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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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

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

C Name of organization
THE MIAMI FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 40 NW 3RD STREET NO 305
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33128

D Employer identification number
65-0350357

E Telephone number
(305) 371-2711

G Gross receipts $ 57,468,145

F Name and address of principal officer
JAVIER ALBERTO SOTO
40 NW 3RD STREET NO 305
MIAMI, FL 33128

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 MIAMIFOUNDATION ORG

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

L Year of formation 1967

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MIAMI FOUNDATION PROVIDES CIVIC LEADERSHIP, BRINGING STAKEHOLDERS TOGETHER TO TACKLE ISSUES OF CONCERN IN OUR COMMUNITY WORKING TOGETHER WITH OUR FUNDHOLDERS AND COMMUNITY PARTNERS, WE LEVERAGE COLLECTIVE KNOWLEDGE, CREATIVITY AND RESOURCES FOR A GREATER IMPACT THAN ANY ONE OF US COULD MAKE ALONE BY CONNECTING PHILANTHROPY WITH COMMUNITY NEEDS AND OPPORTUNITIES, WE MAKE MIAMI A GREATER PLACE TO LIVE, WORK AND PLAY ESTABLISHED IN 1967, THE MIAMI FOUNDATION, FORMERLY THE DADE COMMUNITY FOUNDATION, HAS HELPED HUNDREDS OF PEOPLE CREATE PERSONAL, PERMANENT AND POWERFUL LEGACIES BY ESTABLISHING CUSTOM CHARITABLE FUNDS WITH OUR EXPERTISE, FUNDHOLDERS HAVE FOSTERED THE ARTS, AWARDED SCHOLARSHIPS, CHAMPIONED DIVERSITY, TAUGHT KIDS TO READ, PROVIDED FOOD AND SHELTER FOR HUNGRY AND HOMELESS, AND MORE MORE THAN $256 MILLION IN GRANTS AND SCHOLARSHIPS HAS BEEN AWARDED IN OUR RICH 50 YEAR HISTORY TODAY, WE CAREFULLY STEWARD OVER $300 MILLION IN CHARITABLE ASSETS

Activities & Governance

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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	20
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	58,430,912	50,401,780
9	Program service revenue (Part VIII, line 2g)	3,199,847	3,219,201
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,049,563	3,847,164
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	71,680,322	57,468,145

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,785,044	29,154,336
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,955,556	2,178,133
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶717,911		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	17,605,500	11,788,106
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,346,100	43,120,575
19	Revenue less expenses Subtract line 18 from line 12	22,334,222	14,347,570

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	271,717,285	276,319,137
21	Total liabilities (Part X, line 26)	76,086,388	54,195,300
22	Net assets or fund balances Subtract line 21 from line 20	195,630,897	222,123,837

Part II Signature Block

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

Sign Here

****** 2017-11-06
Signature of officer Date

JAVIER ALBERTO SOTO PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICK COVERT	RICK COVERT			P00124528

Firm's name ▶ MORRISON BROWN ARGIZ & FARRA LLC — Firm's EIN ▶ 01-0720052

Firm's address ▶ 1450 BRICKELL AVENUE 18TH FLOOR MIAMI, FL 33131 — Phone no (305) 373-5500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 $ 39,097,339 including grants of $ 29,154,336) (Revenue $ 3,219,201)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 39,097,339

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	630		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	31		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶CARLOS ABAUNZA 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128 (305) 371-2711

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD E SCHATZ CHAIRMAN	1 00	X		X				0	0	0
(2) MICHAEL A MARQUEZ TREASURER	1 00	X		X				0	0	0
(3) MARIA C ALONSO BOARD MEMBER	1 00	X						0	0	0
(4) ADRIAN FOSTER BOARD MEMBER	1 00	X						0	0	0
(5) PABLO CEJAS BOARD MEMBER	1 00	X						0	0	0
(6) BARRON CHANNER BOARD MEMBER	1 00	X						0	0	0
(7) MANUEL A DIAZ BOARD MEMBER	1 00	X						0	0	0
(8) JOSEPH A FERNANDEZ BOARD MEMBER	1 00	X						0	0	0
(9) RICHARD GIUSTO SECRETARY	1 00	X		X				0	0	0
(10) JOHN FUMAGALLI BOARD MEMBER	1 00	X						0	0	0
(11) MELISSA KRINZMAN VICE CHAIR	1 00	X		X				0	0	0
(12) MICHAEL N ROSENBERG BOARD MEMBER	1 00	X						0	0	0
(13) RAFAEL SALDANA BOARD MEMBER	1 00	X						0	0	0
(14) ALLISON P SHIPLEY BOARD MEMBER	1 00	X						0	0	0
(15) BRUCE TURKEL BOARD MEMBER	1 00	X						0	0	0
(16) NATHAN LEIGHT BOARD MEMBER	1 00	X						0	0	0
(17) RICHARD BERKOWITZ BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNETTE FRANQUI BOARD MEMBER	1 00	X						0	0	0
(19) PANDWE GIBSON BOARD MEMBER	1 00	X						0	0	0
(20) VICTORIA ROGERS BOARD MEMBER	1 00	X						0	0	0
(21) JAVIER ALBERTO SOTO PRESIDENT & CEO	50 00			X				309,200	0	14,714
(22) CHARISSE L GRANT SENIOR VICE PRESIDENT	50 00			X				162,831	0	9,101
(23) REBECCA MANDELMAN VICE PREIDENT OF DEVELOPMENT	50 00			X				119,441	0	6,685
(24) CARLOS ABAUNZA VICE PRESIDENT OF FINANCE & CFO	50 00			X				24,846	0	1,432
(25) PAMELA OLMO FORMER VICE PRESIDENT OF FINANCE	50 00						X	109,242	0	5,656
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								725,560	0	37,588

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 ▶ 4

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEI INVESMENTS PO BOX 945794 ATLANTA, GA 30394	INVESTMENT ADVISORY SERVICES	506,880
PARTNER THOMAS MITCHELL & ASSOC LLC 6750 NORTH ANDREWS AVENUE SUITE 20 FT LAUDERDALE, FL 33309	CONSULTING SERVICES FOR ANNUITY PROGRAM	212,127
CIGNA HEALTH CARE C/O WELLS FARGO DEPT 59 DENVER, CO 80291	HEALTH, DENTAL & VISION INSURANCE SERVIC	206,662
DEPARTMENT OF OFF- STREET PARKING 40 NW 3RD STREET SUITE 1103 MIAMI, FL 33128	BUILDING RENT	158,005
KIMBIA INC DEPT 3625 PO BOX 123625 DALLAS, TX 75312	CREDIT CARD/ FINANCIAL SERVICES	143,125

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 ▶ 7

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 50,401,780			
	g Noncash contributions included in lines 1a-1f $ 1,427,835				
	h **Total.** Add lines 1a-1f . . . . . ▶	50,401,780			
Program Service Revenue		Business Code			
	2a ADMINISTRATIVE FEES	900099	3,219,201	3,219,201	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶	3,219,201			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,748,158			2,748,158
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	1,099,006			
	b Less cost or other basis and sales expenses	0			
	c Gain or (loss)	1,099,006			
	d Net gain or (loss) . . . . . ▶	1,099,006			1,099,006
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶				
	12 **Total revenue.** See Instructions . . . . . ▶	57,468,145	3,219,201	0	3,847,164

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	28,658,028	28,658,028		
2 Grants and other assistance to domestic individuals See Part IV, line 22	496,308	496,308		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,653,153	367,689	840,290	445,174
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	524,980	86,238	335,137	103,605
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	61,551		61,551	
c Accounting	135,779		135,779	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	731,842		731,842	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	168,987	849	77,311	90,827
13 Office expenses	81,882	3,382	77,899	601
14 Information technology	110,636		110,636	
15 Royalties				
16 Occupancy	192,050	42,715	97,618	51,717
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,253		103,253	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,165		120,165	
23 Insurance	31,718		31,718	
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 DIRECT SUPPORT	6,299,807	6,299,807		
b ADMINISTRATIVE FEES	3,076,904	3,076,904		
c CONSULTING	492,254		492,254	
d OTHER EXPENSES	132,517	52,455	76,782	3,280
e All other expenses	48,761	12,964	13,090	22,707
25 **Total functional expenses.** Add lines 1 through 24e	43,120,575	39,097,339	3,305,325	717,911
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	6,654,881	2	11,392,955
	3	Pledges and grants receivable, net	3,007,762	3	2,790,951
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	117,939	9	243,165
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,096,950			
	b	Less accumulated depreciation — 10b: 311,993	852,633	10c	784,957
	11	Investments—publicly traded securities	193,929,234	11	187,091,197
	12	Investments—other securities See Part IV, line 11	20,410,831	12	34,397,574
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	46,744,005	15	39,618,338
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	271,717,285	16	276,319,137
Liabilities	17	Accounts payable and accrued expenses	731,406	17	1,348,796
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	33,406,229	21	16,901,749
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	41,948,753	25	35,944,755
	26	**Total liabilities.** Add lines 17 through 25	76,086,388	26	54,195,300
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	188,937,573	27	192,729,774
	28	Temporarily restricted net assets	6,693,324	28	29,394,063
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	195,630,897	33	222,123,837
	34	Total liabilities and net assets/fund balances	271,717,285	34	276,319,137

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,468,145
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,120,575
3	Revenue less expenses Subtract line 2 from line 1	3	14,347,570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	195,630,897
5	Net unrealized gains (losses) on investments	5	9,466,244
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	2,679,126
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	222,123,837

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 65-0350357

Name: THE MIAMI FOUNDATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

THE MIAMI FOUNDATION MAKES GRANTS THAT SUPPORT PROGRAMS THAT FURTHER OUR COMMUNITY BUILDING MISSION IN THE BROAD FIELDS OF EDUCATION, HEALTH, HUMAN SERVICES, ARTS AND CULTURE, ENVIRONMENT, AND ECONOMIC AND COMMUNITY DEVELOPMENT THE FOUNDATION ALSO MAKES GRANTS IN MORE SPECIFIC AREAS SUCH AS CHILDREN'S HEALTH AND WELFARE, CHILDREN WITH CANCER, YOUTH DEVELOPMENT, ABUSED AND NEGLECTED CHILDREN, HOMELESSNESS, HIV/AIDS, SOCIAL JUSTICE, BLACK AFFAIRS, ALZHEIMER'S, HEART DISEASE, AND USING ANIMALS TO ENHANCE PEOPLE'S QUALITY OF LIFE

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

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

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

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

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

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

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	21,768,342	41,648,980	53,983,590	56,925,949	50,401,780	224,728,641
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	21,768,342	41,648,980	53,983,590	56,925,949	50,401,780	224,728,641
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						224,728,641

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	21,768,342	41,648,980	53,983,590	56,925,949	50,401,780	224,728,641
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,218,116	3,099,692	3,367,402	3,883,910	2,748,158	16,317,278
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						241,045,919

12 Gross receipts from related activities, etc (see instructions)	12	13,271,261

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	93 230 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	92 420 %

16a **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

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

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

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

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

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

Name of the organization	Employer identification number
THE MIAMI FOUNDATION INC	65-0350357

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING FOR TRANSPORTATION AND PARKS FUNDING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	240	
2	Aggregate value of contributions to (during year)	25,075,302	
3	Aggregate value of grants from (during year)	10,301,713	
4	Aggregate value at end of year	87,531,151	

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	1c 33,406,229
d	Additions during the year	1d 5,027,920
e	Distributions during the year	1e 21,532,400
f	Ending balance	1f 16,901,749

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements	699,955		131,410	568,545
d Equipment	172,543		32,966	139,577
e Other	224,452		147,617	76,835
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				784,957

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	34,397,574	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	34,397,574	

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

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

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

(a) Description	(b) Book value
(1) INSURANCE CONTRACTS	39,618,338
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	39,618,338

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
UNFUNDED PROJECTED BENEFIT OBLIGATIONS	119,832
LIABILITIES UNDER ANNUITIES	35,824,923
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,944,755

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 65-0350357
Name: THE MIAMI FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE FOUNDATION IS CUSTODIAN FOR FUNDS HELD IN TRUST AND AS ORGANIZATION ENDOWMENTS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FOUNDATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED O N THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD INTEREST A ND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER N ON-INTEREST EXPENSE, RESPECTIVELY

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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. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		207,096
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			207,096
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			207,096

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND & GREENLAND)	PROGRAM SUPPORT	207,096	CASH PAYMENT			
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(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)*	☐ 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)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 65-0350357

Name: THE MIAMI FOUNDATION INC

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).

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

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

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

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	54	496,307			
(1)					
(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

Additional Data

Software ID:
Software Version:
EIN: 65-0350357
Name: THE MIAMI FOUNDATION INC

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
PEREZ ART MUSEUM MIAMI 1103 BISCAYNE BLVD MIAMI, FL 33130	59-2048869		2,344,605				PROGRAM SUPPORT
SPACE FUND NFP 6918 DORCHESTER AVENUE CHICAGO, IL 60637	47-3026162		1,416,667				PROGRAM 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
OH & ERIE CANALWAY COALITION 47 W EXCHANGE STREET AKRON, OH 44308	34-1636766		1,333,333				PROGRAM SUPPORT
UNIVERSITY OF MIAMI OFFICE OF THE PRESIDENT 230 ASHE BUILDING CORAL GABLES, FL 33146	59-0624458		1,033,347				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BARACK OBAMA FOUNDATION 5235 SOUTH HARPER COURT SUITE 1140 CHICAGO, IL 60615	46-4950751		1,000,000				PROGRAM SUPPORT
INVEST DETROIT FOUNDATION 600 RENAISSANCE CENTER SUITE 1710 DETROIT, MI 48243	27-1927369		888,889				PROGRAM 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 CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	59-2578534		565,498				PROGRAM SUPPORT
TAKE STOCK IN CHILDREN 25 NE 2ND STREET 5501 MIAMI, FL 33132	59-3331584		551,322				PROGRAM 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
ADRIENNE ARSHT CENTER FOUNDATION INC 1300 BISCAYNE BOULEVARD MIAMI, FL 33132	26-2567808		512,046				PROGRAM SUPPORT
U3 ADVISORS INC 1735 MARKET STREET SUITE A443 PHILADELPHIA, PA 19103	46-4252021		444,445				PROGRAM 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
VILLAGEREACH 2900 EAST LAKE AVENUE EAST SUITE 230 SEATTLE, WA 98102	91-2083484		350,000				PROGRAM SUPPORT
INSTITUTE OF CONTEMPORARY ART MIAMI INC 4040 NE 2ND AVENUE SUITE 200 MIAMI, FL 33137	47-1251523		337,025				PROGRAM 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
NORTHEAST OH CENTER FOR CHOREOGRAPHY 13110 SHAKER SQUARE SUITE 106 CLEVELAND, OH 44120	47-5231350		250,000				PROGRAM SUPPORT
BREAKTHROUGH MIAMI INC 3250 SW THIRD AVENUE SIXTH FLOOR MIAMI, FL 33129	26-2105534		222,470				PROGRAM 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
ALLIED MEDIA PROJECTS INC 4126 THIRD STREET DETROIT, MI 48201	01-0559608		204,350				PROGRAM SUPPORT
HAGGAI INSTITUTE FOR ADVANCED LEADERSHIP TRAINING INC PO BOX 13 ATLANTA, GA 303702801	58-0898309		200,000				PROGRAM 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
ANRU TRAVEL SERVICES LLC 717 PONCE DE LEON BLVD STE 209 CORAL GABLES, FL 33134	27-4109212		160,304				PROGRAM SUPPORT
826 MI INC 115 E LIBERTY ST ANN ARBOR, MI 48104	20-1963960		150,000				PROGRAM 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 CITY BALLET INC 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	59-2578534		150,000				PROGRAM SUPPORT
REFORMED THEOLOGICAL SEMINARY 1231 REFORMATION DRIVE OVIEDO, FL 32765	64-0428676		146,239				PROGRAM 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 DADE COLLEGE FOUNDATION INC MIAMI INTERNATIONAL FILM FESTIVAL 300 NORTHEAST 2ND AVENUE MIAMI, FL 33132	59-6169745		139,204				PROGRAM SUPPORT
VAN ALEN INSTITUTE 30 WEST 22 STREET NY, NY 10010	13-1655152		125,000				PROGRAM 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
KENT STATE UNIVERSITY 800 E SUMMIT STREET KENT, OH 44240	31-6402079		125,000				PROGRAM SUPPORT
POWER HOUSE PRODUCTIONS 13100 KLINGER STREET DETROIT, MI 48212	27-1435687		125,000				PROGRAM 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 LIGHT PROJECT INC PO BOX 1048 MIAMI, FL 33137	65-0107810		120,000				PROGRAM SUPPORT
U3 ADVISORS INC 1735 MARKET STREET SUITE A443 PHILADELPHIA, PA 19103	46-4252021		111,111				PROGRAM 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
ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY PO BOX 2260 TEMPE, AZ 852802260	86-6051042		109,977				PROGRAM SUPPORT
DOLPHINS CYCLING CHALLENGE INC 347 DON SHULA DRIVE MIAMI GARDENS, FL 33056	45-4808311		100,500				PROGRAM 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
AKRON SYMPHONY ORCHESTRA 92 NORTH MAIN STREET AKRON, OH 44308	34-6003828		100,000				PROGRAM SUPPORT
SPRINGBOARD FOR THE ARTS C/O KATIE KA VAND 308 PRINCE STREET SUITE 270 SAINT PAUL, MN 55101	41-1690483		100,000				PROGRAM 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
RARE SPECIES CONSERVATORY FOUNDATION INC 1222 E ROAD LOXAHATCHEE, FL 33470	65-0560456		100,000				PROGRAM SUPPORT
HERITAGE WORKS 1927 ROSA PARKS BOULEVARD SUITE 130 130 DETROIT, MI 48216	38-3581720		100,000				PROGRAM 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
NORTHERN LIGHTSMN 2751 HENNEPIN AVENUE 231 MINNEAPOLIS, MI 55408	27-0718538		100,000				PROGRAM SUPPORT
SERAPHIC FIRE INC 2153 CORAL WAY SUITE 401 MIAMI, FL 33145	20-0725426		100,000				PROGRAM 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
PARKS FOUNDATION OF MIAMI DADE INC 275 NW 2ND STREET MIAMI, FL 33128	20-0924393		100,000				PROGRAM SUPPORT
CLEVELAND ORCHESTRA MIAMI 1444 BISCAYNE BLVD MIAMI, FL 33132	20-5196415		93,451				PROGRAM SUPPORT

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

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SCHOOL OF VISUAL ARTS INC OFFICE OF STUDENT ACCOUNTS 209 EAST 23 STREET NY, NY 10010	13-3060594		92,925				PROGRAM SUPPORT
PENUMBRA THEATRE CO 270 N KENT ST ST PAUL, MN 55102	41-1563764		92,000				PROGRAM 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
TU DANCE PO BOX 40405 ST PAUL, MN 55104	20-2534129		92,000				PROGRAM SUPPORT
UNIVERSITY OF MIAMI OFFICE OF THE PRESIDENT 230 ASHE BUILDING CORAL GABLES, FL 33146	59-0624458		86,528				PROGRAM SUPPORT

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

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CAMILLUS HOUSE INC 1603 NW 7TH AVENUE MIAMI, FL 33136	65-0032862		84,621				PROGRAM SUPPORT
33146 1500 MONZA AVENUESUITE 300 CORAL GABLES, FL 33146	59-1923401		78,500				PROGRAM SUPPORT

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

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FL INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET PC 237 MIAMI, FL 33199	23-7047106		77,478				PROGRAM SUPPORT
MIAMI-DADE COUNTY DEPARTMENT OF CULTURAL AFFAIRS 111 NW 1ST STREET SUITE 612 MIAMI, FL 33128	59-6000573		75,190				PROGRAM SUPPORT

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

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SUNDARI FOUNDATION INC 1514 NW 2ND AVENUE MIAMI, FL 33161	81-0652266		75,000				PROGRAM SUPPORT
CITY OF MIAMI 819 NW 2ND AVENUE 3RD FLOOR MIAMI, FL 33136	23-7222333		75,000				PROGRAM SUPPORT

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

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FRIENDS OF THE BASS MUSEUM INC 877 NW 61ST STREET FT LAUDERDALE, FL 33309	59-2017511		75,000				PROGRAM SUPPORT
INSIDEOUT LITERARY ARTS PROJECT 5143 CASS AVE ROOM 225 DETROIT, MI 48202	31-1428704		75,000				PROGRAM SUPPORT

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

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TIGERTAIL PRODUCTIONS INC 842 NW 9TH COURT MIAMI, FL 33136	59-1968705		75,000				PROGRAM SUPPORT
UNITED WAY OF MIAMI-DADE INC 3250 SW 3RD AVENUE MIAMI, FL 33129	59-0830840		73,957				PROGRAM SUPPORT

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

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MIAMI MUSIC PROJECT INC 2125 BISCAYNE BLVD UNIT 215 MIAMI, FL 33137	26-4084871		72,500				PROGRAM SUPPORT
AMERICANS FOR IMMIGRANT JUSTICE 3000 BISCAYNE BOULEVARDSUITE 400 MIAMI, FL 33137	65-0610872		70,000				PROGRAM SUPPORT

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

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BROWNBODY 434 VADNAIS LAKE DRIVE VADNAIS HEIGHTS, MI 55127	46-2759548		70,000				PROGRAM SUPPORT
MU PERFORMING ARTS INC 355 WABASHA ST N SUITE 140 SAINT PAUL, MI 55102	41-1727881		70,000				PROGRAM SUPPORT

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

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THE M ENSEMBLE COMPANY INC PO BOX 1175 MIAMI, FL 33168	59-1773348		70,000				PROGRAM SUPPORT
VOICES FOR CHILDREN FOUNDATION INC 1500 NW 12TH AVENUE SUITE 1117 MIAMI, FL 33136	59-2746076		68,500				PROGRAM SUPPORT

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

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BORSCHT CORP 848 NE 81 STREET MIAMI, FL 33138	27-4721945		68,149				PROGRAM SUPPORT
SOTH PHOTOGRAPHY INC 856 RAYMOND AVE UNIT D SAINT PAUL, MI 55114	18-2641614		67,291				PROGRAM SUPPORT

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

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NEW WORLD SYMPHONY INC 500 17TH STREET MIAMI BEACH, FL 33139	59-2809056		62,500				PROGRAM SUPPORT
HOT SUMMER JAZZ FESTIVAL 214 EAST FOURTH STREET 130 ST PAUL, MI 55101	41-2010585		62,500				PROGRAM SUPPORT

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

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CAMPUS CRUSADE FOR CHRIST INC INTERNATIONAL HEADQUARTERS DEVELOP 100 LAKE HEART DRIVE ORLANDO, FL 32832	95-6006173		62,012				PROGRAM SUPPORT
UNIVERSITY OF NORTH FL TRAINING & SERVICE INSTITUTE 12000 ALUMNI DRIVE JACKSONVILLE, FL 32224	59-9007206		62,000				PROGRAM SUPPORT

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

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ANN STORCK CENTER INC 1790 SW 43RD WAY FORT LAUDERDALE, FL 33317	59-2171081		61,540				PROGRAM SUPPORT
PARKS FOUNDATION OF MIAMI DADE 275 NW 2ND STREET MIAMI, FL 33128	20-0924393		60,585				PROGRAM SUPPORT

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

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FUNDARTE INC 7601 BYRON AVENUE SUITE 4C MIAMI BEACH, FL 33141	11-3711377		60,000				PROGRAM SUPPORT
LOCUST PROJECTS INC 3852 NORTH MIAMI AVENUE MIAMI, FL 33127	65-1134780		60,000				PROGRAM SUPPORT

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

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MIAMI SYMPHONY ORCHESTRA 10689 N KENDAL DRIVE SUITE 307 MIAMI, FL 33173	65-0165057		60,000				PROGRAM SUPPORT
PEWABIC SOCIETY INC 10125 E JEFFERSON AVE DETROIT, MI 48214	38-2277840		60,000				PROGRAM SUPPORT

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

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VIDA LEGAL ASSISTANCE INC 6538 COLLINS AVENUE 324 MIAMI BEACH, FL 33141	27-5325859		58,076				PROGRAM SUPPORT
FOSTER CARE REVIEW INC 155 NW 3RD STREET SUITE 4338 MIAMI, FL 33128	65-0118944		56,635				PROGRAM SUPPORT

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

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SPRINGBOARD FOR THE ARTS 308 PRINCE STREET SUITE 270 SAINT PAUL, MI 55101	41-1690483		56,000				PROGRAM SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 620 WEST MCCARTHY WAY SUITE 21 LOS ANGELES, CA 90089	95-1642394		55,000				STUDENT SCHOLARSHIPS

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

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VICTIM RESPONSE INC - THE LODGE PO BOX 470728 MIAMI, FL 33147	27-0077139		55,000				PROGRAM SUPPORT
UNIVERSITY OF WYNWOOD 500 NE 56TH STREET MIAMI, FL 33137	27-2502614		55,000				PROGRAM SUPPORT

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

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WE LIGHTING LLC 3852 SNELLING AVE MINNEAPOLIS, MN 55406	46-3104597		55,000				PROGRAM SUPPORT
AKRON SOUL TRAIN 121 S MAIN STREET SUITE 500 AKRON, OH 44308	81-1199928		53,634				PROGRAM SUPPORT

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

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TEACH FOR AMERICA INC 3250 NE 1 AVENUE SPACE 10 11 12 MIAMI, FL 33137	13-3541913		53,176				PROGRAM SUPPORT
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NY, NY 10022	13-5563393		53,000				PROGRAM SUPPORT

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

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UNITED STATES ARTISTS 980 N MI AVENUE SUITE 1300 CHICAGO, IL 60611	22-3903993		52,403				PROGRAM SUPPORT
TREESCHARLOTTE 701 TUCKKASEEGEE RD CHARLOTTE, NC 28208	46-3867007		52,403				PROGRAM SUPPORT

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MIAMI DADE COLLEGE 300 NE 2ND AVENUE MIAMI, FL 331322204	59-6169745		52,019				PROGRAM SUPPORT
PUBLIC ART SAINT PAUL 351 KELLOGG BLVD EAST SAINT PAUL, MI 55101	41-1596908		51,520				PROGRAM SUPPORT

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CUBAN AMERICAN BAR ASSOCIATION'S PRO BONO PROJECT INC 2400 SOUTH DIXIE HIGHWAY SECOND FLOOR MIAMI, FL 33133	26-0221044		50,000				PROGRAM SUPPORT
NYUNIVERSITY 25 WEST 4TH STREET NY, NY 10012	13-5562308		50,000				PROGRAM SUPPORT

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NOVA SOUTHEASTERN UNIVERSITY INC 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314	59-1083502		50,000				PROGRAM SUPPORT
AKRON CIVIC THEATRE 182 S MAIN AKRON, OH 44308	34-1015948		50,000				PROGRAM SUPPORT

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

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THE SAINT PAUL CHAMBER ORCHESTRA SOCIETY THIRD FLOOR THE HISTORIC HAMM BUILDING 408 SAINT PETER STREET SAINT PAUL, MN 55102	41-0829498		50,000				PROGRAM SUPPORT
THE WOLFSONIAN - FL INTERNATIONAL UNIVERSITY 1001 WASHINGTON AVENUE MIAMI BEACH, FL 33139	59-2741851		50,000				PROGRAM SUPPORT

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

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UNIVERSITY OF MIAMI DEPARTMENT OF DERMATOLOGY 1600 NW 10TH AVENUE RMSB 2023A MIAMI, FL 33136	59-0624458		50,000				PROGRAM SUPPORT
CARRIE MORRIS ARTS PRODUCTION 11721 KLINGER STREET HAMTRAMCK, MI 48212	46-1145719		50,000				PROGRAM SUPPORT

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

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CORAL GABLES UNITED CHURCH OF CHRIST COMMUNITY ART PROGRAM 3010 DE SOTO BOULEVARD CORAL GABLES, FL 33134	59-0637827		50,000				PROGRAM SUPPORT
HISTORYMIAMI 101 WEST FLAGLER STREET MIAMI, FL 33130	59-0968005		50,000				PROGRAM SUPPORT

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

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MI THEATER FOUNDATION INC 603 E LIBERTY STREET ANN ARBOR, MI 48103	38-2269013		50,000				PROGRAM SUPPORT
MUSEUM OF CONTEMPORARY ART DETROIT 4454 WOODWARD AVE DETROIT, MI 48201	20-3872376		50,000				PROGRAM SUPPORT

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

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REGENTS OF THE UNIVERSITY OF MI 2000 BONISTEEL BOULEVARD ANN ARBOR, MI 481092069	38-6006309		50,000				PROGRAM SUPPORT
SPHINX ORGANIZATION 400 RENAISSANCE CENTER 2550 DETROIT, MI 48243	38-3283759		50,000				PROGRAM SUPPORT

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

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WALKER WEST MUSIC ACADEMY 760 SELBY AVENUE ST PAUL, MI 55104	41-1678368		50,000				PROGRAM SUPPORT
ASSEMBLE GOOD INC 2300 17TH ST DETROIT, MI 48216	47-5058344		50,000				PROGRAM SUPPORT

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

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CODE FEVER MIAMI INC 400 NW 26TH STREET BOX 530504 MIAMI, FL 33153	47-2134965		50,000				PROGRAM SUPPORT
NORTH MIAMI FOUNDATION FOR SENIOR CITIZENS' SERVICES INC 620 NE 127TH STREET NORTH MIAMI, FL 33161	59-1582766		49,507				PROGRAM SUPPORT

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

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SHAKE-A-LEG MIAMI INC 2620 SOUTH BAYSHORE DRIVE MIAMI, FL 33133	65-0611917		46,611				PROGRAM SUPPORT
MOTHERS AGAINST DRUNK DRIVING (MADD) 7700 NORTH KENDALL DRIVE SUITE 803 MIAMI, FL 33156	94-2707273		45,500				PROGRAM SUPPORT

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

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SURVIVORS PATHWAY CORPORATION 1801 CORAL WAY SUITE 200 MIAMI, FL 33134	80-0796422		45,175				PROGRAM SUPPORT
CITY OF HIALEAH 7400 W 24TH AVENUE2ND FLOOR HIALEAH, FL 33016	59-6000335		45,000				PROGRAM SUPPORT

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

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THE MIAMI COALITION FOR A SAFE AND DRUG FREE COMMUNITY INC 2490 CORAL WAY 4TH FLOOR MIAMI, FL 33145	65-0078686		45,000				PROGRAM SUPPORT
ARCATA PRESS DBA SAINT PAUL ALMANAC 275 EAST FOURTH STREET SUITE 701 SAINT PAUL, MI 55101	65-1264407		45,000				PROGRAM SUPPORT

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

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OPEN TONE MUSIC LLC 1687 DELIA AVENUE AKRON, OH 44320	27-3088230		43,750				PROGRAM SUPPORT
TRANSITION INC 1600 NW 3RD AVENUE BUILDING C MIAMI, FL 33136	59-1440609		43,150				PROGRAM 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
AMANDA LOVELEE STUDIO LLC 3852 SNELLING AVE MINNEAPOLIS, MI 55406	46-5045900		43,000				PROGRAM SUPPORT
CHARLOTTE BALLET 701 N TRYON STREET CHARLOTTE, NC 28202	58-1314711		41,845				PROGRAM 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
COLUMBIA LAW SCHOOL 435 WEST 116TH STREET NY, NY 10027	13-6163907		41,500				PROGRAM SUPPORT
YOUTH EXCELLENCE PERFORMING ARTS WORKSHOP 550 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1967561		41,087				PROGRAM 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
MIKHAILE SOLOMON 19324 NW 56 PLACE MIAMI GARDENS, FL 33055	59-1306064		40,184				PROGRAM SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA INC 434 WEST 33RD STREET NY, NY 10001	13-1644147		40,000				PROGRAM 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 FL ART CENTER INC 924 LINCOLN ROAD SUITE 205 MIAMI BEACH, FL 33139	59-2423867		40,000				PROGRAM SUPPORT
CIRC X 4600 SW 149 COURT MIAMI, FL 33185	03-0479857		39,811				PROGRAM 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
HABITAT FOR HUMANITY OF GREATER MIAMI INC 3800 NW 22ND AVENUE MIAMI, FL 33142	65-0108974		39,753				PROGRAM SUPPORT
MIAMI HERALD MEDIA COMPANY PO BOX 3028 LIVONIA, MI 48151	38-0723657		39,431				PROGRAM 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
CCDH INC 7990 SW 117TH AVE SUITE 135 MIAMI, FL 33183	59-1617964		39,324				PROGRAM SUPPORT
MIAMI CHILDREN'S INITIATIVE 2525 NW 60TH STREET 4TH FLOOR MIAMI, FL 33147	27-5025010		37,500				PROGRAM 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
NU DECO ENSEMBLE 3512 ESTEPONA AVE MIAMI, FL 33178	46-2816614		37,500				PROGRAM SUPPORT
PARSONS THE NEW SCHOOL OF DESIGN 79 5TH AVE/5TH FL NY, NY 10011	13-3297197		36,051				PROGRAM 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
NITECAP MEDIA LLC 19531 CYPRESS COURT HIALEAH, FL 33015	81-1322201		36,000				PROGRAM SUPPORT
THE MOYER FOUNDATION ONE PENN CENTER 1617 JFK BLVD 935 PHILADELPHIA, PA 19103	91-2065051		35,250				PROGRAM 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
ACLU FOUNDATION OF FL 4500 BISCAYNE BOULEVARD SUITE 340 MIAMI, FL 33137	23-7137529		35,000				PROGRAM SUPPORT
PRIDELINES YOUTH SERVICES INC PO BOX 014340 MIAMI, FL 33101	65-0670159		35,000				PROGRAM 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
CATHOLIC CHARITIES LEGAL SERVICES ARCHDIOCESE OF MIAMI INC 25 SE 2ND AVE MIAMI, FL 33131	65-0804650		35,000				PROGRAM SUPPORT
CENTER FOR HMONG ARTS AND TALENT C/O SAI CHANG 995 UNIVERSITY AVENUE SUITE 220 ST PAUL, MI 55104	41-1771925		35,000				PROGRAM 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
SIGNAL-RETURN 1345 DIVISION 102 DETROIT, MI 48070	45-2694042		35,000				PROGRAM SUPPORT
FRIENDS OF THE NORTH MIAMI PUBLIC LIBRARY INC 835 NE 132ND STREET NORTH MIAMI, FL 33161	59-2394216		34,655				PROGRAM 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
POPPS PACKING 12138 ST AUBIN HAMTRAMCK, MI 48212	47-1339566		34,496				PROGRAM SUPPORT
JEWISH COMMUNITY SERVICES OF SOUTH FL 735 NE 125 STREET NORTH MIAMI, FL 33161	59-0637867		32,500				PROGRAM 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
ALVIN AILEY DANCE FOUNDATION INC 405 W 55TH STREET NY, NY 10019	13-2584273		32,000				PROGRAM SUPPORT
CATALYST MIAMI 260 NE 17TH TERRACE SUITE 200 MIAMI, FL 33132	65-0690368		30,000				PROGRAM 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
COMMUNITY JUSTICE PROJECT 3000 BISCAYNE BOULEVARD 102 MIAMI, FL 33137	47-2777185		30,000				PROGRAM SUPPORT
MIAMI DADE COLLEGE 11011 SW 104TH STREET ROOM 3101 MIAMI, FL 33176	59-6169745		30,000				PROGRAM 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
UNIVERSITY OF MIAMI - SCHOOL OF ARCHITECTURE PO BOX 248073 CORAL GABLES, FL 331241210	59-0624458		30,000				PROGRAM SUPPORT
BAKEHOUSE ART COMPLEX INC 561 NORTHWEST 32ND STREET MIAMI, FL 33127	59-2104864		30,000				PROGRAM 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
FLYING FOOT FORUM 3105 GARFIELD AVENUE SOUTH MINNNEAPOLIS, MI 55408	41-1843191		30,000				PROGRAM SUPPORT
METROPOLITAN STATE UNIVERSITY FOUNDATION 700 EAST SEVENTH STREET SAINT PAUL, MI 55106	23-7296162		30,000				PROGRAM 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
ONE VOICE MIXED CHORUS 732 HOLLY AVENUE SUITE Q ST PAUL, MI 55104	41-1620953		30,000				PROGRAM SUPPORT
TWIN CITIES FILM FESTIVAL 1649 ALABAMA AVENUE SOUTH SAINT LOUIS PARK, MI 55416	26-4185895		30,000				PROGRAM 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
WAYNE STATE UNIVERSITY 4600 CASS AVE DETROIT, MI 48201	38-3555142		30,000				PROGRAM SUPPORT
NEW JERSEY PERFORMING ARTS CENTER ONE CENTER STREET NEWARK, NJ 71021	22-2889703		30,000				PROGRAM 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
NEAT STUFF INC 2624 NORTHWEST 21ST TERRACE MIAMI, FL 33142	65-0746714		29,803				PROGRAM SUPPORT
MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION INC 3100 SW 62ND AVE MIAMI, FL 33155	46-1784918		29,500				PROGRAM 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
5000 ROLE MODELS OF EXCELLENCE PROJECT INC 1450 NE 2ND AVENUE ROOM 227 MIAMI, FL 33132	65-0575014		29,225				PROGRAM SUPPORT
EDUCATE TOMORROW 1717 NORTH BAYSHORE DRIVE SUITE 203 MIAMI, FL 33132	51-0493526		29,000				PROGRAM 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
ARTISTS IN RESIDENCE IN EVERGLADES INC 5110 LAKEVIEW DR MIAMI BEACH, FL 33140	26-0274623		28,504				PROGRAM SUPPORT
ORDWAY CENTER FOR THE PERFORMING ARTS 345 WASHINGTON STREET SAINT PAUL MN 55102 1419 SAINT PAUL, MN 551021419	41-1428998		28,353				PROGRAM 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
AFTER SCHOOL ALL STARS SOUTH FL PO BOX 226695 MIAMI, FL 33222	65-0715767		27,500				PROGRAM SUPPORT
INTEGRATED CONCRETE SOLUTIONS INC 21477 BRIDGE STREET SUITE F SOUTHFIELD, MI 48033	45-5117021		27,100				PROGRAM 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
JACKSON HEALTH FOUNDATION 1501 NW NORTH RIVER DRIV 1ST FLOOR MIAMI, FL 33125	65-0077727		26,500				PROGRAM SUPPORT
THELMA GIBSON HEALTH INITIATIVE 3634 GRAND AVE MIAMI, FL 33133	45-2835389		26,500				PROGRAM 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
SPECIAL OPERATIONS WARRIOR FOUNDATION INC 1137 MARBELLA PLAZA DRIVE TAMPA, FL 33619	52-1183585		26,000				PROGRAM SUPPORT
ARTLAB J 2120 RUSSELL ST DETROIT, MI 48207	46-1845400		25,976				PROGRAM 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
UP2US INC 2103 CORAL WAY 2ND FL MIAMI, FL 33145	80-0535933		25,895				PROGRAM SUPPORT
MIAMI CHILDREN'S MUSEUM INC 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	59-2396999		25,770				PROGRAM 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
ACLU FOUNDATION OF PA PO BOX 40008 PHILADELPHIA, PA 19106	23-1742013		25,000				PROGRAM SUPPORT
CATHOLIC CHARITIES LEGAL SERVICES INC 25 SE 2 AVENUE MIAMI, FL 33131	65-0804650		25,000				PROGRAM 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
CHAPMAN PARTNERSHIP INC 1550 NORTH MIAMI AVENUE MIAMI, FL 33136	65-0425069		25,000				PROGRAM SUPPORT
CONCERNED AFRICAN WOMEN 1505 NW 167TH STREET SUITE 101 MIAMI GARDENS, FL 33169	65-0126665		25,000				PROGRAM 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
FAMILY RESOURCE CENTER OF SOUTH FL INC 155 SOUTH MIAMI AVENUE SUITE 400 MIAMI, FL 33130	59-1788265		25,000				PROGRAM SUPPORT
HERE'S HELP INC 15100 NW 27TH AVENUE OPA LOCKA, FL 330542699	59-1298067		25,000				PROGRAM 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
INSTITUTE FOR BEHAVIOR AND HEALTH INC 6191 EXECUTIVE BOULEVARD ROCKVILLE, MD 20852	52-1138173		25,000				PROGRAM SUPPORT
LEADERSHIP LEARNING CENTER 1334 NW 1ST STREET MIAMI, FL 33125	26-4788070		25,000				PROGRAM 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
LOS ANGELES OPERA COMPANY 135 NORTH GRAND AVE LOS ANGELES, CA 90012	95-2096402		25,000				PROGRAM SUPPORT
LOUIS ARMSTRONG EDUCATIONAL FOUNDATION INC 271 MADISON AVENUE NY, NY 10016	13-2659286		25,000				PROGRAM 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
MANA FEST INC 888 NEWARK AVENUE JERSEY CITY, NJ 73061	46-0620801		25,000				PROGRAM SUPPORT
MUJERES UNIDAS EN JUSTICIA EDUCATION Y REFORMA INC PO BOX 900685 HOMESTEAD, FL 33033	65-0534683		25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SEED SCHOOL OF MIAMI FOUNDATION LLC SEED SCHOOL OF MIAMI FOUNDATION LLC 8004 NW 154TH STREET 389 MIAMI LAKES, FL 33016	46-4498225		25,000				PROGRAM SUPPORT
WOMEN'S BREAST & HEART INITIATIVE FL AFFILIATE (WBHI) 14125 NW 80TH AVENUE SUITE 306 MIAMI LAKES, FL 33016	56-2540735		25,000				PROGRAM 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
DAYTONS BLUFF DISTRICT FOUR COMMUNITY COUNCIL 804 MARGARET STREET ST PAUL, MI 55106	41-1434818		25,000				PROGRAM SUPPORT
LEADERSHIP PREP FOUNDATION INC 12714 NW 13TH STREET SUNRISE, FL 33323	58-2476335		25,000				PROGRAM 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
MAD CAT THEATRE COMPANY INC PO BOX 347621 MIAMI, FL 332347621	81-0587884		25,000				PROGRAM SUPPORT
MIAMI HISPANIC BALLET CORP 111 SW 5TH AVENUE MIAMI, FL 33130	65-0441197		25,000				PROGRAM 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
RHYTHM FOUNDATION INC 407 LINCOLN ROAD 6E MIAMI BEACH, FL 33139	65-0102768		25,000				PROGRAM SUPPORT
UNIVERSITY OF FL FOUNDATION INC PO BOX 14425 GAINESVILLE, FL 32604	59-0974739		25,000				PROGRAM 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
JALBCA 1324 LEXINGTON AVENUE PMB 324 NY, NY 10128	13-3679981		25,000				PROGRAM SUPPORT
JUDI'S HOUSEJAG INSTITUTE 1741 GAYLORD STREET DENVER, CO 80206	84-1600797		25,000				PROGRAM 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
MUJER INC PO BOX 900685 HOMESTEAD, FL 33033	65-0534683		24,942				PROGRAM SUPPORT
ADOPT-A-CLASSROOM INC 110 NORTH 5TH STREET 10TH FLOOR MINNEAPOLIS, MN 55403	65-0828272		24,740				PROGRAM 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
JMJ CLUTCH ENTERPRISES LLC 400 NW 26TH ST MIAMI, FL 33127	46-4752035		24,000				PROGRAM SUPPORT
THE NON-VIOLENCE PROJECT USA INC 8180 NW 36TH STREET UNIT 404 DORAL, FL 33166	13-3812224		23,763				PROGRAM 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
SWITCHBOARD OF MIAMI INC 190 NE 3RD STREET MIAMI, FL 33132	59-1348970		23,379				PROGRAM SUPPORT
THE KAMPONG FUND CORPORATION 4013 SDOUGLAS ROAD COCONUT GROVE, FL 33133	52-6057064		23,250				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER MIAMI JEWISH FEDERATION INC 4200 BISCAYNE BOULEVARD MIAMI, FL 331373279	59-0624404		23,000				PROGRAM SUPPORT
MIAMI LIGHTHOUSE FOR THE BLIND AND VISUALLY IMPAIRED 601 SW 8TH AVENUE MIAMI, FL 33130	59-0637847		22,992				PROGRAM 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
BIG BROTHERSBIG SISTERS OF GREATER MIAMI INC 701 SW 27TH AVENUE SUITE 800 MIAMI, FL 33135	59-6166904		22,661				PROGRAM SUPPORT
OVERTOWN YOUTH CENTER INC 450 NW 14TH STREET MIAMI, FL 33136	65-1048896		22,500				PROGRAM 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 NEW TIMES LLC PO BOX 011591 MIAMI, FL 33101	86-1010101		22,500				PROGRAM SUPPORT
THE UNIVERSITY OF AKRON FOUNDATION 302 BUCHTEL MALL AKRON, OH 44325	34-6575496		22,500				PROGRAM 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
RANSOM EVERGLADES SCHOOL INC 3575 MAIN HIGHWAY COCONUT GROVE, FL 331335993	59-0659070		22,100				PROGRAM SUPPORT
HUMAN RIGHTS WATCH 350 5TH AVE 34TH FLOOR NY, NY 10118	13-2875808		22,000				PROGRAM 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
PATRICIA AND PHILLIP FROST ART MUSEUM 10975 SW 17TH STREET MIAMI, FL 33199	59-0854960		21,250				PROGRAM SUPPORT
FISHER HOUSE - MIAMI VAHS INC 1201 NW 16TH STREET MIAMI, FL 33125	27-2171120		20,869				PROGRAM SUPPORT

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

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MIAMI RESCUE MISSION INC 2159 NORTHWEST 1ST COURT MIAMI, FL 33127	59-1743865		20,661				PROGRAM SUPPORT
KIWANIS OF LITTLE HAVANA FOUNDATION INC 1400 SW 1ST STREET MIAMI, FL 33135	65-0093807		20,430				PROGRAM SUPPORT

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 (LEAP) 10338 SW 187TH STREET MIAMI, FL 33157	27-0193483		20,100				PROGRAM SUPPORT
CITY YEAR MIAMI INC 44 WEST FLAGLER STREET SUITE 500 MIAMI, FL 33130	22-2882549		20,000				PROGRAM 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
COMMUNITIES IN SCHOOLS OF MIAMI INC 11965 SW 142ND TERRACE SUITE 102 MIAMI, FL 33186	65-0140488		20,000				PROGRAM SUPPORT
EARTH LEARNING INC 8201 SW 99TH COURT MIAMI, FL 33173	57-1170959		20,000				PROGRAM SUPPORT

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

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FIGURE SKATING IN HARLEM 361 WEST 125TH STREET FLOOR 4 NY, NY 10027	13-3945168		20,000				PROGRAM SUPPORT
LEGAL SERVICES OF GREATER MIAMI INC 3000 BISCAYNE BOULEVARD SUITE 500 MIAMI, FL 33137	59-1227481		20,000				PROGRAM 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 BRIDGE YOUTH AND FAMILY SERVICES INC 2810 NW SOUTH RIVER DRIVE MIAMI, FL 33125	59-2569847		20,000				PROGRAM SUPPORT
MIAMI COUNTRY DAY SCHOOL 601 NE 107TH STREET MIAMI, FL 33161	59-1278987		20,000				PROGRAM 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
PACE CENTER FOR GIRLS INC 1400 NW 36TH STREET SUITE 200 MIAMI, FL 33142	59-2414492		20,000				PROGRAM SUPPORT
LINKAGES AND LEGACIES INC 900 NE 97TH STREET MIAMI SHORES, FL 331382500	26-0414879		20,000				PROGRAM SUPPORT

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

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MIAMI DADE CHAMBER OF COMMERCE INC 100 S BISCAYNE BLVD 3RD FLOOR MIAMI, FL 33131	59-6560023		20,000				PROGRAM SUPPORT
SINGLE STOP USA 1825 PARK AVENUE SUITE 503 NY, NY 10035	20-8837690		20,000				PROGRAM SUPPORT

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

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THE AGENCY FOR COMMUNITY EMPOWERMENT 5730 BOWDEN ROAD SUITE 206 JACKSONVILLE, FL 32216	47-3132718		20,000				PROGRAM SUPPORT
THE CLEO INSTITUTE 11000 RED ROAD PINECREST, FL 33156	27-3185735		20,000				PROGRAM SUPPORT

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

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THENATURE CONSERVANCY 2500 MAITLAND CENTER PARKWAY SUITE 311 MAITLAND, FL 32751	53-0242652		20,000				PROGRAM SUPPORT
UNIVERSITY SCHOOL OF NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE FT LAUDERDALE, FL 33314	59-1083502		20,000				PROGRAM SUPPORT

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

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WECARE OF SOUTH DADE INC 1515 REDLAND ROAD FL CITY, FL 33034	14-1885180		20,000				PROGRAM SUPPORT
COMMUNITY ARTS AND CULTURE INC 12 NE 51ST ST MIAMI, FL 331372721	16-1641289		20,000				PROGRAM 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
FUTURE LEADERS WORLD LLC 1755 YORK AVE 12G NY, NY 10128	38-3980694		20,000				PROGRAM SUPPORT
GAY MEN'S CHORUS OF SOUTH FL 2038 DIXIE HIGHWAY SUITE 104B WILTON MANORS, FL 33305	27-3533074		20,000				PROGRAM 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
GRACE IN ACTION STITCHING UP DETROIT 1725 LAWNDALE DETROIT, MI 48209	45-2882309		20,000				PROGRAM SUPPORT
OPERA MODO INC 627 W ALEXANDRINE UNIT 1 DETROIT, MI 48201	47-4497039		20,000				PROGRAM SUPPORT

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

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FEEDING SOUTH FL INC 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023	59-2097520		20,000				PROGRAM SUPPORT
DETROIT AFRIKAN MUSIC INSTITUTION 104 KENILWORTH ST DETROIT, MI 48202	81-1363686		19,892				PROGRAM SUPPORT

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

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TUESDAY MUSICAL ASSOCIATION ONE SOUTH MAIN STREET SUITE 301 AKRON, OH 443081842	34-0786212		19,306				PROGRAM SUPPORT
NEW LEADERS COUNCIL 116 W 23RD STREET 5TH FLOOR NY, NY 10010	56-2581640		19,250				PROGRAM SUPPORT

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

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THIRD WAVE MUSIC LLC 3340 BURNSIDE ST DETROIT, MI 48212	47-3311164		19,200				PROGRAM SUPPORT
TIGERTAIL PRODUCTIONS INC 842 NW 9TH COURT MIAMI, FL 33136	59-1968705		19,000				PROGRAM SUPPORT

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

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MIAMI CHILDREN'S HOSPITAL FOUNDATION 3100 SW 62ND AVENUE MIAMI, FL 33155	59-1720704		18,993				PROGRAM SUPPORT
HUMANE SOCIETY OF GREATER MIAMI INC 16101 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33160	59-0711176		18,755				PROGRAM SUPPORT

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

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EMPOWERED YOUTH 1450 BRICKELL BAY DRIVE SUITE 411 MIAMI, FL 33131	75-3128668		18,725				PROGRAM SUPPORT
ASPIRA OF FL INC 4100 NE 2ND AVE SUITE 302 MIAMI, FL 33137	59-2105537		18,663				PROGRAM SUPPORT

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

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CUBAN AMERICAN BAR ASSOCIATION 701 BRICKELL AVENU SUITE 3300 MIAMI, FL 33131	59-2512094		18,500				PROGRAM SUPPORT
BETH DAVID CONGREGATION 2625 SW 3RD AVE MIAMI, FL 33129	59-0637812		18,000				PROGRAM 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
GREEN MOBILITY NETWORK 200 S BISCAYNE BLVD 6TH FLOOR MIAMI, FL 33131	26-2132266		18,000				PROGRAM SUPPORT
ILLUMINARTS INC 723 14TH PLACE APT 15 MIAMI BEACH, FL 33139	46-3424219		18,000				PROGRAM SUPPORT

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

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RHYTHMS SCHOOL OF DANCE 1632 SW 103RD LANE DAVIE, FL 33324	56-2452607		17,804				PROGRAM SUPPORT
MIAMI CHILDREN'S MUSEUM INC 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	59-2396999		17,500				PROGRAM SUPPORT

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PERFORMING ARTS CENTER TRUST INC 1300 BISCAYNE BOULEVARD MIAMI, FL 33132	26-2567808		17,500				PROGRAM SUPPORT
AKRON ROUNDTABLE 878 DELAWARE AVENUE AKRON, OH 44303	34-1249338		17,500				PROGRAM SUPPORT

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

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SPREAD ART INC 1465 VINEWOOD STREET DETROIT, MI 48216	46-2170914		17,500				PROGRAM SUPPORT
NATHANIEL YOUNG 2285 UNIVERSITY AVE WEST 364 SAINT PAUL, MI 55114	18-2641614		17,348				PROGRAM SUPPORT

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

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FATVILLAGE ARTS DISTRICT INC 521 NW 1ST AVENUE FORT LAUDERDALE, FL 33301	46-1566210		17,098				PROGRAM SUPPORT
BUTTON POETRY 1219 MARQUETTE AVE SUITE 113 MINNEAPOLIS, MI 55403	46-3910059		16,735				PROGRAM SUPPORT

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

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CUSHMAN SCHOOL 592 NORTHEAST 60TH STREET MIAMI, FL 33137	59-1382853		16,700				PROGRAM SUPPORT
COLLEGE FOR CREATIVE STUDIES 201 EAST KIRBY DETROIT, MI 48202	38-1550064		16,559				PROGRAM SUPPORT

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THE COMMONWEALTH INSTITUTE INC 16850 112 COLLINS AVENUE SUITE 339 SUNNY ISLES BEACH, FL 33160	04-3371964		16,500				PROGRAM SUPPORT
SAN JOSE STATE UNIVERSITY ONE WASHINGTON SQUARE SAN JOSE, CA 951920029	77-0414438		16,402				PROGRAM SUPPORT

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WOMEN'S FUND MIAMI DADE 3001 PONCE DE LEON BLVD SUITE 264 CORAL GABLES, FL 33134	65-0436923		16,058				PROGRAM SUPPORT
CAA FOUNDATION 13 FIELD POINT DRIVE GREENWICH, CT 68301	95-4556189		16,000				PROGRAM SUPPORT

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RESTORATION BRIDGE INTERNATIONAL 7255 SOUTH MILITARY TRAIL LAKE WORTH, FL 33463	55-0808840		16,000				PROGRAM SUPPORT
EXPERIENCE AVIATION INC 14950 NW 44TH COURT UNIT 23 OPALOCKA, FL 33054	75-3200386		15,906				PROGRAM SUPPORT

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

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FL JUSTICE ASSOCIATION INC 218 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59-1291221		15,750				PROGRAM SUPPORT
SAFE SCHOOLS SOUTH FL INC PO BOX 24444 FORT LAUDERDALE, FL 33307	20-4993492		15,750				PROGRAM SUPPORT

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

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BAN PRODUCTIONS 13263 NE 17TH AVENUE NORTH MIAMI, FL 33181	45-4989841		15,000				PROGRAM SUPPORT
BETTER WAY OF MIAMI INC 800 NORTHWEST 28TH STREET MIAMI, FL 33137	59-2462933		15,000				PROGRAM SUPPORT

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

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BIKE WALK CORAL GABLES INC 4015 UNIVERSITY DRIVE CORAL GABLES, FL 33146	45-4582050		15,000				PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF MIAMI INC PO BOX 330219 MIAMI, FL 332330219	59-0879227		15,000				PROGRAM SUPPORT

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI INC 1505 NE 26TH STREET WILTON MANORS, FL 333051323	59-1279497		15,000				PROGRAM SUPPORT
CENTRO CAMPESINO INC 35801 SW 186TH AVENUE FL CITY, FL 33033	59-1460598		15,000				PROGRAM SUPPORT

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

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CORNERSTONE CHRISTIAN CENTER OF HOMESTEAD FL INC 13295 SW 268TH STREET HOMESTEAD, FL 33032	59-2245357		15,000				PROGRAM SUPPORT
EQUALITY FL INSTITUTE INC POBOX 20786 TAMPA, FL 33622	59-3435235		15,000				PROGRAM SUPPORT

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FEEDING SOUTH FL INC 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023	59-2097520		15,000				PROGRAM SUPPORT
HEALTH INFORMATION PROJECT INC 4601 PONCE DE LEON BLVD SUITE 300 CORAL GABLES, FL 33146	80-0526558		15,000				PROGRAM SUPPORT

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

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LOTUS ENDOWMENT FUND INC 3921 ALTON RD UNIT 470 MIAMI BEACH, FL 33140	92-0233563		15,000				PROGRAM SUPPORT
MEXICAN AMERICAN COUNCIL INC 151 NW 11 STREET SUITE E400 HOMESTEAD, FL 33030	65-0194318		15,000				PROGRAM SUPPORT

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

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MIAMI GAY MEN'S CHORUS PO BOX 190209 MIAMI BEACH, FL 331190209	65-0932623		15,000				PROGRAM SUPPORT
MIAMI JEWISH HEALTH SYSTEMS INC 5200 NE 2ND AVENUE MIAMI, FL 33137	59-0624414		15,000				PROGRAM 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
MS HOPE FOR A CURE INC 2250 BROADWAY SUITE 1K NY, NY 10024	20-8500232		15,000				PROGRAM SUPPORT
NEW HOPE CORPS 1020 NORTH KROME AVENUE HOMESTEAD, FL 33030	65-0440678		15,000				PROGRAM SUPPORT

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

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MIAMADE INC 400 NW 26TH STREET 23 MIAMI, FL 33127	46-3309064		15,000				PROGRAM SUPPORT
PUBLIC HEALTH TRUST OF DADE COUNTY FL 1611 NORTHWEST 12TH AVENUE MIAMI, FL 33136	59-1713947		15,000				PROGRAM 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 FL NATIONAL PARKS TRUST 1390 SOUTH DIXIE HIGHWAY SUITE 2203 2203 CORAL GABLES, FL 33146	13-4341209		15,000				PROGRAM SUPPORT
ST THOMAS UNIVERSITY INC 16401 NW 37TH AVENUE MIAMI GARDENS, FL 33054	59-0949880		15,000				PROGRAM 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
TEACH FOR AMERICA MIAMI-DADE 3252 NE 1ST AVENUE SUITE 212 MIAMI, FL 33137	13-3541913		15,000				PROGRAM SUPPORT
THE POSSE FOUNDATION INC 1101 BRICKELL AVE SUITE 1000N MIAMI, FL 33131	13-3840394		15,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TOWN OF PALM BEACH UNITED WAY INC 44 COCONUT ROW M201 PALM BEACH, FL 33480	59-0637885		15,000				PROGRAM SUPPORT
US SOCCER FOUNDATION 1211 CT AVENUE NW SUITE 500 WASHINGTON, DC 20036	36-3976313		15,000				PROGRAM 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
DELOU AFRICA INC 212-260 NE 59TH TERRACE MIAMI, FL 33137	27-1572927		15,000				PROGRAM SUPPORT
MIAMI MADE LLC 2020 N BAYSHORE DRIVE 1408 MIAMI, FL 33137	81-2756624		15,000				PROGRAM 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
CITY OF HIALEAH LIBRARY 190 WEST 49TH STREET HIALEAH, FL 33012	59-6000335		15,000				PROGRAM SUPPORT
CITY OF HIALEAH PARKS AND RECREATION 900 E 56 STREET BUILDING 4 HIALEAH, FL 33013	59-6000335		15,000				PROGRAM 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
DENVER PUBLIC LIBRARY FRIENDS FOUNDATION 10 WEST 14TH AVENUE DENVER, CO 80204	84-6036979		15,000				PROGRAM SUPPORT
FL INITIATIVE FOR SUICIDE PREVENTION 2645 EXECUTIVE PARK DRIVE WESTON, FL 33331	65-0370064		15,000				PROGRAM 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
SAN JOSE JAZZ 38 WEST SANTA CLARA STREET SAN JOSE, CA 95113	77-0140627		15,000				PROGRAM SUPPORT
UNITED SERVICE ORGANIZATIONS OF IL INC 333 SOUTH WABASH AVENUE 16TH FLOOR CHICAGO, IL 60604	36-2349617		15,000				PROGRAM 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
VOLUNTEER FL FOUNDATION 401 SOUTH MONROE STREET ELLIOT BUILDING TALLAHASSEE, FL 32301	31-1467424		15,000				PROGRAM SUPPORT
AYUDA INC 7118 BYRON AVENUE MIAMI BEACH, FL 33141	59-1761257		14,625				PROGRAM 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
A JOY WALLACE CATERING PRODUCTION INC 8501 SW 129 TERRACE MIAMI, FL 33156	65-0085041		14,534				PROGRAM SUPPORT
MIAMI MUSIC PROJECT INC 2125 BISCAYNE BLVD UNIT 215 MIAMI, FL 33137	26-4084871		14,500				PROGRAM 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 SCIENCE MUSEUM 3280 SOUTH MIAMI AVENUE MIAMI, FL 33129	59-0854960		14,488				PROGRAM SUPPORT
THE JPM CENTRE AT MIAMI GARDENS DRIVE INC 4055 NW 183RD STREET MIAMI, FL 33055	65-1021284		14,409				PROGRAM 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
DANGER BOAT PRODUCTIONS LLC 5428 PENN AVE S MINNEAPOLIS, MI 55419	45-4646985		14,400				PROGRAM SUPPORT
ARTEFACTUS CULTURAL PROJECT INC 14963 SW 75TH TERRACE MIAMI, FL 33193	46-1248503		14,257				PROGRAM 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 GAY AND LESBIAN FILM FESTIVAL INC PO BOX 530280 MIAMI, FL 33153	65-0830266		14,000				PROGRAM SUPPORT
BELEN JESUIT PREPARATORY SCHOOL INC 500 SOUTHWEST 127TH AVENUE MIAMI, FL 33184	59-0998339		13,500				PROGRAM 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
FAIRCHILD TROPICAL BOTANIC GARDEN INC 10901 OLD CUTLER ROAD MIAMI, FL 33156	59-0668480		13,381				PROGRAM SUPPORT
JACOBSTREET LLC 6533 E JEFFERSON 221 DETROIT, MI 48207	27-4362485		13,366				PROGRAM 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
WONDERLUST PRODUCTIONS 3419 BLAISDELL AVENUE MINNEAPOLIS, MI 55408	47-1894605		13,225				PROGRAM SUPPORT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL OFFICE OF GIFT SERVICES PO BOX 309 CHAPEL HILL, NC 275140309	56-6001393		13,100				PROGRAM 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
GOOD HOPE EQUESTRIAN TRAINING CENTER INC PO BOX 700016 MIAMI, FL 331700016	65-0945018		13,000				PROGRAM SUPPORT
NORTH CAROLINA OUTWARD BOUND SCHOOL 2582 RICEVILLE ROAD ASHEVILLE, NC 28805	56-0857708		13,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ALLIANCE FOR GLBTQ YOUTH 1175 NE 125TH STREET SUITE 510 NORTH MIAMI, FL 33161	26-2799253		13,000				PROGRAM SUPPORT
DANCE ESAIAS CORPORATION 1521 ALTON ROAD 267 MIAMI BEACH, FL 33139	65-7020895		12,737				PROGRAM 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
PRIZM ART FAIR INC 19324 NW 56 PLACE MIAMI GARDENS, FL 33055	46-3440440		12,689				PROGRAM SUPPORT
KRISTI HOUSE INC 1265 NW 12TH AVENUE MIAMI, FL 33136	65-0576650		12,676				PROGRAM 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
ELECTRIC MACHETE STUDIOS 777 SMITH AVE S ST PAUL, MN 55107	47-5391552		12,536				PROGRAM SUPPORT
CLINTON FOUNDATION 1271 AVENUE OF THE AMERICAS 42ND FLOOR NY, NY 10020	31-1580204		12,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER MIAMI YOUTH SYMPHONY 5275 SUNSET DRIVE MIAMI, FL 33143	59-1743582		12,500				PROGRAM SUPPORT
UNIVERSITY OF VA LAW SCHOOL FOUNDATION 580 MASSIE ROAD CHARLOTTESVILLE, VA 229031738	54-0838566		12,500				PROGRAM SUPPORT

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

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THE CHILDREN'S VOICE CHORUS INC 14401 OLD CUTLER ROAD PALMETTO BAY, FL 33158	45-3116753		12,500				PROGRAM SUPPORT
UNIVERSITY OF MIAMI - MILLER SCHOOL OF MEDICINE 1500 NW 12TH AVENUE MIAMI, FL 33101	59-0624458		12,319				PROGRAM 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
BAS FISHER INVITATIONAL INC PO BOX 370987 MIAMI, FL 33137	47-3336677		12,056				PROGRAM SUPPORT
MARINE BIOLOGICAL LABORATORY DEVELOPMENT OFFICE CANDLE HOUSE 3RD FLOOR 7 MBL STREET WOODS HOLE, MA 25431	04-2104690		12,000				PROGRAM 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
SAVE FOUNDATION INC 4500 BISCAYNE BOULEVARD SUITE 340 MIAMI, FL 33137	65-0836881		12,000				PROGRAM SUPPORT
WILLIAM PENN UNIVERSITY 201 TRUEBLOOD AVENUE OSKALOOSA, IA 52577	42-0707120		12,000				PROGRAM 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
CENTER FOR APPLIED THEATER AND ACTIVE CULTURE C/O CENTER FOR APPLIED DRAMA AUTISM 220 SOUTH BALCH STREET AKRON, OH 44302	83-0462908		12,000				PROGRAM SUPPORT
FL STATE LEAGUE INC PO BOX 349 DAYTONA BEACH, FL 32115	20-5399315		12,000				PROGRAM 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
MUSICARES FOUNDATION 3030 OLYMPIC BOULEVARD SANTA MONICA, CA 90404	95-4470909		12,000				PROGRAM SUPPORT
MCEWEN STUDIO LLC 1321 ORLEANS STREET 1212 DETROIT, MI 48207	47-2143075		11,870				PROGRAM SUPPORT

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

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LAMBDA LEGAL 120 WALL STREET 19TH FLOOR NY, NY 10269	23-7395681		11,555				PROGRAM SUPPORT
FARMWORKER ASSOCIATION OF FL INC 1264 APOPKA BOULEVARD APOPKA, FL 32703	59-2683978		11,000				PROGRAM 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
MOVING THE LIVES OF KIDS 1900 S TREASURE DRIVE NORTH BAY VILLAGE, FL 33141	26-2978161		11,000				PROGRAM SUPPORT
TAMPA GENERAL HOSPITAL FOUNDATION INC PO BOX 1289 TAMPA, FL 336011289	23-7354477		11,000				PROGRAM SUPPORT

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

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THE FL BAPTIST CHILDREN'S HOME PO BOX 8190 LAKELAND, FL 33802	59-0657326		11,000				PROGRAM SUPPORT
NATIONAL WATER DANCE 6820 SW 65 AVE MIAMI, FL 33143	65-0076325		11,000				PROGRAM 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
BENJAMIN PRIVATE SCHOOL INC 11000 ELLISON WILSON RD NORTH PALM BEACH, FL 34408	59-1536502		10,600				PROGRAM SUPPORT
VENTURE FORUM INC 707 WEST AZEELE STREET TAMPA, FL 33606	59-2574680		10,600				PROGRAM SUPPORT

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

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FRIENDS OF THE BASS MUSEUM INC 877 NW 61ST STREET FT LAUDERDALE, FL 33309	59-2017511		10,293				PROGRAM SUPPORT
CURIOUS INCIDENT LLC 154 NINA STREET SAINT PAUL, MI 55102	47-2136658		10,274				PROGRAM SUPPORT

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

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PLANNED PARENTHOOD OF SOUTH FL AND TREASURE COAST INC 5775 BLUE LAGOON DRIVE SUITE 360 MIAMI, FL 33126	59-1391115		10,100				PROGRAM SUPPORT
CITY OF NORTH MIAMI 700 NE 124TH STREET NORTH MIAMI, FL 33161	59-6000390		10,096				PROGRAM 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
AARP FOUNDATION 601 E STREET NW WASHINGTON, DC 20049	52-0794300		10,000				PROGRAM SUPPORT
ARTS FOR LEARNING MIAMI INC 404 NW 26TH STREET MIAMI, FL 33127	65-1141598		10,000				PROGRAM 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
ATTIC YOUTH CENTER 255 SOUTH 15TH STREET PHILADELPHIA, PA 19146	23-3020071		10,000				PROGRAM SUPPORT
AUDUBON FL 4500 BISCAYNE BLVD SUITE 100 MIAMI, FL 33156	13-1624102		10,000				PROGRAM 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
BAPTIST HEALTH SOUTH FL FOUNDATION INC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 331433632	59-1923401		10,000				PROGRAM SUPPORT
BREAKTHROUGH ATLANTA 4075 PACES FERRY ROAD ATLANTA, GA 303273099	58-0619038		10,000				PROGRAM 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
BREAKTHROUGH NY 123 WILLIAM STREET 4TH FLOOR NY, NY 10038	27-0628927		10,000				PROGRAM SUPPORT
BROOKLINE EDUCATION FOUNDATION PO BOX 470652 BROOKLINE, MA 24471	04-2732712		10,000				PROGRAM SUPPORT

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

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BUSKERFEST MIAMI 2121 N BAYSHORE DRIVE MIAMI, FL 33137	47-1770606		10,000				PROGRAM SUPPORT
CARE ELEMENTARY SCHOOL 2025 NW 1ST AVENUE MIAMI, FL 33127	46-5269625		10,000				PROGRAM 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
CHILDREN'S BURN FOUNDATION 5000 VAN NUYS BLVD SHERMAN OAKS, CA 91403	95-3954352		10,000				PROGRAM SUPPORT
CITY OF MIAMI 3500 PAN AMERICAN DRIVE MIAMI, FL 33133	23-7222333		10,000				PROGRAM SUPPORT

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

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DOWNTOWN DEVELOPMENT AUTHORITY OF THE CITY OF MIAMI 200 S BISCAYNE BLVD STE 2929 MIAMI, FL 33131	59-1154607		10,000				PROGRAM SUPPORT
DUKE HEALTH 710 W MAIN STREET SUITE 200 DURHAM, NC 27701	56-2070036		10,000				PROGRAM 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
EAST COAST GREENWAY ALLIANCE 5826 FAYETTEVILLE ROAD SUITE 210 DURHAM, NC 27713	04-3326812		10,000				PROGRAM SUPPORT
GUITARS OVER GUNS OPERATION INC 1439 MILLER RD CORAL GABLES, FL 331462307	26-2644682		10,000				PROGRAM 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
HAITIAN NEIGHBORHOOD CENTER SANT LA INC 5000 BISCAYNE BOULEVARD STE 110 MIAMI, FL 33137	65-1080680		10,000				PROGRAM SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVENUE NW WASHINGTON, DC 200363278	52-1481896		10,000				PROGRAM 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
LEADERSHIP FL 201 E PARK AVENUE TALLAHASSEE, FL 32301	59-3201445		10,000				PROGRAM SUPPORT
NAME PUBLICATIONS INC 4241 SW 62 AVE MIAMI, FL 33155	26-4111788		10,000				PROGRAM 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
NEIGHBORHOOD HOUSING SERVICES OF SOUTH FL INC 300 NW 12TH AVENUE MIAMI, FL 33128	59-1845761		10,000				PROGRAM SUPPORT
CITY OF MIAMI GARDENS 18605 NW 27TH AVENUE MIAMI, FL 33156	11-3695944		10,000				PROGRAM 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
COUNCIL OF THE AMERICAS INC 680 PARK AVENUE NY, NY 10065	53-0184107		10,000				PROGRAM SUPPORT
LEADERS BY EMPOWERMENT - ACTIVIST BY DEVELOPMENT 4900 W HALLANDALE BEACH BOULEVARD PEMBROKE PARK, FL 330234289	20-4996561		10,000				PROGRAM 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
REFRESH MIAMI 3339 VA STREET 125 MIAMI, FL 33133	46-0918459		10,000				PROGRAM SUPPORT
THE BEACON COUNCIL ECONOMIC DEVELOPMENT FOUNDATION INC SUITE 2400 - ONE WORLD TRADE PLAZA 80 SOUTHWEST 8TH STREET MIAMI, FL 33130	59-2738676		10,000				PROGRAM 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
RAILS-TO-TRAILS CONSERVANCY THE DUKE ELLINGTON BUILDING 2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037	52-1437006		10,000				PROGRAM SUPPORT
RUTGERS PREPARATORY SCHOOL 1345 EASTON AVENUE SOMERSET, NJ 88731	22-1607926		10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ASPEN INSTITUTE INC 1 DUPONT CIRCLE NW 700 WASHINGTON, DC 20036	84-0399006		10,000				PROGRAM SUPPORT
THE FOUNDATION FOR NEW EDUCATION INITIATIVES INC 1450 NE 2ND AVE STE 202 MIAMI, FL 33132	61-1566768		10,000				PROGRAM 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
TOWN OF MIAMI LAKES 6601 MAIN STREET MIAMI LAKES, FL 33014	86-1096739		10,000				PROGRAM SUPPORT
UNION OF CONCERNED SCIENTISTS 2 BRATTLE SQUAREUITE 6 CAMBRIDGE, MA 21381	04-2535767		10,000				PROGRAM 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
UNIVERSITY OF ROCHESTER-GOLISANO CHILDREN'S HOSPITAL DEVELOPMENT COMMUNITY AFFAIRS 300 EAST RIVER ROAD PO BOX 278996 ROCHESTER, NY 14627	16-0743209		10,000				PROGRAM SUPPORT
WELLSPRING COUNSELING INC 14401 OLD CUTLER ROAD PALMETTO BAY, FL 33158	27-0979279		10,000				PROGRAM 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
WOMEN FOR WOMEN INTERNATIONAL 4455 CT AVENUE SUITE 200 WASHINGTON, DC 20008	52-1838756		10,000				PROGRAM SUPPORT
WOMEN OF TOMORROW MENTOR & SCHOLARSHIP PROGRAM 22 EAST FLAGLER STREET 6TH FLOOR MIAMI, FL 33131	65-0862995		10,000				PROGRAM 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
YES INSTITUTE 5275 SUNSET DRIVE SOUTH MIAMI, FL 331435919	65-0646667		10,000				PROGRAM SUPPORT
BROADSIDE PRESS PO BOX 02011 DETROIT, MI 48202	38-2623299		10,000				PROGRAM 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
DANGEROUS PRODUCTIONS INC 1194 SEMINARY AVENUE SAINT PAUL, MI 55104	45-4764804		10,000				PROGRAM SUPPORT
DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT, MI 48202	38-1359510		10,000				PROGRAM 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
IN PROGRESS 213 FRONT AVENUE SAINT PAUL, MI 55117	41-1603279		10,000				PROGRAM SUPPORT
INDEPENDENT FILMMAKER PROJECT MI 550 VANDALIA STREET SUITE 120 ST PAUL, MI 55115	41-1594894		10,000				PROGRAM 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
LATIN AMERICAN FOR SOCIAL AND ECONOMIC DEVELOPMENT INC 4138 W VERNOR DETROIT, MI 48209	38-1892670		10,000				PROGRAM SUPPORT
ACTORS' PLAYHOUSE AT THE MIRACLE THEATRE 280 MIRACLE MILE CORAL GABLES, FL 33134	65-0060167		10,000				PROGRAM 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
ALS RECOVERY FOUNDATION INC ONE GROVE ISLE DRIVE 1602 MIAMI, FL 33133	65-0265802		10,000				PROGRAM SUPPORT
BALLET AUSTIN INC 501 W 3RD STREET AUSTIN, TX 78701	74-6060386		10,000				PROGRAM 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
FRIENDS OF THE ISRAEL DEFENSE FORCES 1430 BROADWAY SUITE 1301 NY, NY 10018	13-3156445		10,000				PROGRAM SUPPORT
GOOD SPORTS INC 1515 HANCOCK STREET SUITE 204 QUINCY, MA 21691	75-3138664		10,000				PROGRAM 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
GUITARS OVER GUNS ORGANIZATION INC 1439 MILLER RD CORAL GABLES, FL 331462307	26-2644682		10,000				PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF GEORGIA 460 ABERNATHY ROAD NE ATLANTA, GA 30328	58-0598050		10,000				PROGRAM 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
MAKE-A-WISH FOUNDATION OF SOUTH FL INC 4491 SOUTH STATE ROAD 7 SUITE 201 FT LAUDERDALE, FL 33314	59-2620322		10,000				PROGRAM SUPPORT
MIAMI DADE COLLEGE FOUNDATION INC MIAMI INTERNATIONAL FILM FESTIVAL 300 NORTHEAST 2ND AVENUE MIAMI, FL 33132	59-6169745		10,000				PROGRAM 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
NATIONAL FOUNDATION FOR ADVANCEMENT IN THE ARTS INC 2100 BISCAYNE BOULEVARD MIAMI, FL 33137	59-2141837		10,000				PROGRAM SUPPORT
STRENGTHEN ORLANDO INC 400 S ORANGE AVENUE ORLANDO, FL 32801	27-1964941		10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE EDUCATION FUND INC 6713 MAIN STREET SUITE 240 MIAMI, FL 33014	59-2468114		10,000				PROGRAM SUPPORT
WORLD AFFAIRS COUNCIL OF DALLAS FORT WORTH 325 N SAINT PAUL STREET SUITE 4200 DALLAS, TX 75201	75-0855628		10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SUMMIT SERIES LLC 333 PARK AVENUE S SUITE 5B NY, NY 10010	26-3276661		10,000				PROGRAM SUPPORT
VOICES FOR CHILDREN OF BROWARD COUNTY 10097 CLEARY BLVD 70 PLANTATION, FL 33324	45-1964037		9,889				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ASCAP FOUNDATION INC ONE LINCOLN PLAZA NY, NY 10023	51-0181769		9,780				PROGRAM SUPPORT
ROMANTICAL LLC 9226 CHELSEA DRIVE NORTH PLANTATION, FL 33324	46-0733343		9,600				PROGRAM SUPPORT

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

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FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL ROAD PHOENIX, AZ 85006	86-0762610		9,500				PROGRAM SUPPORT
JACKIE ROBINSON FOUNDATION 75 VARICK STREET 2ND FLOOR NY, NY 10013	13-2896345		9,200				PROGRAM SUPPORT

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

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SINGULARITY EDUCATION GROUP NASA RESEARCH PARK BUILDING 20 S AKRON RD MS 20-1 MOFFETT FIELD, CA 94035	45-5022749		9,045				PROGRAM SUPPORT
DRANOFF 2 PIANO FOUNDATION 3550 BISCAYNE BOULEVARD SUITE 702 MIAMI, FL 33137	59-2726057		9,000				PROGRAM 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
OUT MIAMI FOUNDATION 1521 ALTON ROAD 787 MIAMI BEACH, FL 33139	47-1653660		9,000				PROGRAM SUPPORT
SOUTHERN LEGAL COUNSEL 1229 NW 12TH AVENUE GAINESVILLE, FL 32601	59-1726382		9,000				PROGRAM 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
UNIVERSITY OF MIAMI - DIVISION OF UNIVERSITY ADVANCEMENT 5807 PONCE DE LEON BOULEVARD CORAL GABLES, FL 331241210	59-0624458		9,000				PROGRAM SUPPORT
MIAMI DANCE FUTURES INC 300 NORTHEAST 2ND AVENUE MIAMI, FL 33156	65-0076325		9,000				PROGRAM 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
INFINITE MILE LLC 127 SEWARD STREET APT 209 DETROIT, MI 48202	65-0350357		8,960				PROGRAM SUPPORT
CASA VALENTINA INC 2990 SW 35TH AVENUE SUITE 2 MIAMI, FL 33133	20-4647939		8,870				PROGRAM SUPPORT

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

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SHRINERS HOSPITAL FOR CHILDREN 12502 USF PINE DRIVE TAMPA, FL 33612	36-2193608		8,708				PROGRAM SUPPORT
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY INC 600 S CLYDE MORRIS BOULEVARD DAYTONA BEACH, FL 321143900	59-0936101		8,424				PROGRAM SUPPORT

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

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FL BAPTIST CHILDREN'S HOMES INC 7748 SW 95TH TERRACE MIAMI, FL 33156	59-0657326		8,424				PROGRAM SUPPORT
MARINE INDUSTRY CARES FOUNDATION INC 1043 SE 17TH STREET SUITE 201 FORT LAUDERDALE, FL 33316	27-4281287		8,413				PROGRAM SUPPORT

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

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CITY HOUSE DELRAY BEACH INC PO BOX 8451 DELRAY BEACH, FL 33482	46-3890624		8,300				PROGRAM SUPPORT
BARRY UNIVERSITY 11300 NE 2ND AVENUE MIAMI SHORES, FL 33161	59-0624364		8,295				PROGRAM SUPPORT

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

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BIG DOG RANCH RESCUE INC 1090 JUPITER PARK DRIVE SUITE 201 JUPITER, FL 33458	23-3184971		8,280				PROGRAM SUPPORT
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK ROAD JUPITER, FL 33458	26-3520396		8,275				PROGRAM SUPPORT

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

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PROJECT MOTHERPATH 16821 NE 6TH AVENUE NORTH MIAMI BEACH, FL 33162	45-3192870		8,000				PROGRAM SUPPORT
THE SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22313	58-0660607		7,929				PROGRAM SUPPORT

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TEMPLE BETH SHOLOM INC 4144 CHASE AVENUE MIAMI BEACH, FL 33140	59-0714828		7,700				PROGRAM SUPPORT
DIASPORA VIBE CULTURAL ARTS INCUBATOR INC 686 NE 56 STREET MIAMI, FL 33137	02-0546537		7,689				PROGRAM SUPPORT

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

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THE SHERWIN-WILLIAMS CO 14236 MI AVE DEARBORN, MI 48126	34-0526850		7,636				PROGRAM SUPPORT
A GREENER MIAMI INC 3000 SW 3RD AVENUE 608 MIAMI, FL 33129	27-1963628		7,511				PROGRAM SUPPORT

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

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AMERICAN FRIENDS OF CHRIST CHURCH INC 3900 NY STATE RT 22 WILLSBORO, NY 12996	56-2390129		7,500				PROGRAM SUPPORT
ANTI-DEFAMATION LEAGUE FOUNDATION 605 THIRD AVENUE NY, NY 10158	13-2887439		7,500				PROGRAM 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
KOZYAK MINORITY MENTORING FOUNDATION 2525 PONCE DE LEON 9TH FLOOR CORAL GABLES, FL 33134	42-1713041		7,500				PROGRAM SUPPORT
MDGLCC FOUNDATION INC 1130 WASHINGTON AVE 1ST FLOOR NORTH MIAMI BEACH, FL 33139	26-2291157		7,500				PROGRAM SUPPORT

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

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MIAMI BEACH LIVING ARTS TRUST 14640 NW 17 DRIVE MIAMI, FL 33167	65-0944084		7,500				PROGRAM SUPPORT
MOUNT HOLYOKE COLLEGE 50 COLLEGE STREET SOUTH HADLEY, MA 10751	04-2103578		7,500				PROGRAM 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
GEORGETOWN UNIVERSITY LAW ANNUAL FUND DEPT NUMBER 0734 WASHINGTON, DC 200730734	53-0196603		7,500				STUDENT SCHOLARSHIPS
OUR KIDS OF MIAMI-DADEMONROE INC 401 NW 2ND AVENUE MIAMI, FL 33128	57-1140890		7,500				PROGRAM 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
RANSOM EVERGLADES MIDDLE SCHOOL 2045 SOUTH BAYSHORE DRIVE COCONUT GROVE, FL 33133	59-0659070		7,500				PROGRAM SUPPORT
UNITY COALITIONCOALICION UNIDA INC 831 NINTH STREET MIAMI BEACH, FL 33139	26-3327254		7,500				PROGRAM 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
CITY THEATRE INC 444 BRICKELL AVENUE SUITE 229 MIAMI, FL 33131	65-0642183		7,500				PROGRAM SUPPORT
AMERICAN FRIENDS OF YESHIVATH KEREM B'YAVNEH 1418 AVENUE N BROOKLYN, NY 11230	23-7060327		7,500				PROGRAM 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
LOS ANGELES REGIONAL FOOD BANK 1734 E 41ST STREET LOS ANGELES, CA 90058	95-3135649		7,500				PROGRAM SUPPORT
SOUTH FL PROGRESS FOUNDATION INC GREATER MIAMI CHAMBER 1601 BISCAYNE BOULEVARD MIAMI, FL 33132	59-6216592		7,500				PROGRAM 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
I CARE I CURE CHILDHOOD CANCER FOUNDATION INC POBOX 291386 DAVIE, FL 33329	27-1014887		7,125				PROGRAM SUPPORT
STONEWALL LIBRARY AND ARCHIVES INC 1717 N ANDREWS AVENUE FORT LAUDERDALE, FL 333114813	65-0139829		7,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE EDUCATION FUND INC 6713 MAIN STREET SUITE 240 MIAMI, FL 33014	59-2468114		7,000				PROGRAM SUPPORT
UNITED STATES FUND FOR UNICEF CORPORATION 333 EAST 38TH STREET NY, NY 10038	13-1760110		6,929				PROGRAM 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
HENDERSON BEHAVIORAL HEALTH 4740 NORTH STATE ROAD 7 SUITE 201 LAUDERDALE LAKES, FL 33319	59-0711167		6,903				PROGRAM SUPPORT
EASTER SEALS SOCIETY OF MIAMI 1475 NW 14TH AVENUE MIAMI, FL 33125	59-0722783		6,864				PROGRAM 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
ST JUDE CHILDREN'S RESEARCH HOSPTIAL PO BOX 50 MEMPHIS, TN 381019929	62-0646012		6,850				PROGRAM SUPPORT
TEACHERS COLLEGE COLUMBIA UNIVERSITY 525 WEST 120TH STREET NY, NY 10027	13-1624202		6,700				PROGRAM SUPPORT

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

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VILLAGE OF PINECREST 11000 RED ROAD PINECREST, FL 33156	65-0683228		6,629				PROGRAM SUPPORT
EDWARDS PLUMBING AND HEATING INC 25003 MI AVENUE DEARBORN, MI 48124	37-1663372		6,413				PROGRAM SUPPORT

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

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GRAFFITTI PRINT SHOP 739 NORTH MAIN STREET AKRON, OH 44310	34-1896116		6,333				PROGRAM SUPPORT
PINECREST PREPARATORY MIDDLE-HIGH 14901 SW 42ND STREET MIAMI, FL 33185	65-1018632		6,210				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BORSCHT CORPORATION 115 NW 90TH STREET EL PORTAL, FL 33150	26-4721945		6,203				PROGRAM SUPPORT
BOOKS & BOOKS INC 265 ARAGON AVENUE CORAL GABLES, FL 33134	65-0943239		6,160				PROGRAM 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
SHAPE - STUDENTS HELPING ACHIEVE PHILANTHROPIC EXCELLENCE 2875 NE 191ST STREET AVENTURA, FL 33180	20-0290080		6,150				PROGRAM SUPPORT
THE MOTIVATIONAL EDGE 3323 NW 17TH AVENUE MIAMI, FL 33142	26-2916391		6,100				PROGRAM 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
POLICE OFFICER ASSISTANCE TRUST INC 1320 NW 14TH STREET MIAMI, FL 33125	65-0164129		6,016				PROGRAM SUPPORT
COCONUT GROVE CARES INC 3870 WASHINGTON AVENUE MIAMI, FL 33133	59-1263934		6,000				PROGRAM 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
SIERRA CLUB FOUNDATION 2101 WEBSTER STREET SUITE 1250 OAKLAND, CA 94612	94-6069890		6,000				PROGRAM SUPPORT
TEMPLE JUDEA 5500 GRANADA BOULEVARD CORAL GABLES, FL 33146	59-0791048		6,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY INC 200 S PARK ROAD SUITE 140 HOLLYWOOD, FL 33021	13-5644916		6,000				PROGRAM SUPPORT
FL INITIATIVE FOR SUICIDE PREVENTION INC 13798 NW 4TH STREET SUITE 309 SUNRISE, FL 33325	65-0370064		6,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE KEY CLUBHOUSE OF SOUTH FL 1400 NW 54TH STREET SUITE 102 MIAMI, FL 33142	26-3727540		5,872				PROGRAM SUPPORT
THE VAGABOND HOTEL 7301 BISCAYNE BOULEVARD MIAMI, FL 33138	80-0854046		5,650				PROGRAM 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
FL INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MARC 230 MIAMI, FL 331990001	23-7047106		5,560				PROGRAM SUPPORT
AQUA FOUNDATION FOR WOMEN INC 4500 BISCAYNE BLVD SUITE 340 MIAMI, FL 33137	20-0873622		5,500				PROGRAM 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
ENTERTAINMENT INDUSTRY FOUNDATION 1900 AVENUE OF THE STARS SUITE 1400 LOS ANGELES, CA 90067	95-1644609		5,475				PROGRAM SUPPORT
BOYS AND GIRLS CLUB OF BROWARD COUNTY 877 NW 61 STREET FORT LAUDERDALE, FL 33309	59-1108790		5,461				PROGRAM 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
PHILADELPHIA INDEMNITY INSURANCE COMPANY PO BOX 70251 PHILADELPHIA, PA 19176	23-1738402		5,417				PROGRAM SUPPORT
THE HINTERLANDS 3346 LAWLEY STREET DETROIT, MI 48212	01-0947087		5,401				PROGRAM 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
POPPS PACKING 12138 ST AUBIN HAMTRAMCK, MI 48212	47-1339566		5,395				PROGRAM SUPPORT
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN ROAD FORT LAUDERDALE, FL 33312	59-6002321		5,368				PROGRAM 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
MINORITY MALES FOR HIGHER EDUCATION 33560 GRAND RIVER AVENUE SUITE 320 FARMINGTON, MI 48335	32-0355490		5,230				PROGRAM SUPPORT
DOMINICAN-AMERICAN NATIONAL FOUNDATION INC 1726 NW 36TH STREET SUITE 20 MIAMI, FL 33142	65-0167851		5,083				PROGRAM 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
ESSENTIAL SCREEN PRINTING LLC 2630 ORLEANS STREET DETROIT, MI 48207	45-5314602		5,064				PROGRAM SUPPORT
LEHRMAN COMMUNITY DAY SCHOOL 727 77TH STREET MIAMI, FL 33141	65-1119268		5,036				PROGRAM 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
5000 ROLE MODELS OF EXCELLENCE PROJECT INC 1450 NE 2ND AVENUE ROOM 227 MIAMI, FL 33132	65-0575014		5,000				PROGRAM SUPPORT
ADAPTIVE SPORTS CENTER PO BOX 1639 CRESTED BUTTE, CO 81224	84-1063447		5,000				PROGRAM 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
ADOPT-A-FAMILY 1712 2ND AVENUE NORTH LAKE WORTH, FL 33460	59-2471253		5,000				PROGRAM SUPPORT
ANN NORTON SCULPTURE GARDENS INC 2051 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	59-1874060		5,000				PROGRAM 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
ARCHDIOCESE OF MIAMI INC 9401 BISCAYNE BOULEVARD MIAMI SHORES, FL 33138	65-0909504		5,000				PROGRAM SUPPORT
BIG BROTHERS BIG SISTERS OF NYCITY 223 EAST 30TH STREET NY, NY 10016	13-5600383		5,000				PROGRAM 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
FL HOSPITAL TAMPA FOUNDATION 4216 WEST OBISPO STREET TAMPA, FL 33629	59-2554889		5,000				PROGRAM SUPPORT
FL SIDS ALLIANCE INC 4044 WEST LAKE MARY BOULEVARD 104-209 LAKE MARY, FL 32746	52-1747597		5,000				PROGRAM SUPPORT

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

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GIVE KIDS THE WORLD 210 SOUTH BASS ROAD KISSIMMEE, FL 34746	59-2654440		5,000				PROGRAM SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323	15-0532200		5,000				PROGRAM SUPPORT

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

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HAMMOCKS CHRISTIAN CONGREGATION OF JEHOVAH'S WITNESSES 7515 SW 152 AVENUE APT 507 MIAMI, FL 33193	46-1068693		5,000				PROGRAM SUPPORT
HISTORICAL ASSOCIATION OF SOUTHERN FL INC 101 WEST FLAGLER STREET MIAMI, FL 33130	59-0968005		5,000				PROGRAM SUPPORT

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

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JAPAN SOCIETY INC 333 E 47TH STREET NY, NY 10017	13-1675082		5,000				PROGRAM SUPPORT
JONATHAN SPIKES FOUNDATION 8560 N SHERMAN CIR UNIT 408 MIRAMAR, FL 33025	45-4821954		5,000				PROGRAM SUPPORT

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

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JUNIOR ORANGE BOWL COMMITTEE INC 3001 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 331346824	59-2189635		5,000				PROGRAM SUPPORT
MAXWELL SCHOOL 200 EGGERS HALL SYRACUSE UNIVERSITY UNIVERSITY SYRACUSE, NY 13244	15-0532081		5,000				PROGRAM SUPPORT

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

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HARVARD COLLEGE ATTN STUDENT ACCOUNTS OFFICE 953 SMITH CAMPUS CENTER CAMBRIDGE, MA 21381	04-2103580		5,000				STUDENT SCHOLARSHIPS
HOWARD UNIVERSITY 2400 SIXTH ST NW SUITE 205 WASHINGTON, DC 20059	53-0204707		5,000				STUDENT SCHOLARSHIPS

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

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BRACKETS FOR GOOD INC 49 BOONE VILLAGE 134 ZIONSVILLE, IN 460771231	45-3689556		5,000				PROGRAM SUPPORT
CODE FOR A CAUSE 3621 BRAXTON COMMON FREMONT, CA 94538	46-4868918		5,000				PROGRAM SUPPORT

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

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MIA MEDIA GROUP LLC 701 SOUTH 20TH AVENUE SUITE 1 HOLLYWOOD, FL 33020	47-4128413		5,000				PROGRAM SUPPORT
PROJECT YES 5275 SUNSET DRIVE MIAMI, FL 33143	65-0646667		5,000				PROGRAM SUPPORT

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

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RHYTHM FOUNDATION INC 407 LINCOLN ROAD 6E MIAMI BEACH, FL 33139	65-0102768		5,000				PROGRAM SUPPORT
RJT FOUNDATION INC 13850 NW 26 AVENUE SUITE 207 OPA LOCKA, FL 33054	45-5603019		5,000				PROGRAM 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
SEEDS OF PEACE INC 370 LEXINGTON AVENUE SUITE 1201 NY, NY 10017	52-1814447		5,000				PROGRAM SUPPORT
THE PET PROJECT FOR PETS INC 1164 EAST OAKLAND PARK BLVD SUITE 308 OAKLAND PARK, FL 33334	37-1440098		5,000				PROGRAM 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
UNIVERSITY OF VA- KLUGE-RUHE ABORIGINAL ART COLLECTION 400 WORRELL DRIVE CHARLOTTESVILLE, VA 22911	54-6001796		5,000				PROGRAM SUPPORT
YMCA OF SOUTH FL 900 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-0624464		5,000				PROGRAM 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
FULL CIRCLE THEATER COMPANY 5436 CLINTON AVENUE S MINNEAPOLIS, MI 55419	47-1830217		5,000				PROGRAM SUPPORT
TS STARTUPS LLC 1050 WALNUT STREEET 202 BOULDER, CO 80302	32-0467065		5,000				PROGRAM SUPPORT

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

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AMERICAN ISRAEL EDUCATIONAL INSTITUTE SOUTHEAST INC 400 NORTHRIDGE ROAD SUITE 250 ATLANTA, GA 30350	58-2184846		5,000				PROGRAM SUPPORT
AMERICAN LEGION POST 74 3025 LOUISA ROAD KESWICK, VA 22947	54-2040832		5,000				PROGRAM SUPPORT

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

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ART PAPERS INC 1083 AUSTIN AVENUE SUITE 206 ATLANTA, GA 30307	54-1404850		5,000				PROGRAM SUPPORT
ATLANTA LEGAL AID SOCIETY INC 54 ELLIS STREET NE ATLANTA, GA 30303	58-0568691		5,000				PROGRAM SUPPORT

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

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CHOC CHILDREN'S FOUNDATION 5800 CAMPUS CIRCLE DRIVE SUITE 108-A IRVING, TX 75063	95-6097416		5,000				PROGRAM SUPPORT
CONGREGATION TORAT EMET 2375 E MAIN STREET COLUMBUS, OH 43209	31-1786319		5,000				PROGRAM 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
DUSABLE MUSEUM OF AFRICAN AMERICAN HISTORY INC 740 E 56TH PLACE CHICAGO, IL 60637	36-2524811		5,000				PROGRAM SUPPORT
FL A & M UNIVERSITY 1700 LEE HALL DRIVE 105 FOOTE-HILYE ADMINISTRATION CENTER TALLAHASSEE, FL 32307	59-0977035		5,000				PROGRAM 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
FL HOSPITAL FOUNDATION 550 EAST ROLLINS STREET 6TH FLOOR ORLANDO, FL 32803	59-2219301		5,000				PROGRAM SUPPORT
HISPANIC FOOD AND BEVERAGE FOUNDATION INC 14359 MIRAMAR PARKWAY UNIT 173 MIRAMAR, FL 33027	27-1898342		5,000				PROGRAM SUPPORT

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

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HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308	59-0791028		5,000				PROGRAM SUPPORT
MATTINGLY BASEBALL CHARITIES PO BOX 353 NORTH HAVEN, CT 64731	26-0805302		5,000				PROGRAM 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 CULINARY INSTITUTE 300 NE 2ND AVENUE 3705-36 MIAMI, FL 33132	59-1210485		5,000				PROGRAM SUPPORT
RIGHT TO DREAM USA JKS EVENTS 27 UNION SQUARE WEST SUITE 200 NY, NY 10003	46-0634555		5,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOUNDATION 2700 REPUBLIC BANK TOWER DALLAS, TX 75201	75-1835298		5,000				PROGRAM SUPPORT
THE IOA FOUNDATION INC 1855 W STATE ROAD 434 LONGWOOD, FL 32750	20-8964646		5,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MAPLE COUNSELING CENTER 9107 WILSHIRE BLVD BEVERLY HILLS, CA 90210	95-2753118		5,000				PROGRAM SUPPORT
TRIUMPH OVER TRAGEDY FOUNDATION INC 384 HENDERSON MILL ROAD MANSFIELD, GA 30055	27-4191936		5,000				PROGRAM 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
UNIVERSITY OF NV LAS VEGAS FOUNDATION 4505 MARYLAND PARKWAY BOX 451006 LAS VEGAS, NV 89154	94-2790134		5,000				PROGRAM SUPPORT
YOUR GRATEFUL NATION 40 PACIFICA SUITE 1500 IRVINE, CA 92618	46-2657728		5,000				PROGRAM 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
BLOCKCHAIN BEACH INC 10655 SW 190TH STREET 2108 MIAMI, FL 33157	47-2516912		5,000				PROGRAM SUPPORT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 JAVIER ALBERTO SOTO PRESIDENT & CEO	**(i)**	284,200	25,000	0	0	14,714	323,914	0
	(ii)	0	0	0	0	0	0	0
2 CHARISSE L GRANT SENIOR VICE PRESIDENT	**(i)**	161,831	1,000	0	0	9,101	171,932	0
	(ii)	0	0	0	0	0	0	0
3 PAMELA OLMO FORMER VICE PRESIDENT OF FINANCE	**(i)**	97,726	0	11,516	0	5,656	114,898	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	PAMELA OLMO, FORMER VICE PRESIDENT OF FINANCE AND CFO, RECEIVED A SEVERANCE PAYMENT DURING THE YEAR ENDED DECEMBER 31, 2016

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

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				
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	28	1,427,835	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 ▶ (_____)				
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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS MADE AVAILABLE TO THE BOARD MEMBERS PRIOR TO FILING STAFF OF THE MIAMI FOUNDATION ALSO REVIEW THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY ALL BOARD MEMBERS ARE ASKED TO SIGN A CONFLICT OF INTEREST POLICY THE POLICY REQ UIRES THAT IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE INFORMATION CONTAINED IN ANY D ISCLOSURE STATEMENT, THE PERSON WHO SUBMITTED IT SHALL PROMPTLY SUBMIT WRITTEN NOTIFICATIO N OF THE CHANGE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE DETERMINES THE PRESIDENT'S SALARY BASED ON MARKET CONSIDERATIONS, SURVEYS OF OTHER FOUNDATIONS AND CONSULTATIONS WITH RECRUITING FIRMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FOUNDATION MAKES ITS FORM 1023, 990, 990-T AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND/OR ONLINE AT WWW MIAMIFOUNDATION ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL ST ATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE FOUNDATION'S CONSOLIDATED AUDITED FINAN CIAL STATEMENTS ARE AVAILABLE ONLINE AT WWW MIAMIFOUNDATION ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ANNUITY PROGRAM 2,679,126

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C FINANCIAL STATEMENTS AND REPORTING	THE FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF THE INDEPENDENT AUDIT ORS AND OVERSIGHT OF THE ANNUAL AUDIT THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE MIAMI FOUNDATION INC

Employer identification number
65-0350357

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)DADEFUND INC 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128 65-0366144	GRANTS	FL	501(C)(3)	11A	N/A		No
(2)COLLEGE ASSISTANCE PROGRAM (CAP) OF MIAMI DADE COUNTY INC 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128 65-0082772	GRANTS	FL	501(C)(3)	11A	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)DADEFUND INC	L	196,166	CASH AMOUNT
(2)COLLEGE ASSISTANCE PROGRAM (CAP) OF MIAMI DADE COUNTY INC	L	40,227	CASH AMOUNT

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation