORHEALTH FOUNDATION ATTN HRI FINANCE DEPARTMENT 10510 N 92ND ST STE 302 SCOTTSDALE, AZ 852584632	74-2355411	501(C)3	7,269	0	N/A	N/A	RESEARCH
HOPE AND HELP CENTER OF CENTRAL FLORIDA INC 4122 METRIC DR STE 800 WINTER PARK, FL 327926809	59-2872225	501(c)(3)	77,373	0	N/A	N/A	RESEARCH

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ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI INC 1 GUSTAVE L LEVY PL ATTN RAJ APPAVU MB 3500 NEW YORK, NY 100296504	13-6171197	501(c)(3)	287,737	0	N/A	N/A	RESEARCH
IHC HEALTH SERVICES INC PO BOX 57828 ATTN GRANT ACCOUNTING SALT LAKE CITY, UT 841577828	94-2854057	501(c)(3)	7,599	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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JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA INC 3260 SW 11TH AVENUE FT LAUDERDALE, FL 33315	59-0637867	501(c)(3)	652,472	0	N/A	N/A	RESEARCH
JUST LEARNING CORP 8341 NW 21ST CT SUNRISE, FL 333223831	20-4969026		82,530	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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KHALED BIN SULTAN LIVING OCEANS FOUNDATION INC 821 CHESAPEAKE AVE UNIT 3568 ANNAPOLIS, MD 214030197	33-0939283	501(c)(3)	11,000	0	N/A	N/A	RESEARCH
KREATIVE KIDS THERAPY CENTER CO 8491 NW 17TH ST STE 110 DORAL, FL 331261025	46-2510560		15,232	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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LADIES EMPOWERMENT AND ACTION PROGRAM INC 3141 SW 8TH ST MIAMI, FL 331354533	27-0193483	501(c)(3)	12,597	0	N/A	N/A	RESEARCH
LATINOS SALUD INC 1401 NE 26th Street WILTON MANORS, FL 333051321	26-2763535	501(c)(3)	49,775	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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LEARNING WITH FUN-BETTER FUTURE CORP 12350 SW 132ND CT STE 109 MIAMI, FL 331866458	20-4409513		167,872	0	N/A	N/A	RESEARCH
LIBERTY KIDS INC 50 NE 128TH ST NORTH MIAMI, FL 331614512	20-5019202		26,010	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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LID VIZION LLC 11767 S DIXIE HWY PMB 426 PINECREST, FL 331564438	37-1959520		20,364	0	N/A	N/A	RESEARCH
LONG ISLAND UNIVERSITY 700 NORTHERN BLVD GREENVALE, NY 115481319	11-1633516	501(c)(3)	10,100	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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MASON GHABER 16 HIDDEN BRICK RD HOPKINTON, MA 017482661	87-2441719		9,719	0	N/A	N/A	RESEARCH
MASSACHUSETTS EYE AND EAR INFIRMARY & PHYSICIAN STAFF INC 243 CHARLES ST BOSTON, MA 021143002	04-2103591	501(c)(3)	93,905	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 (A NONPROFIT CORPORATION) PO BOX 860334 MINNEAPOLIS, MN 554860334	59-3337028	501(c)(3)	198,222	0	N/A	N/A	RESEARCH
MEMORIAL SLOAN-KETTERING CANCER CENTER FINANCE/MISC GPO PO BOX 26338 NEW YORK, NY 100876338	13-1924236	501(c)(3)	304,794	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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MER CONSULTANTS LLC 5521 SE NASSAU TER STUART, FL 349972439	37-1692116		56,936	0	N/A	N/A	RESEARCH
MIAMI-DADE AREA HEALTH EDUCATION CENTER INC 7955 NW 12TH ST STE 429 MIAMI, FL 331261823	65-0009277	501(c)(3)	881,076	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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MONTEREY BAY AQUARIUM RESEARCH INSTITUTE PO BOX 841949 LOS ANGELES, CA 900841949	77-0150580	501(c)(3)	296,946	0	N/A	N/A	RESEARCH
MORTON PLANT MEASE HEALTH CARE INC BAYCARE HEALTH SYSTEM 2985 DREW ST MS 1027 FL 3-ATTN SHILOH CAPONE CLEARWATER, FL 337593012	59-2374556	501(c)(3)	6,600	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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MOTE MARINE LABORATORY INC 1600 KEN THOMPSON PKWY SARASOTA, FL 342361004	59-0756643	501(c)(3)	86,248	0	N/A	N/A	RESEARCH
MOUNT SINAI MEDICAL CENTER OF FLORIDA INC RESEARCH ADMIN DEPARTMENT 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.

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MUJERES UNIDAS EN JUSTICIA EDUCACION Y REFORMA INC 27112 S DIXIE HWY NARANJA, FL 330327317	65-0534683	501(c)(3)	20,963	0	N/A	N/A	RESEARCH
MY TIME INC 2009 SW 9TH ST MIAMI, FL 331353323	30-0755466		55,170	0	N/A	N/A	RESEARCH

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NATIONAL CONFERENCE ON CITIZENSHIP 1920 L ST NW STE 450 WASHINGTON, DC 200365073	52-0698583		84,682	0	N/A	N/A	RESEARCH
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC 600 PEACHTREE ST NE STE 1000 ATLANTA, GA 303082215	58-2106707	501(C)3	33,448	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 FL 20 ATTN ACCOUNTS RECEIVABLE CHICAGO, IL 606035901	36-2167808	501(c)(3)	122,813	0	N/A	N/A	RESEARCH
NEW YORK UNIVERSITY SPONSORED PROGRAMS ADMINISTRATION PO BOX 5166 NEW YORK, NY 100875166	13-5562309	501(c)(3)	108,033	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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NEWARK BETH ISRAEL MEDICAL CENTER INC 201 LYONS AVE NEWARK, NJ 071122027	22-3452311	501(c)(3)	43,796	0	N/A	N/A	RESEARCH
NORTH BROWARD HOSPITAL DISTRICT PO BOX 932540 ATLANTA, GA 311932540	59-6012065	501(c)(3)	5,571	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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NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7533 RALEIGH, NC 276957203	56-6000756	State of NC	26,988	0	N/A	N/A	RESEARCH
NORTHWESTERN UNIVERSITY 680 N LAKE SHORE DR STE 1400 CHICAGO, IL 606114407	36-2167817	501(c)(3)	169,075	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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NOVA SOUTHEASTERN UNIVERSITY INC FACILITIES MANAGEMENT 3301 COLLEGE AVE FT LAUDERDALE, FL 333143025	59-1083502	501(c)(3)	1,411,920	0	N/A	N/A	RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD L106OPAM PORTLAND, OR 972393079	93-1176109	State of OR	161,293	0	N/A	N/A	RESEARCH

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OVERTOWN YOUTH CENTER INC 450 NW 14TH ST MIAMI, FL 331362636	65-1048896	501(c)(3)	41,372	0	N/A	N/A	RESEARCH
PHILLIP AND PATRICIA FROST MUSEUM OF SCIENCE INC 1101 BISCAYNE BLVD MIAMI, FL 331321758	59-0854960	501(c)(3)	87,488	0	N/A	N/A	RESEARCH

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PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 022415649	04-2103580	501(C)3	183,819	0	N/A	N/A	RESEARCH
PROVIDENCE HEALTH & SERVICES - OREGON PO BOX 5977 PORTLAND, OR 972285977	51-0216587	501(C)3	29,564	0	N/A	N/A	RESEARCH

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PUBLIC HEALTH FOUNDATION ENTERPRISES INC 13300 CROSSROADS PKWY N STE 450 CITY OF INDUSTRY, CA 917463407	95-2557063	501(c)(3)	13,311	0	N/A	N/A	RESEARCH
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA PO BOX 400201 CHARLOTTSVILE, VA 229044201	54-6001796	501(c)(3)	37,028	0	N/A	N/A	RESEARCH

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REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA CRUZ FINANCIAL SERVICE CENTER 1156 HIGH ST SANTA CRUZ, CA 950641077	94-1539563	State of CA	186,037	0	N/A	N/A	RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO SCHOOL OF PHARMACY 12850 E MONTVIEW BLVD-C238 RM V20-4132 AURORA, CO 800452065	84-6000555	State of CO	25,036	0	N/A	N/A	RESEARCH

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REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 152512131	38-6006309	501(c)(3)	56,685	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	351,978	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)	16,388	0	N/A	N/A	RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1725 W HARRISON ST STE 1106 CHICAGO, IL 606123845	36-2174823	501(c)(3)	18,098	0	N/A	N/A	RESEARCH

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RUTGERS THE STATE UNIVERSITY OF NEW JERSEY 679 HOES LN-ATTN SHARON PULZ RM 101B PISCATAWAY, NJ 088545636	22-6001086	State of NJ	25,622	0	N/A	N/A	RESEARCH
SACRED HEART HEALTH SYSTEM INC PO Box 204242 DALLAS, TX 753204242	59-0634434	501(c)(3)	17,100	0	N/A	N/A	RESEARCH

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SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR SAN DIEGO, CA 921821901	95-6042721	501(c)(3)	411,532	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)	2,757,135	0	N/A	N/A	RESEARCH

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SECORE INTERNATIONAL INC 4673 NORTHWEST PKWY HILLIARD, OH 430261126	47-5385160	501(c)(3)	209,193	0	N/A	N/A	RESEARCH
SICKLE CELL DISEASE ASSOCIATION OF AMERICA 1601 NW 12TH AVE STE 3036A MIAMI, FL 331361005	59-2685954		7,295	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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SICKLE CELL DISEASE ASSOCIATION OF AMERICA ST PETERSBURG CHAPTER INC 1344 22ND ST S ST PETERSBURG, FL 337122744	59-1846404	501(c)(3)	10,531	0	N/A	N/A	RESEARCH
SISTEMA UNIVERSITARIO ANA G MENDEZ INCORPORADO PO BOX 21345 RIO PIEDRAS, PR 009281345	66-0201206	501(c)(3)	53,900	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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SMITHSONIAN INSTITUTION 24411 NETWORK PL CHICAGO, IL 606731243	53-0206027	501(C)3	96,016	0	N/A	N/A	RESEARCH
SOUTH FLORIDA NATIONAL PARKS TRUST INC 1390 S DIXIE HWY STE 2217 CORAL GABLES, FL 331462945	13-4341209	501(C)3	28,000	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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SOUTH FLORIDA VA FOUNDATION FOR RESEARCH & EDUCATION 1201 NW 16TH ST RM D806C MIAMI, FL 331251624	65-0207903	501(c)(3)	22,223	0	N/A	N/A	RESEARCH
SPEECH PATHOLOGY AND EDUCATIONAL CENTER INC 8590 SW 40TH ST MIAMI, FL 331553214	65-0303523		121,485	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 JOSEPH'S HOSPITAL INC 2985 DREW ST STOP 1027 FL 3 CLEARWATER, FL 337593012	59-0774199	501(c)(3)	12,870	0	N/A	N/A	RESEARCH
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC P O BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(c)(3)	457,220	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 GRANT ACCOUNTING OFFICE 201 S CLINTON ST-2410 UCC IOWA CITY, IA 522424034	42-6004813	State of IA	90,386	0	N/A	N/A	RESEARCH
SUNSHINE HEALTH NETWORK INC 15321 S DIXIE HWY STE 309 PALMETTO BAY, FL 331571873	42-1747958		50,135	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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SUTRA MEDICAL INC 20532 CRESCENT BAY DR STE 102 LAKE FOREST, CA 926308846	46-0537200		137,957	0	N/A	N/A	RESEARCH
SUTTER BAY HOSPITALS 475 BRANNAN ST STE 130 SAN FRANCISCO, CA 941075498	94-0562680	501(c)(3)	8,154	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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TEMPLE UNIVERSITY-OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION PO BOX 22432 NEW YORK, NY 100870001	23-1365971	501(c)(3)	41,686	0	N/A	N/A	RESEARCH
TENDRAL LLC 77 CRANDON BLVD APT 7D KEY BISCAYNE, FL 331491403	45-2515092		61,500	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M AGRILIFE RESEARCH 400 HARVEY MITCHELL PKWY S STE 300 COLLEGE STATION, TX 778454375	74-6000541	State of TX	8,622	0	N/A	N/A	RESEARCH
TEXAS A&M ENGINEERING EXPERIMENT STATION 400 HARVEY MITCHELL PARKWAY S STE 300 COLLEGE STATION, TX 778454375	74-1974733		31,012	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS HEART INSTITUTE HOU1117 PO BOX 650998 DALLAS, TX 752650998	74-6053200	501(c)(3)	92,349	0	N/A	N/A	RESEARCH
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND CORP 1555 POYDRAS ST STE 805 MB 8711 NEW ORLEANS, LA 701123701	72-0423889	501(c)(3)	99,369	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION 2700 HORIZON DR STE 120 KING OF PRUSSIA, PA 194062726	41-2073220	501(c)(3)	40,000	0	N/A	N/A	RESEARCH
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY 557 ESCONDIDO MALL FL 2-CECIL H GREEN LIBRARY STANFORD, CA 943056001	94-1156365	501(c)(3)	916,708	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS GRANTS CONTRACTS 28392 NETWORK PL CHICAGO, IL 606731283	37-6000511	501(c)(3)	36,831	0	N/A	N/A	RESEARCH
THE BRIGHAM AND WOMEN'S HOSPITAL INC BANK OF AMERICA NA PO BOX 3887 BOSTON, MA 022413887	04-2312909	501(c)(3)	258,745	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CENTER FOR FAMILY AND CHILD ENRICHMENT INC 1825 NW 167TH ST STE 102 MIAMI GARDENS, FL 330564838	59-1775062	501(c)(3)	240,654	0	N/A	N/A	RESEARCH
THE FLORIDA AQUARIUM INC 701 CHANNELSIDE DR TAMPA, FL 336025600	59-2807815	501(c)(3)	443,909	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GENERAL HOSPITAL CORPORATION BANK OF AMERICA NA PO BOX 3829 BOSTON, MA 022413829	04-2697983	501(c)(3)	93,605	0	N/A	N/A	RESEARCH
THE GEORGETOWN UNIVERSITY INC PO BOX 571164 WASHINGTON, DC 200571164	53-0196603	501(c)(3)	481,273	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE I 6720A ROCKLEDGE DR STE 100 BETHESDA, MD 208171891	52-1317896	501(c)(3)	5,073,205	0	N/A	N/A	RESEARCH
THE INSTITUTE FOR CANCER RESEARCH 333 COTTMAN AVE PHILADELPHIA, PA 191112434	23-6296135	501(c)(3)	12,616	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACKSON LABORATORY C/O BANK OF AMERICA 90260 COLLECTION CHICAGO, IL 606930001	01-0211513	501(c)(3)	28,782	0	N/A	N/A	RESEARCH
THE JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA-12529 COLLECTIONS CENTER DR CHICAGO, IL 606930125	52-0595110	501(c)(3)	740,728	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA 1 S PARK CIR BLDG 1 STE 402 CHARLESTON, SC 294074636	57-6000722	State of SC	75,845	0	N/A	N/A	RESEARCH
THE METROHEALTH SYSTEM PO BOX 73308-RE 62005750- 8951021199 CLEVELAND, OH 441930002	34-6004382		36,955	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MOREHOUSE SCHOOL OF MEDICINE INC 720 WESTVIEW DR SW ATTENTION CASHIERS OFFICE FINANCE DIVISION ATLANTA, GA 303101458	58-1438873	501(c)(3)	2,172,945	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	363,423	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIVERSITY RESEARCH ACCOUNTING 227 W BEAVER AVE STE 401 STATE COLLEGE, PA 168014842	24-6000376	State of PA	368,218	0	N/A	N/A	RESEARCH
THE PUBLIC HEALTH TRUST OF MIAMI-DADE COUNTY JMH -COMMUNICATIONS OUTREACH 1611 NW 12TH AVE MIAMI, FL 33136	59-1713947	501(c)(3)	188,383	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS PO BOX 741816 UC DAVIS AR LOCKBOX LOS ANGELES, CA 900741816	94-6036494	State of CA	7,650	0	N/A	N/A	RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA IRVINE CENTRAL CASHIERS-228 ALDRICH HALL IRVINE, CA 926971975	94-3067788	501(c)(3)	12,099	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA LOS ANGELES BOX 957089 1125 MURPHY HALL-405 HILGARD AVE LOS ANGELES, CA 900959000	95-6006143	501(c)(3)	62,672	0	N/A	N/A	RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO UCSD MAIN DEPOSITORY PO BOX 741539 LOS ANGELES, CA 900741539	95-6006144	State of CA	60,075	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 900744872	94-6036493	State of CA	623,105	0	N/A	N/A	RESEARCH
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9 ALBANY, NY 122010009	14-1368361	501(c)(3)	238,353	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK INC 3030 BROADWAY MAIL CODE 1900 NEW YORK, NY 100276902	13-5598093	501(c)(3)	3,633,909	0	N/A	N/A	RESEARCH
THE TRUSTEES OF PRINCETON UNIVERSITY SPONSORED RESEARCH ACCT 701 CARNEGIE CTR STE 443 PRINCETON, NJ 085406242	21-0634501	501(C)3	223,778	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 125 S 31ST ST STE 2018 PHILADELPHIA, PA 191043413	23-1352685	501(c)(3)	1,773,293	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF ARIZONA SURPLUS PROPERTY OFFICE 3740 E 34TH ST TUCSON, AZ 857135305	74-2652689	State of AZ	363,111	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF NEW MEXICO HSC 1 UNIVERSITY OF NEW MEXICO-MS09 5225 ALBUQUERQUE, NM 871310001	85-6000642		245,451	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES FLORIDA INSTITUTE OF OCEANOGRAPHY 830 1ST ST SE SAINT PETERSBURG, FL 337015018	59-3102112	State of FL	169,784	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS AT AUSTIN OFFICE OF ACCOUNTING PO BOX 7159 AUSTIN, TX 787137159	74-6000203	State of TX	43,757	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON FINANCIAL ADMINISTRATIVE SUPPORT PO BOX 301418 DALLAS, TX 753031418	74-1761309	State of TX	755,726	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO PO BOX 1898 SAN ANTONIO, TX 782971898	74-1586031	State of TX	221,723	0	N/A	N/A	RESEARCH
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER OBRIEN KIDNEY CENTER 5323 HARRY HINES BLVD H5132 DALLAS, TX 753908856	75-6002868	State of TX	92,714	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF UTAH 115 S 1460 E RM 383 SALT LKE CITY, UT 841120101	87-6000525	State of UT	771,621	0	N/A	N/A	RESEARCH
THE WOODS HOLE GROUP INC 4390 PARLIAMENT PL STE Q LANHAMN, MD 207061834	04-3408801		34,824	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THERAPY BY DESIGN INC 17670 NW 78TH AVE STE 113 MIAMI, FL 330153665	90-0060916		45,715	0	N/A	N/A	RESEARCH
THOMAS JEFFERSON UNIVERSITY 170 S INDEPENDENCE MALL W STE 925E BOX 21 PHILADELPHIA, PA 191063333	23-1352651	501(c)(3)	16,597	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 024673800	04-2103545	501(C)3	297,855	0	N/A	N/A	RESEARCH
UNIVERSIDAD CENTRAL DEL CARIBE INC PO BOX 60327 BAYAMON, PR 009606032	66-0349669	501(c)(3)	132,318	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVE S GRANTS ACCOUNTING-801 FINANCIAL SERV BLDG BIRMINGHAM, AL 352331806	63-6005396	State of AL	677,070	0	N/A	N/A	RESEARCH
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 W MARKHAM ST SLOT 545 LITTLE ROCK, AR 722057101	71-6046242	State of AR	13,615	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 CENTRAL FLORIDA BOARD OF TRUSTEES PO BOX 160118 ORLANDO, FL 328160118	59-2924021	State of FL	8,522	0	N/A	N/A	RESEARCH
UNIVERSITY OF DENVER OFFICE OF RESEARCH SPONSORED PROGRAM PO BOX 911811 DENVER, CO 802911811	84-0404231	501(c)(3)	60,487	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES PO BOX 931297 ATLANTA, GA 311931297	59-6002052	State of FL	3,170,360	0	N/A	N/A	RESEARCH
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC 3901 RAINBOW BLVD MS1039 KANSAS CITY, KS 661608500	48-1108830	501(c)(3)	78,270	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 LOUISVILLE RESEARCH FOUNDATION INC 300 E MARKET ST STE 300 LOUISVILLE, KY 402021959	61-1029626	501(C)3	88,374	0	N/A	N/A	RESEARCH
UNIVERSITY OF MASSACHUSETTS - AMHERST 100 VENTURE WAY STE 201 HADLEY, MA 010359450	04-3167352	State of MA	170,549	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 120 MASON FARM RD GMB 5023 E-CB7519 CHAPEL HILL, NC 275996134	56-6001393	State of NC	1,122,201	0	N/A	N/A	RESEARCH
UNIVERSITY OF NORTH TEXAS OFFICE OF GRANTS CONTRACTS 1155 UNION CIR 305250 DENTON, TX 762035017	75-6002149	State of TX	7,729	0	N/A	N/A	RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER AT FORT WORTH OFFICE OF SPONSORED PROGRAMS 3500 CAMP BOWIE BLVD FORT WORTH, TX 761072699	75-6064033	State of TX	24,305	0	N/A	N/A	RESEARCH
UNIVERSITY OF OKLAHOMA 201 STEPHENSON PKWY STE 3100 NORMAN, OK 730692050	73-1377584	State of OK	61,533	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 PITTSBURGH OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION PO BOX 640458 PITTSBURGH, PA 152640458	25-0965591	501(c)(3)	156,510	0	N/A	N/A	RESEARCH
UNIVERSITY OF PUERTO RICO 18 AVE UNIVERSIDAD STE 1801 SAN JUAN, PR 009252512	66-0433760	Commonwealth of PR	8,146	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 ROCHESTER 601 ELMWOOD AVE 673 ROCHESTER, NY 146420001	16-0743209	501(c)(3)	113,893	0	N/A	N/A	RESEARCH
UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM ST STE 128 COLUMBIA, SC 292082901	57-6001153	State of SC	21,859	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 SPONSORED PROJECTS 3500 S FIGUEROA ST STE 102 LOS ANGELES, CA 900898001	95-1642394	501(c)(3)	157,168	0	N/A	N/A	RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER PO BOX 4390 HOUSTON, TX 772104390	74-6001118	State of TX	731,470	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 WASHINGTON 1013 NE 40TH ST APPLIED PHYSICS LAB SEATTLE, WA 981056606	91-6001537	State of WA	144,721	0	N/A	N/A	RESEARCH
UNIVERSITY OF WISCONSIN SYSTEM 1025 W JOHNSON ST MADISON, WI 537061706	39-1805963	501(c)(3)	292,472	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)	190,605	0	N/A	N/A	RESEARCH
VARIETY CHILDRENS HOSPITAL PO BOX 947192 ATLANTA, GA 303947192	59-0638499	501(c)(3)	37,869	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)	435,376	0	N/A	N/A	RESEARCH
WASHINGTON UNIVERSITY CB 8086-660 S EUCLID AVE ST LOUIS, MO 631101010	43-0653611	501(c)(3)	998,084	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
WAYNE STATE UNIVERSITY PO BOX 02788 DETROIT, MI 482020788	38-6028429	State of MI	70,011	0	N/A	N/A	RESEARCH
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 575 LEXINGTON AVE FL 9 NEW YORK, NY 100226145	13-1623978	501(c)(3)	799,965	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
WESTERN UNIVERSITY OF HEALTH SCIENCES 309 E 2ND ST POMONA, CA 917661854	95-3127273	501(c)(3)	47,097	0	N/A	N/A	RESEARCH
YALE UNIVERSITY MOLECULAR CELLULAR DEV BIOLOGY PO BOX 208103 NEW HAVEN, CT 065208103	06-0646973	501(c)(3)	102,128	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 CANCER SOCIETY INC 9500 S DADELAND BLVD STE 710 MIAMI, FL 331562849	13-1788491	501(c)(3)	110,000	0	N/A	N/A	GENERAL SUPPORT
AMERICAN HEART ASSOCIATION INC AHA ECC DISTRIBUTION PO BOX 841390 DALLAS, TX 752841390	13-5613797	501(c)(3)	65,000	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH COMMITEE PO BOX 164706 MIAMI, FL 33116	13-5563393	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
AVENTURA MARKETING COUNCIL 20900 NE 30TH AVE STE 200 AVENTURA, FL 331802162	65-0076324	501(C)(6)	35,400	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
BRCASTRONG CORP 4535 NW 50TH CT COCONUT CREEK, FL 330732916	82-5315427	501(c)(3)	6,500	0	N/A	N/A	GENERAL SUPPORT
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

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
CHABAD LUBAVITCH OF VENETIAN CAUSEWAY 14 FARREY LANE - ISLAND AVE MIAMI BEACH, FL 33139	65-0860163	501(c)(3)	17,000	0	N/A	N/A	GENERAL SUPPORT
CHAMBER OF COMMERCE OF THE PALM BEACHES INC 401 N FLAGLER DR WEST PALM BEACH, FL 334014305	59-0504407	501(C)(6)	40,650	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
CIRCLE OF SISTERHOOD FOUNDATION INC PO BOX 551 BELMONT, NC 28012	27-2393582	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)	46,600	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
CREATIVE MEDIA COLLABORATIVE INC 1081 AMOROSO PL VENICE, CA 902913943	20-8875021		9,198	0	N/A	N/A	GENERAL SUPPORT
DADE COUNTY STREET RESPONSE 5575 SW 6TH ST MIAMI, FL 33134	84-1958579	501(c)(3)	50,000	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
DATA VISUALIZATION SOCIETY 241 G ST SW WASHINGTON, DC 20024	84-1923759	501(c)(3)	10,000	0	N/A	N/A	GENERAL SUPPORT
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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER FORT LAUDERDALE CHAMBER OF COMMERCE INC 512 NE 3RD AVE FORT LAUDERDALE, FL 333013236	59-0250255	501(C)(6)	27,355	0	N/A	N/A	GENERAL SUPPORT
GREATER MIAMI CHAMBER OF COMMERCE INC 1 SE 3RD AVE STE 1410 MIAMI, FL 331311700	59-0358775	501(C)(6)	51,850	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER PLANTATION CHAMBER OF COMMERCE INC 7401 NW 4TH ST PLANTATION, FL 333172204	59-0977809	501(C)(6)	19,200	0	N/A	N/A	GENERAL SUPPORT
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE INC PO BOX 742801 ATLANTA, GA 303742801	59-2451713	501(c)(3)	40,000	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
HEALTH INFORMATION PROJECT INC 4601 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 331462112	80-0526558	501(c)(3)	50,000	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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI AFFILIATE OF THE SUSAN G KOMEN BREAST CANCER FOUNDATION INC 13770 NOEL RD STE 801889 DALLAS, TX 753800147	75-2844638	501(c)(3)	130,000	0	N/A	N/A	GENERAL SUPPORT
NATIONAL MEDICAL FELLOWSHIPS INC 1199 NORTH FAIRFAX ST STE 600 ALEXANDRIA, VA 22314	01-0963657	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.

(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
NOT MY DAUGHTER INC 5944 CORAL RIDGE DR 307 CORAL SPRINGS, FL 330763300	81-1463484	501(c)(3)	25,000	0	N/A	N/A	GENERAL SUPPORT
PANCREATIC CANCER ACTION NETWORK INC 1500 ROSECRANS AVE MANHATTAN BEACH, CA 902663763	33-0841281	501(c)(3)	33,500	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH FLORIDA HISPANIC CHAMBER OF COMMERCE INC 333 ARTHUR GODFREY RD STE 300 MIAMI BEACH, FL 331403642	65-0511241	501(C)(6)	25,400	0	N/A	N/A	GENERAL SUPPORT
THE GREATER HOLLYWOOD CHAMBER OF COMMERCE INC 330 NORTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020	59-0293937	501(C)(6)	8,000	0	N/A	N/A	GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINTERFEST INC 512 NE 3RD AVE FORT LAUDERDALE, FL 333013236	65-0059092	501(c)(4)	25,000	0	N/A	N/A	GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2022

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 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 checked="" 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 checked="" 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 checked="" 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>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<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>	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>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	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>	6a	Yes								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	<p>First Class Travel: First class travel was provided to President Julio Frenk during fiscal year ended May 31, 2023. Travel for Companions: Business-related spousal travel was provided to Dan Radakovich. 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 Jacqueline Travisano, Jeffrey Duerk, and Julio Frenk. The amounts were not included in taxable income. Taxable Social Club Dues: Social club dues were provided for James Larranaga and Rudy Fernandez. Tax Gross-Up Payments: Tax Gross-Up Payments were provided to President Julio Frenk, Jacqueline Travisano, Jeffrey Duerk, Rudy Fernandez, Marc Buoniconti, Dan Radakovich, Joshua Gattis, and Mario Cristobal.</p>

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 4b	Non-qualified retirement plans: Non-qualified retirement plans were provided to Dan Radakovich, James Larranaga, Jeffrey Duerk, Joseph Lamelas, and Julio Frenk. Amounts were \$20,500 for all noted.

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

2022

**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	155,130,000		1,830,000					2,710,000
2	Amount of bonds legally defeased	155,070,000							
3	Total proceeds of issue	480,088,974		106,149,046		433,709,816			257,518,935
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			241,294,845
11	Other spent proceeds			93,819					
12	Other unspent proceeds								
13	Year of substantial completion	2009		2014		2017		2020	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue 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 ▶	0.330 %				0.630 %		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 ▶	0.650 %							
6 Total of lines 4 and 5	0.980 %				0.630 %		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 \$5,841,171.92 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 7/19/2011 for the Series 2007. Schedule K, Part IV - Line 2c, Column A, B, C, and D: Last rebate computation date 5/31/2023. No rebate due and no filing required on the Series 2007AB, 2012A, 2015A and 2018A.

Schedule L
(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2022

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		53,997	Stipend	Tuition Asst

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV - Lines 1-5 Col B	Family member of trustee.
Schedule L, Part IV - Lines 3 Col B	Family member of officer.
Schedule L, Part IV - Lines 1-6 Col D	Family member employment.
Schedule L, Part IV - Line 6 Col B	Family member of key employee
Schedule L, Part IV - Lines 7 Col B	University trustee
Schedule L, Part IV - Line 7 Col D	Business Transactions - sublease

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	89,217	See Part V		No
(1) Gino DiMare	See Part V	596,988	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	443,499	See Part V		No
(1) Eric Winter	See Part V	160,605	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) Laura Chamorro Dauer	See Part V	153,777	See Part V		No
(1) Amruta Parekh	See Part V	221,668	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) Oleta Partners LLC	See Part V	274,188	See Part V		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

- ▶ 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	85	2,227,649	Fair Market Value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	266	10,304,182	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	3	327,225	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** 12

	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

2022**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 5	SCCC/ABLEH parking vendor employee theft estimated at \$680,000. There will be insurance coverage (pending final determination due to litigation). Changed vendors and recommended additional controls, including enhanced vendor monitoring and exploring a transition to cash less operations. Three vendor employees were terminated. One of the three was arrested by City of Miami police.

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 -15,920,733.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

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 (11)	Perpetual Trust	FL	N/A						No
(3) Remainder (3)	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		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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	153,300	See Part VII
(2) Cane Angel Network Inc	R	362,661	See Part VII
(3) Ophthalmology Research Foundation Inc	K	2,726,478	See Part VII
(4) University Rathskeller Inc	R	173,832	See Part VII
(5) Ophthalmology Research Foundation Inc	C	2,875,161	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.
----------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

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 1400 NW 10th Ave Suite 205P Miami, FL 33136 59-0624458	Real Estate	FL			University of Miami
Crestre LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 20-2458426	Real Estate	FL		533,128	Biscayne View Properties LLC
1509 Venture LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 20-2458426	Real Estate	FL		1,792,595	Biscayne View Properties LLC
East Urban LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 20-2458426	Real Estate	FL		940,639	Biscayne View Properties LLC
Triprop LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 20-2458426	Real Estate	FL		4,292,671	Biscayne View Properties LLC
7th Avenue Market LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 20-2458426	Real Estate	FL	1,294,266	3,000,781	Biscayne View Properties LLC
Equi Terra LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 59-0624458	Real Estate	FL			University of Miami
Ten Bor LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 27-3025289	Real Estate	FL			Equi Terra LLC
PT Property Holding LLC 1400 NW 10th Ave Suite 205P Miami, FL 33136 27-3025289	Real Estate	FL			Equi Terra LLC
University of Miami Preservation LLC 1535 Levante Ave Suite 201A Miami, FL 33146 59-0624458	Hold UM Designated Easement	FL			University of Miami
1925 Ventures LLC 1395 Brickell Ave 14th Floor Miami, FL 33131 59-0624458	Real Estate	FL	6,000		University of Miami