${\color{blue} COMMITTEE\ ON\ NATURAL\ RESOURCES} \\ {\color{blue} 113^{th}\ Congress\ Disclosure\ Form} \\ As\ required\ by\ and\ provided\ for\ in\ House\ Rule\ XI,\ clause\ 2(g)\ and }$ the Rules of the Committee on Natural Resources

Oversight hearing titled "American Energy Jobs: Opportunities for Education."

June 24, 2014

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * * *
For Witnesses Representing Organizations:
1. Name: Matthew M. Kropf
2. Name of Organization(s) You are Representing at the Hearing: The University of Pittsburgh
3. Business Address: [Information Redacted for Privacy]
4. Business Email Address: [Information Redacted for Privacy]
5. Business Phone Number: [Information Redacted for Privacy]

For all Witnesses

Name/Organization: Matthew M. Kropf / the University of Pittsburgh
Title/Date of Hearing: Oversight hearing titled "American Energy Jobs: Opportunities for States and Localities" / June 18, 2014

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- B.S. Physics from Rose-Hulman Institute of Technology PhD Engineering Science and Mechanics from The Pennsylvania State University
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Serve on board of directors for the Penn Brad Oil Museum

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Director of the Energy Institute at University of Pittsburgh Bradford

Assistant Professor of Petroleum Technology and Energy Science and Technology at University of Pittsburgh Bradford

Research Associate at the Pennsylvania State University

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Witnesses Representing Organizations

Name/Organization: Matthew M. Kropf / the University of Pittsburgh

Title/Date of Hearing: Oversight hearing titled "American Energy Jobs: Opportunities for States and

Localities" / June 18, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Chair of the Sustainability Committee at University of Pittsburgh at Bradford Vice President of the faculty senate at University of Pittsburgh Bradford

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached separately as pdf, and available at: https://www.cfo.pitt.edu/disclosure.html

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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

A	For th	e 2012 calendar year, or tax year beginning JUL 1, 2012 and	ending J	UN 30, 2013		
В	Check if applicab	C Name of organization		D Employer iden	tifica	tion number
	Addr	ess UNIVERSITY OF PITTSBURGH				
	Name	Doing Business As		25-0	9655	91
F	Initial return Termi ated	Number and street (or P.O. box if mall is not delivered to street address)	Room/suite	E Telephone num		4-6395
T	Amen	ded		G Gross receipts \$, ,,,	3,374,933,534.
F	Appli			-	n robi	- Commerce
	pendi	F Name and address of principal officer: MARK A. NORDENBERG 107 CATHEDRAL OF LEARNING, PGH, PA 15260		H(a) Is this a group for affiliates? H(b) Are all affiliates	includ	Yes X No
		empt status: x 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527			t. (see instructions)
		te: > WWW.PITT.EDU		H(c) Group exemp		
		organization: X Corporation Trust Association Other	L Year	of formation: 1787	M S	tate of legal domicile: PA
P	o personal and	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: TO PROV	IDE HIGH	QUALITY		- Admit and a
an	1	EDUCATIONAL SERVICES, RESEARCH, AND COMMUNITY SERVICE.				
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or disposi			asset	ts.
30		Number of voting members of the governing body (Part VI, line 1a)	**********		3	34
2	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	23
65	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	27796
N.	6	Total number of volunteers (estimate if necessary)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	437
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7	а	-3,623,625.
	b	Net unrelated business taxable income from Form 990-T, line 34			b	-5,774,323.
				Prior Year		Current Year
e e	8	Contributions and grants (Part VIII, line 1h)		256,318,10		254,388,263.
Revenue	9	Program service revenue (Part VIII, line 2g)	desir.	1,776,045,308	1.	1,781,319,192.
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		185,696,335		231,903,102.
-	11	Other revenue (Part VIII, column (A), Ilnes 5, 6d, 8c, 9c, 10c, and 11e)		5,015,104		12,435,591.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,223,074,850	0.	2,280,046,148.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		233,798,758		231,667,138.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0,
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,246,529,171		1,087,908,257.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		219,702		218,201.
xpe	b i	Total fundraising expenses (Part IX, column (D), line 25)	60.			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		677,734,489		679,461,199.
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,158,282,120		1,999,254,795.
	19	Revenue less expenses. Subtract line 18 from line 12		64,792,730		280,791,353,
000			Beg	inning of Current Year		End of Year
alar	20 7	Fotal assets (Part X, line 16)		5,361,647,509		5,784,337,078.
et As	21 7	Total liabilities (Part X, line 26)		1,961,241,515		1,981,222,920,
캺	22 1	Net assets or fund balances. Subtract line 21 from line 20		3,400,405,994		3,803,114,158,
· · · · · · · · · · · · · · · · · · ·	rt II	Signature Block				
Inde	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of r	ny kno	wledge and belief, it is
rue,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	h preparer h	as any knowledge.		
		No. of the second secon				
Sign	r - 1	Signature of officer		Date		
Here	9	ARTHUR G. RAMICONE, CFO Colum Come	<u>ا</u>	May	13	1,2014
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	Da	ite Check		PTIN
aid	-	TILIAM J. ADAMS WILL ICELL	- 5	18/14 self-emplo	yed	
rep	агег	Firm's name DRISH POPECK & CO., LLC.		Firm's EIN	25	-1306171
Jse (Only	Firm's address THREE GATEWAY CENTER SUITE 2400				
		PITTSBURGH, PA 15222-1015		Phone no. 4		91-1994
Лау	the IRS	S discuss this return with the preparer shown above? (see instructions)				X Yes No

Ра	Check if Schedule O contains a response to any question in this Part III	X
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 X 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 X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measing Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	• •
4a	(Code:) (Expenses \$ 645,182,027. including grants of \$ 72,828,612.) (Revenue \$ RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED	801,452,698.
	TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISSIONED BY AN EXTERNAL AGENCY	
	OR BUDGETED BY A UNIT.	
4b	(Code:) (Expenses \$ 501,712,742. including grants of \$) (Revenue \$	703,914,344.)
	INSTRUCTION - INCLUDES EXPENDITURES FOR ACTIVITIES OF THE INSTITUTION'S	
	INSTRUCTION PROGRAMS.	
	(5	150 667 080 \
4c	(Code:) (Expenses \$167,760,137. including grants of \$) (Revenue \$) ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN SUPPORT OF THE UNIVERSITY'S	159,667,989.
	PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AND PUBLIC SERVICE.	
4d	Other program services (Describe in Schedule O.)	
		60,250.)
<u>4e</u>	Total program service expenses 1,836,613,624.	Form 990 (2012)

232002 12-10-12

25-0965591

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	_		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		Λ
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			17
	Schedule D, Parts XI and XII	12a		Х
D	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	40h	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	200) and the enganteer and one of the dedited interior extension to the retaining	_0.		

25-0965591

Form 990 (2012) UNIVERSITY OF PITTSBURGH Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Х	
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
2 5a	Section 501(c)(3) and 501(c)(4) 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		х
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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		Х
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
С	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		Х
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		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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		Х
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	X	

25-0965591

Form 990 (2012) UNIVERSITY OF PITTSBURGH Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Programment Second		Check if Schedule O contains a response to any question in this Part V					
Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gamining) withmings to prize withmelding rules for reportable payments to vendors and reportable gaming (gamining) withmings to prize withmelding rules for reportable payments to vendors and reportable gaming (gamining) withmings to prize withmelding rules for reportable payments to vendors and reportable gaming (gamining) withmings to prize withmelding rules for reportable payments to returns? 2						Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o'. If not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a 27796 2b K	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	58019			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 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 3 Intelligence of the complex of the prize of the complex of the prize of the complex of the prize of the complex of t	b		1b	0			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 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 Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If X 4a At any time the name of the foreign country? b If "Yes," another the name of the foreign country? b If "Yes," another the name of the foreign country. b If "Yes," another the name of the foreign country. b If "Yes," another the name of the foreign country. b If "Yes," another the name of the foreign country. c If "Yes," to line Sa or Sb, did the organization file if was or is a party to a prohibed tax shelter transaction? 5b If "Yes," another the name of the reginance of the twas or is a party to a prohibed tax shelter transaction? 5c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have annual gross necepitate that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If If yes, "did the organization neither applied in exciss of \$7s made party is a confribution and party for goods and services provided to the payor? 7 D If If Yes, "did the organization neither applied payor and party for goods and services provided to the payor? 7 D If If Yes, "included the number of Forms 8282 fil	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 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 Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If X 4a At any time the name of the foreign country? b If "Yes," another the name of the foreign country? b If "Yes," another the name of the foreign country. b If "Yes," another the name of the foreign country. b If "Yes," another the name of the foreign country. b If "Yes," another the name of the foreign country. c If "Yes," to line Sa or Sb, did the organization file if was or is a party to a prohibed tax shelter transaction? 5b If "Yes," another the name of the reginance of the twas or is a party to a prohibed tax shelter transaction? 5c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6c If "Yes," to line Sa or Sb, did the organization file Form 8898 17 6d Does the organization have annual gross necepitate that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If If yes, "did the organization neither applied in exciss of \$7s made party is a confribution and party for goods and services provided to the payor? 7 D If If Yes, "did the organization neither applied payor and party for goods and services provided to the payor? 7 D If If Yes, "included the number of Forms 8282 fil		(gambling) winnings to prize winners?			1c	х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business proses income of \$1,000 or more during the year? 3b If 1º Yes, "has it filed a Form 990-Ti or this year? If "No," provide an explanation in Schedule O 3a A At any time during the calendary vaer, 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 accountly? 4a A Tany time the the name of the foreign country ▶ 5b if 'Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If wes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes," to line 5a or 5b, did the organization file Form 8886-17 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? 6b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 6c Did the organization select a payment in excess of \$75 made party as a contribution of 170(c). 6c Did the organization receive a payment in excess of \$75 made party as a contribution of organization foreign approach to the form 8282? 6c Did the organization receive a payment in excess of \$75 made party as a contribution of organization foreign approach to the organization necessary appropriation selection of the value of the goods or services provided? 7c Did the organization received an orthitution of qualified intellectual property, did the organization foreign approach to the payment of the service of	2a						
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to ← "file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3a At any time during the calendary 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 accountry? 4a X 4b If "Yes," and the the reingin country Such as a bank account, securities account, or other financial accountry? 5b If "Yes," and the foreign country (such as a bank account, securities account, or other financial accountry? 5c Was the organization a party to a prohibited tax sheler transaction? 5c Was the organization a party to a prohibited tax sheler transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheler transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes," to line 6a or 5b, and party as a contribution and party for goods and services provided to the payor? 7c Organization state way receive deductible contributions under section 170(c). 8d If Yes," include on financiate the number of Forms 8282 field during the year 9 bid the organization section appa		filed for the calendar year ending with or within the year covered by this return	2a	27796			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? b if Y'es, 'has it flied a Form 9901 for this year? if "\n", "provide an explanation in Schedule O d 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 accounts. b if Y'es, 'renter the name of the foreign country: ► Sae instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have a natual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6b If Y'es, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If Y'es, 'did the organization include with every solicitation and party for goods and services provided to the payor? 7b If Y'es, 'did the organization receive apyment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 7c Varyanization sale, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6b If Y'es, 'did the organization received a contribution of qualified intellectual property, did the organization file Form 8892 as required? 7c If If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 109e.C'1 7c Sponsering organizations maintaining door a divised funds an affection of indirectly, on a personal benefit contract? 7d If the organization make any taxable distributions under section 4969? 9a Sponsering organizations maintaining doors advised funds an affection of indirectly, on a personal be	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х	
b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O 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; leuch as a bank account, securities account, or other financial account? At a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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? See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts. By Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? By Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? By Did H'Yes, 'tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Press, 'did the organization notify the donor of the value of the goods or services provided? Did the organization receive deductible contributions under section 170(c). By Did He organization received a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To X to the organization notify the donor of the value of the goods or services provided? To Yes, 'did the organization notify the donor of the value of the goods or services provided? To Wes, 'indicate the number of Forms 8282 filed during the year Did the organization received and very funds, directly or indirectly, or a personal benefit contract? For X to the organization received and contribution of qualified intellectual property, did the organization. Become of the payor and the payor of the payor and the payor and the payor a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country; " See instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886.7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that them or not tax deductible as charitable contributions?" 6a Z X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Tyes, "Idd the organization notify the donor of the value of the goods or services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6b If "Yes," indicate the number of Forms 8282 filed during the year 6b If Yes, "indicate the number of Forms 8282 filed during the year 6b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-C? 7 If Did the organization multiple year, pay premiums, directly or indirectly, on a personal benefit contract? 7 To X 7 If If the organization maintaining donor advised funds and services business holdings at any time during the year? 9 Sponsoring organization maintaining donor advised funds and services business holdings at any time during the year? 9 Sponsoring organization maintaining donor advised funds and services against amounts due or received from them.) 12a Section 501(K)7 o	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
b If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? So If "Yes," to line 5a or 5b, did the organization file Form 8886-T? So 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? So If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Joi the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? Joi If "Yes," did the organization notity the donor of the value of the goods or services provided? Joi the organization receive aparty for the donor of the value of the goods or services provided? Joi If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Joi If the organization received a contribution of qualified intellectual property, did the organization file a Form 1086-C? Section 501(c)(T) organization maintaining donor advised funds and section 508(a)(3) supporting organization file a Form 1086-C? Section 501(c)(T) organization maintaining donor advised funds. Joi the organization maintaining donor advised funds and section 508(a)(3) supporting organization file a Form 1086-C? Section 501(c)(T) organizations. Enter: Joi the organization oral organization included on Part VIII, line 12 Joi organization flex and provided the supporting organization file a Form 1086-C?	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authoi	ity over, a			
See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Spensoning organizations maintaining donor advised funds and section 599(a)3 supporting organizations. Did the supporting organization make any taxable distributions under section 4966? b Cores income from themson an intaining donor advised funds and section 599(a)3 supporting organizations. Did the supporting organization make a distribution in ordanization filin		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		х
Sa X Did any taxable party not prohibited tax shelter transaction at any time during the tax year? Sa X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sc X X Sh Did any taxable party notify the organization file Form 8886-17? Sc Sc X Sh Did any taxable party notify the organization file Form 8886-17? Sc Did 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? Sc Did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? To Organization include with every solicitation and septess statement that such contributions or gitts were not tax deductible contributions under section 170(c). 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? To Organizations that may receive deductible contributions under section 170(c). 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? To Did the organization receive any funds, directly or indirectly, or payment property for which it was required to file Form 8282? To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received any funds, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 To Did the organization make any taxable distributions under section 4966? Did the organizations maintaining donor advised funds. Did the payme	b	If "Yes," enter the name of the foreign country:					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization receive a payment in excess of \$5\infty as a contribution and party for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-C? Note organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1988-C? Th Did the organizations make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Gross receipts, included on Form 980, Part VIII, line 12 b Gross receipts, included on Form 980, Part VIII, line 12 b Gross receipts, included on Form 980, Part VIII, line 12 b Gross receipts, included on Form 980, Part VIII, line 12, for public use of club facilities b Gross income from members or		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 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? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1096-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions and exception 4966? 9 Did the organization make a distribution to a donor, donor advised, or related person? 9 Section 501(c)(2) organizations. Enter: 10 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 10 If "Yes," e	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
6a X b If Yes,* did 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If Yes,* did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes,* indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organizations in a Form 1098-C1 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49667 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49667 9a Did the organization make any taxable distributions under section 49667 9b Did the organization make any taxable distributions under section 49667 9c Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 25 Section 501(c)(12) organizations. Enter: a Gross included					5b		Х
6a X b If Yes,* did 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? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If Yes,* did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes,* indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organizations in a Form 1098-C1 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49667 9 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49667 9a Did the organization make any taxable distributions under section 49667 9b Did the organization make any taxable distributions under section 49667 9c Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 25 Section 501(c)(12) organizations. Enter: a Gross included	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
b if "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8292 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? fi Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? fi If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7c							
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the rumber of Forms 8262 filed during the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8262 filed during the year					6a		х
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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization with the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization make any taxable distribution sunder section 4966? f Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organizati	b						
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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization with the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization make any taxable distribution sunder section 4966? f Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organizati		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	7						
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly, on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 12a 13a 14a 14a 15a 15c 15b 15c-tier the amount of tax-exempt interest received or accrued during the year 15b 15c-tier the amount of tax-exempt interest received or accrued during the year 15c 15c 15c 15c 15c 15c 15c 15	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Spensoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Frest, enter the amount of reserves the organization the organization must report on Schedule O. 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 in more than one state? Note. See the instructions for additional information the organi	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a 12a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b 12c 12c 12d 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13a 14a 15b 15c Enter the amount of reserves the organization in sequired to maintain by the states in which 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. 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 in more than one state? Note. See the instructions for additional information th		to file Form 8282?			7c		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make and istribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 16 Section 501(c)(29) qualified nonprofit health insurance issuers. 17 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. 18 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Did the organization is licensed to issue qualified health plans 14a Did the organization in Schedule O. 14b	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	t?	7e		Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities in thit is care in the sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		Х
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	g	If the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization of the organization) and the organization of the	orm 88	399 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 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. 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 c Enter the amount of reserves on hand 13 Tab 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 Did the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	le a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Discourage of the section $509(a)(3)$ supporting organizations and $509(a)(3)$ supporting organizations.	d the s	upporting			
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b		$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11a 11b 11a 11b 11a 11b 11a 11a 11b 11a 11a					9a		
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 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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 1	10		ı	l			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	11	· · · · · ·	١				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 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. 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 13c 14a 15c 14a 15c 15d 15c 15d 15c 15d 15c 15d	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13c 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,					
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. 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 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 X 15b 17 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 18b				?	12a		
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. 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 c Enter the amount of reserves on hand 13c 14a		· · · · · · · · · · · · · · · · · · ·	12b				
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					40		
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 c Enter the amount of reserves on hand 13c 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	•			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 15c 14b 15c	b		۱				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					44		v
	D	if res, rias it filed a Form 720 to report these payments? If No, provide an explanation in Schedule	. U			gan	(2012)

25-0965591 F

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of vetting members included in line 14, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	there the number of voting members of the governing body at the end of the tax year 1a 34 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 0. 1b 23 the state of the committee or similar committee, explain in Schedule 0. 1c where or over or over the committee or similar committee, explain in Schedule 0. 1c where or over ove			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		X
8				
а	The governing body?	8a	X	
		8b	Х	
9				х
200		9		
360	tion B. Foncies (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	162	X
		IUa		
b		10b		
11a		11a	Х	
		- Tu		
		12a	Х	
	•	12b	Х	
	Southead to Ohio 18th and does	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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			
		16a	Х	
b				
200		16b	Х	
<u>3ec</u> 17				
17 18		availah		
10	for public inspection. Indicate how you made these available. Check all that apply.	avallaD	ıc	
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	cial	
.5	statements available to the public during the tax year.	- miai		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	•	
-	THURMAN D. WINGROVE - (412)624-6050	🛩		
	3015 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260-6471			
3200	· · · · · · · · · · · · · · · · · · ·		202	(2012)

12-10-12

Check if Schedule O contains a response to any question 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.

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

- List all of the organization's **former** officers, key employees, and 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.

(A) Name and Title	(B) Average hours per week	box	not c , unle cer an	ss pe	itior more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN A. BARBOUR TRUSTEE	5.00	x						0.	0.	0.
(2) EVA TANSKY BLUM	5.00							1	- •	
TRUSTEE		x						0.	0.	0.
(3) SUZANNE W. BROADHURST	5.00								-	
TRUSTEE	1.00	х						0.	0.	0.
(4) DOUGLAS M. BROWNING	5.00									
TRUSTEE		х						0.	0.	0.
(5) MICHAEL A. BRYSON	5.00									
TRUSTEE		х						0.	0.	0.
(6) CHARLES E. BUNCH	5.00									
TRUSTEE		х						0.	0.	0.
(7) JAY COSTA, JR.	5.00									
TRUSTEE		х						0.	0.	0.
(8) CATHERINE D. DEANGELIS	5.00									
TRUSTEE		Х						0.	0.	0.
(9) BRIAN GENERALOVICH	5.00									
TRUSTEE		Х						0.	0.	0.
(10) IRA J. GUMBERG	5.00									
TRUSTEE		Х						0.	0.	0.
(11) ROBERT M. HERNANDEZ	5.00									
TRUSTEE		Х						0.	0.	0.
(12) DAWNE S. HICKTON	5.00									
TRUSTEE		Х						0.	0.	0.
(13) SY HOLZER	5.00									
TRUSTEE		Х						0.	0.	0.
(14) THOMAS O. JOHNSON	5.00								_	_
TRUSTEE		Х						0.	0.	0.
(15) WILLIAM K. LIEBERMAN	5.00									2
TRUSTEE	F 00	Х				\vdash	-	0.	0.	0.
(16) ROBERT G. LOVETT	5.00								0	0
TRUSTEE (17) JOHN A. MAHER III	5.00	Х			_	<u> </u>	\vdash	0.	0.	0.
TRUSTEE	5.00	Į "						0.	0.	0
TRUSTEE		Х						1 0.	0.	0.

232007 12-10-12

Form 990 (2012) UNIVERSITY	OF PITTSBURG	H							25-0965591		<u>P</u> a	age 8
Part VII Section A. Officers, Directors, Tr	rustees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per week	box	not c	ss pe	more erson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related		stimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npensa rom the ganizat id relate anizatie	e ion ed
(18) F. JAMES MCCARL III	5.00											
TRUSTEE		Х						0.	0.			0.
(19) MARTHA HARTLE MUNSCH	5.00											
TRUSTEE		Х						0.	0.			0.
(20) MARLEE S. MYERS	5.00											
TRUSTEE		Х						0.	0.			0.
(21) MARK A. NORDENBERG	40.00											
CHANCELLOR / CEO	2.00	Х		Х				592,836.	0.		137,	347.
(22) MORGAN K. O'BRIEN	5.00											
TRUSTEE		Х						0.	0.			0.
(23) ROBERT P. RANDALL	5.00											
TRUSTEE		Х						0.	0.			0.
(24) THOMAS E. RICHARDS	5.00											
TRUSTEE		Х						0.	0.			0.
(25) BRYANT J. SALTER	5.00											
TRUSTEE		Х						0.	0.			0.
(26) KEITH E. SCHAEFER	5.00											
TRUSTEE		Х						0.	0.			0.
1b Sub-total								592,836.	0.		137,	347.
c Total from continuation sheets to Part	VII, Section A					\blacktriangleright		8,223,485.	0.		663,	229.
d Total (add lines 1b and 1c)								8,816,321.	0.		800,	576.
2 Total number of individuals (including bu	ıt not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable			
compensation from the organization	•											1,776
											Yes	No
3 Did the organization list any former office				•		•		•				
line 1a? If "Yes," complete Schedule J fo										3	Х	
4 For any individual listed on line 1a, is the												
and related organizations greater than \$										4	Х	
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion 1	from	any	unr/	relat	ted organization or indiv	idual for services			

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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
PJ DICK INC., 225 NORTH SHORE DRIVE PO BOX		
6774, PITTSBURGH, PA 15212	CONSTRUCTION	36,893,915.
SODEXO		
PO BOX 536922, ATLANTA, GA 30353-6922	FOOD SERVICE	30,299,500.
MASCARO CONSTRUCTION CO. LP, 1720		
METROPOLITAN ST, PITTSBURGH, PA 15233-2232	CONSTRUCTION	29,154,447.
BPA II LTD, 1468 WEST NINTH STREET SUITE		
135, CLEVELAND, OH 44113	CONSTRUCTION	9,480,813.
RYCON CONSTRUCTION INC		
2525 LIBERTY AVENUE, PITTSBURGH, PA 15222	CONSTRUCTION	9,345,200.
2 Total number of independent contractors (including but not limited to the \$100,000 of compensation from the organization.	,	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 UNIVERSITY OF	r PITTSBURG	н							25-096559	1
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that		ıly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) HERBERT S. SHEAR TRUSTEE	5.00	x						0.	0.	0
(28) JACK SMITH	5.00	_						0.	0.	-
TRUSTEE	3.00	Х						0.	0.	0
(29) JOHN A. SWANSON	5.00	^						0.	0.	0
TRUSTEE	3.00	х						0.	0.	0
(30) STEPHEN R. TRITCH	5.00	<u> </u>						0.	0.	0
CHAIRPERSON OF THE BOARD OF TRUSTEES	3.00	х		х				0.	0.	0
(31) THOMAS L. VANKIRK	5.00	<u> </u>		_				0.	0.	0
TRUSTEE	3.00	Х						0.	0.	0
(32) PETER C. VARISCHETTI	5.00							0.	0.	-
TRUSTEE	3.00	x						0.	0.	0
(33) JOHN J. VERBANAC	5.00							0.	0.	-
TRUSTEE	3.00	x						0.	0.	0
(34) SAM S. ZACHARIAS	5.00	^						0.	0.	•
TRUSTEE	3.00	x						0.	0.	0
(35) P. JEROME RICHEY	40.00							0.	0.	-
GENERAL COUNSEL	10.00			х				0.	0.	0
(36) PATRICIA E. BEESON	40.00								٠,	,
PROVOST/SR VICE CHANCELLOR	1.00			х				375,234.	0.	54,542
(37) JEROME COCHRAN	40.00			-				,	- •	,
GENERAL COUNSEL/EXEC VICE CHANCELLOR	2,00			х				507,102.	0.	83,089
(38) B. JEAN FERKETISH	40.00							,	- •	, , , , , ,
SEC BRD OF TRST				х				215,249.	0.	44,809
(39) ARTHUR S. LEVINE	40.00									, , , , ,
SR VC, HEALTH SCI/DEAN	5.00			x				842,769.	0.	43,304
(40) JAMES V. MAHER, JR.	40.00							, .		,
FORMER PROVOST/SR VICE CHANCELLOR							x	282,908.	0.	14,942
(41) AMY KRUEGER MARSH	40.00							,		,
TREASURER	1.00			х				386,603.	0.	51,028
(42) ARTHUR G. RAMICONE	40.00							,		•
CFO	2.00			х				371,338.	0.	64,876
(43) JAMES P. DIXON II	40.00							,		•
HEAD BASKETBALL COACH						х		1,996,966.	0.	144,556
(44) PAUL CHRYST	40.00									
HEAD FOOTBALL COACH		L	L	L		Х	L	1,543,430.	0.	35,327
(45) NANCY E. DAVIDSON	40.00									
DIRECTOR, UPCI		L	L	L	L	х	L	650,859.	0.	31,455
(46) STEVEN C. PEDERSON	40.00									
		ı	ı	ı	ı	Х	ı	583,113.	0.	50,423

UNIVERSITY OF PITTSBURGH 25-0965591 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (C) (D) (E) (B) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of from from related other per week the organizations compensation Individual trustee or director organization (W-2/1099-MISC) (list any from the (W-2/1099-MISC) hours for organization Highest compensated Institutional trustee related and related organizations Key employee organizations below line) (47) AGNUS BERENATO 40.00 FORMER WOMEN'S BASKETBALL COACH х 467,914 0 44,878. (48) DAN B. FRANKEL 5.00 TRUSTEE-VOTING TERM ENDED 10/15/2012 Х 0 0 0. (49) BOBBIE GAUNT 5.00 TRUSTEE-VOTING TERM ENDED 6/28/2013 Х 0 0 0. (50) JOHN WRIGHT JOYCE 5.00 TRUSTEE-VOTING TERM ENDED 6/13/2013 0 0 0. 5.00 (51) CHARLES M. STEINER TRUSTEE-VOTING TERM ENDED 6/28/2013 0 0 0. (52) BURTON M. TANSKY 5.00 0. TRUSTEE-VOTING TERM ENDED 6/28/2013 Х 0 0 (53) MARY JO WHITE 5.00 TRUSTEE-VOTING TERM ENDED 1/29/2013 0 0 0. Х

Total to Part VII, Section A, line 1c

8,223,485

663,229.

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a respon	se to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
E	b	Membership dues	1b					
Am Am	С	Fundraising events	1c	1,402,700.				
를힐	d	Related organizations	1d					
ž, E	е	Government grants (contributi	ons) 1e	188,304,443.				
를 하	f	All other contributions, gifts, grant	ts, and					
혈취		similar amounts not included abov	/e 1f	64,681,120.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$	10,507,346.				
<u>a 0</u>	h	Total. Add lines 1a-1f		<u></u>	254,388,263.			
				Business Code				
<u>i</u>	2 a			541700	801,452,698.			801,452,698.
le er	b			611710	703,914,344.	703,914,344.		
n S	С	SALES-EDUCATIONAL		711300	155,458,418.	154,463,621.	994,797.	
Re		SALES-AUXILIARY		900004	119,260,250.	118,394,483.	865,767.	
Program Service Revenue	_	UNIVERSITY PRESS		511130	1,233,482.	1,233,482.		
- 1		All other program service reve		•	1 701 210 102			
-		Total. Add lines 2a-2f			1,781,319,192.			
	3	Investment income (including	,	•	67 3/3 785			67 3/3 785
		other similar amounts)			67,343,785.			67,343,785.
	4 5	Income from investment of tax	•		6,742,612.			6,742,612.
	3	Royalties	(i) Real	(ii) Personal	0,712,012;			0,712,012;
	6 2	Gross rents	18,353,22	(II) Fersonal				
		Less: rental expenses	10,061,59					
		Rental income or (loss)	8,291,63					
		Net rental income or (loss)			8,291,633.			8,291,633.
		Gross amount from sales of	(i) Securitie					
		assets other than inventory	123920520	· · ·				
	b	Less: cost or other basis						
		and sales expenses	107464589	0.				
	С		164,559,31	.7.				
	d	Net gain or (loss))	164,559,317.			164,559,317.
an	8 a	Gross income from fundraising						
		including \$ 1,402	,700. of					
Other Rever		contributions reported on line						
<u>-</u>		Part IV, line 18						
₹		Less: direct expenses		b 602,574.				
		Net income or (loss) from fund	-	s >	-90,554.			-90,554.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gam						
	ю а	Gross sales of inventory, less		a 13,305,132.				
	h	and allowances Less: cost of goods sold		a 13,305,132. b 9,577,327.				
		Net income or (loss) from sales			3,727,805.	2,976,089.	751,716.	
		Miscellaneous Revenue		Business Code		3,213,003.	, , 20 •	
	11 2	PARTNERSHIP GAIN(LOSS)		523000	-6,235,905 .		-6,235,905.	
	b	•		_	, , , , , , , , , , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	c							
		All other revenue						
		Total. Add lines 11a-11d			-6,235,905.			
	12	Total revenue. See instructions.			2,280,046,148.	980,982,019.	-3,623,625.	1048299491.

232009 12-10-12

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).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
_	Check if Schedule O contains a respon	se to any question in thi	s Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	68,857,105.	68,857,105.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	158,237,992.	158,237,992.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	4,572,041.	4,572,041.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	2 225 562	504 660	2 405 000	225 221
	trustees, and key employees	3,925,762.	591,668.	3,107,893.	226,201.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	252 221 112			
7	Other salaries and wages	863,894,443.	779,172,985.	74,911,671.	9,809,787.
8	Pension plan accruals and contributions (include	BB 540 656	FF F00 400	040 451	4 020 06:
_	section 401(k) and 403(b) employer contributions)	77,510,658.	75,522,133.	949,461.	1,039,064.
9	Other employee benefits	89,887,454.	87,321,858.	644,386.	1,921,210.
10	Payroll taxes	52,689,940.	51,143,869.	833,256.	712,815.
11	Fees for services (non-employees):	202 422		200 400	
а	Management	288,489.		288,489.	
b	Legal	5,627,362.		5,627,362.	
C	Accounting	625,335.	727 006	625,335.	
d	Lobbying	737,896.	737,896.		210 201
e	Professional fundraising services. See Part IV, line 17	218,201.		22 255 076	218,201.
f	Investment management fees	23,355,976.		23,355,976.	
g	Other. (If line 11g amount exceeds 10% of line 25,	126 120 212	126 120 212		
40	column (A) amount, list line 11g expenses on Sch O.)	126,138,313.	126,138,313.		
12	Advertising and promotion	101,271,408.	99,748,498.	1,000,170.	522,740.
13	Office expenses	24,800,841.	24,421,973.	261,183.	117,685.
14	Information technology	24,000,041.	24,421,975.	201,103.	117,005.
15	Royalties	128,951,955.	118,095,482.	10,241,852.	614,621.
16	Occupancy	51,818,121.	47,629,789.	3,574,932.	613,400.
17	Travel	31,010,121.	47,023,703.	3,374,332.	013,400.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,770,161.	3,680,514.		89,647.
19	Conferences, conventions, and meetings	44,783,665.	40,843,759.	3,939,906.	05,047.
20 21	Payments to affiliates	285,000.	285,000.	5,555,500.	
21	Depreciation, depletion, and amortization	150,420,085.	137,739,260.	12,680,825.	
23	·.	5,236,237.	1,386,668.	3,848,791.	778,
24	Other expenses. Itemize expenses not covered	-,,,	=,:::,:::,	-,,	
-7	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 0.)				
а	LIBRARY	5,314,698.	5,314,698.		
b	DUES AND FEES	4,073,959.	3,210,425.	821,723.	41,811.
c		, ,	, ,	,	<u>, , , , , , , , , , , , , , , , , , , </u>
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,999,254,795.	1,836,613,624.	146,713,211.	15,927,960.
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)				
	12-10-12	I.		L.	Form 990 (2012)

Form 990 (2012) Part X Balance Sheet

Pa	πx	Balance Sneet					
		Check if Schedule O contains a response to an	y questio	n in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			675,136,972.	2	604,393,405.
	3	Pledges and grants receivable, net			152,277,654.	3	124,347,749.
	4	Accounts receivable, net			65,179,537.	4	68,562,770.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	. Comple	te Part II of Sch L		6	
ets	7	Notes and loans receivable, net		Г	48,026,738.	7	48,569,266.
Assets	8	Inventories for sale or use			4,855,225.	8	4,541,942.
	9	Prepaid expenses and deferred charges			17,131,006.	9	18,157,836.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,825,370,412.			
	b	Less: accumulated depreciation	10b	2,036,895,766.	1,715,731,348.	10c	1,788,474,646.
	11	Investments - publicly traded securities	1,060,894,219.	11	1,213,225,858.		
	12	Investments - other securities. See Part IV, line	1,592,666,413.	12	1,800,935,291.		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		29,748,397.	15	113,128,315.	
	16	Total assets. Add lines 1 through 15 (must equ	5,361,647,509.	16	5,784,337,078.		
	17	Accounts payable and accrued expenses			608,980,235.	17	585,191,146.
	18	Grants payable		18			
	19	Deferred revenue			120,667,237.	19	115,356,965.
	20	Tax-exempt bond liabilities			894,807,949.	20	861,062,075.
S	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme	r officers	, directors, trustees,			
abi		key employees, highest compensated employee	es, and d	lisqualified persons.			
=		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third pa	arties	122,325,811.	24	242,428,621.
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			214,460,283.	25	177,184,113.
	26	Total liabilities. Add lines 17 through 25			1,961,241,515.	26	1,981,222,920.
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
nc	27	Unrestricted net assets			2,184,101,281.	27	2,506,551,884.
Sala	28	Temporarily restricted net assets			622,628,656.	28	674,134,341.
Þ	29	Permanently restricted net assets		<u></u>	593,676,057.	29	622,427,933.
Ψ		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶Ш			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome, oi	r other funds		32	
Z	33	Total net assets or fund balances			3,400,405,994.	33	3,803,114,158.
	34	Total liabilities and net assets/fund balances			5,361,647,509.	34	5,784,337,078.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		Ш
		ı			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,280	,046	,148.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,999	,254	<u>,795.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	280	,791	,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,400	,405	,994.
5	Net unrealized gains (losses) on investments	5	121	,916	,811.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,803	,114	,158.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				OF PITTSBURGH						25	5-0965591		
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this parl	:.) See inst	ructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization of		in section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nar	ne,
		city, and stat	e:										
5		An organizati	ion operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7		An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed	in
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershij	o fees, a	ınd gross re	ceipts	from
		activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	inves	tment
		income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June 3	30, 19	75.
		See section	509(a)(2). (Complete	e Part III.)									
10	Ш	An organizati	ion organized and or	perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	l).				
11		An organizati	ion organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes o	of one	or
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	ո 11h.						
		a L Type I	I b ∐ Ty	ype II	ype III - Fui	nctionally i	integrated	d	I	e III - No	n-functional	ly inte	grated
e	•	By checking	this box, I certify tha	at the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner th	an
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509)(a)(2)	
1		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check th	nis box									📖
ç	J			organization accepted ar									
				lirectly controls, either al								Yes	No
				upported organization?								Ь—	
				n described in (i) above?									
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
ŀ	1	Provide the f	ollowing information	about the supported or	ganization((s).							
			1	1									
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the In in col.	(vii) Amount	of mo	netary
	orga	anization		(described on lines 1-9 above or IRC section	in col. (i) lis	document?			(i) organiz	ed in the	sup	port	
				(see instructions))			(, ,		U.S.				
				, , , , ,	Yes	No	Yes	No	Yes	No			
					-								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	•
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	,	, ,	, ,	, ,	, ,	,,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, 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 IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2012. If the org	janization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ices" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - 2011. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
					Cala	dule A (Form 990	000 EZ\ 0040

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed be Section A. Public Support	ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not	(a) 2000	(3) 2000	(6) 2010	(4) 2011	(0) 2012	(i) Total
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 organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	=======================================	<u> </u>
14 First five years. If the Form 990 is for t	· ·		*	•	. , . ,	. —
check this box and stop here						P
Section C. Computation of Public			(6)		145	
15 Public support percentage for 2012 (lin					15	<u>%</u>
16 Public support percentage from 2011 Section D. Computation of Invest					16	<u>%</u>
•			10 l (f)\		17	0/
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 20					18	% 17 is not
19a 33 1/3% support tests - 2012. If the o	-					
more than 33 1/3%, check this box and b 33 1/3% support tests - 2011. If the o						
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization						. \square

232023 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

• 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," to 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.

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

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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		OF PITTSBURGH			25-0965591
Pá	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		▶ \$	
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
_	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				
k	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c),	•	,,,,
1	Enter the amount directly expended	d by the filing organization for sec	ction 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organ		•		
	exempt function activities				
3	Total exempt function expenditures				
	line 17b			▶\$	
	Did the filing organization file Form				
5	Enter the names, addresses and en				
	made payments. For each organization contributions received that were pr		0 0		•
	political action committee (PAC). If	• • •		•	ate segregated fund of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041

Schedule C (Form 990 or 990-EZ) 2012					25-090	55591 Page 2
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501	(h)).				
A Check 🕨 📖 if the filing organiza	tion belon	gs to an affi	liated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	re of exces	s lobbying	expenditures).			
B Check 🕨 📖 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
		oying Expe	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	(-,		the amount on line 1e			
Over \$500,000 but not over \$1,000	0 000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,	•	, , , , , , , , , , , , , , , , , , ,		
		Ψ1,000,				
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero	-					
j If there is an amount other than ze						
reporting section 4911 tax for this			,		[Yes No
			eraging Period Under			
(Some organiz	ations tha	nt made a s	ection 501(h) election	n do not have to com	olete all of the five	
co	lumns bel	ow. See th	e instructions for line	es 2a through 2f on pa	ige 4.)	
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2009	(b) 2010	(c) 2011	(d) 2012	(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						

Schedule C (Form 990 or 990-EZ) 2012

Page 3

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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)		
	e lobbying activity.	Yes	No	Amo	ount	
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:					
	Volunteers?	X				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X				
	Media advertisements?		Х			
	Mailings to members, legislators, or the public?	X			1,200.	
	Publications, or published or broadcast statements?		Х			
	Grants to other organizations for lobbying purposes?		Х			
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			696,703.	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			20,426.	
-	Other activities?	Х			19,567.	
	Total. Add lines 1c through 1i				737,896.	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F01/a	\/ F \\	otion .		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on soric)(5), or se	ction		
	501(c)(6).			Yes	No	
				res	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), secti			otion		
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				no 3 ic	
	answered "Yes."				ie 0, 13	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).					
	Current year					
b	Carryover from last year					
С	1.5.55					
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 ex-					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
	expenditure next year?					
	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	iated group	list); Part II	-A, line 2;	
	Part II-B, line 1. Also, complete this part for any additional information.					
PART	II-B, LINE 1, LOBBYING ACTIVITIES:					
LINE	A: VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO					
ADVC	CATE FOR STATE SUPPORT FOR THE UNIVERSITY, THROUGH LETTER WRITING,					
EMAI	LS AND VISITS TO LEGISLATORS AND STATE OFFICIALS.					
T.TNE	B. STAFF MEMBERS- THE INTUERSITY GOVERNMENTAL RELATIONS OFFICE					

Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	25-0965591
rai			S of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		(b) Finds and other assemble
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri		
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	conferring
_			
Pai	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aft		
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, relea		
	year▶	, ,	ğ ğ
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and en	· ·	
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	·	· · · · · · · · · · · · · · · · · · ·
	conservation easements.		g g
Pai	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe		
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	• •	•
	relating to these items:	cation, or research in furtherance of pu	iblic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		> \$ 2,338,546.
			17 174 200
2	If the organization received or held works of art, historical treas	ures or other similar assets for financia	
2			ai gairi, provide
•	the following amounts required to be reported under SFAS 116	· ·	k \$
	Revenues included in Form 990, Part VIII, line 1		b •
D	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Sir	nilar Asse	e ts (contir	nued)			
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	following that are a	significa	ant use of its	collectio	n iten	าร		
	(check all that apply):										
а	Y Public exhibition	c	l Loan or exc	hange programs							
b	X Scholarly research	e	e Other								
С	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how they further tl	he organization's ex	empt pı	urpose in Pai	rt XIII.				
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of	the organization's co	ollection?			Yes	X	□ No		
Par	t IV Escrow and Custodial Arran						line 9, or				
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets no	t includ	led					
	on Form 990, Part X?		•				Yes		□No		
b	If "Yes," explain the arrangement in Part XIII										
	Amount										
С	Beginning balance				1	С					
	Additions during the year					d					
	e										
f	Distributions during the year Ending balance					f					
2a	Did the organization include an amount on F	orm 990. Part X. line	21?				Yes		No		
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII											
Par											
	•	(a) Current year	(b) Prior year	(c) Two years back		ee years back	(e) Four	r years	back		
1a	Beginning of year balance	` '	2,545,092,295.	<u> </u>	•	8,203,535.	 ` ' 	_			
	Contributions	175,799,000.				6,816,000.			,726.		
	Net investment earnings, gains, and losses	272,742,000.				5,092,000.			,344.		
	Grants or scholarships	11,943,973.						10,592,84			
	Other expenditures for facilities	, , ,	, , ,	, , ,		, ,		<u>, </u>			
·	and programs	68.389.130.	85,749,068.	49.816.797.	7	3,734,421.	75	440	,142.		
f	Administrative expenses		8,588,023.			7,350,145.	_				
	End of year balance		2,635,486,831.								
2	Provide the estimated percentage of the cur				,		1 - /	,	,		
	Board designated or quasi-endowment	57.90	% Column (8	a)) Held as.							
	Permanent endowment 41.50	%									
	Temporarily restricted endowment										
·	The percentages in lines 2a, 2b, and 2c shou										
32	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the ora	anization					
Ja		sssion of the organiz	ation that are new a	na administered for	ine org	anzation	i	Yes	No		
	by: (i) unrelated organizations						3a(i)	X	140		
							. — ` /		Х		
h	(ii) related organizations	e lietad ae raquirad a	on Schodula D2				3b				
4	Describe in Part XIII the intended uses of the						. [30]		<u> </u>		
	t VI Land, Buildings, and Equipm										
	Description of property	(a) Cost or o	<u> </u>	or other (c) A	ccumu	ulated	(d) Boo	k valu			
	Description of property	basis (investr	I ' '		preciat		(u) 500	n valu	·C		
10	Land	<u> </u>	2,236.	(= = .5.)	,		51	352	,236.		
	Land		·	1	382 3	61,055.	1,204				
	Buildings Leasehold improvements		-,			,	-,204	, 100	, , , , , , ,		
			5 027		442 4	99,126.	220	545	,901.		
	Equipment					35,585.			,154.		
	Other	•••	<u> </u>	<u> </u>	, 0		1,788				

Schedule D (Form 990) 2012

1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2) RE	FUNDABLE US GOVERNMENT STUDENT LOANS	32,928,060.
(3) PR	ESENT VALUE OF SPLIT INTEREST AGREEMENTS	8,957,908.
(4) OT	HER LIABILITIES	3,142,182.
(5) CO	NDITIONAL ASSET REMEDIATION OBLIGATION	40,571,360.
(6) IN	TEREST RATE SWAP AGREEMENTS	67,961,007.
(7) AM	OUNTS HELD IN CUSTODY	9,698,706.
(8) LE	ASE CONSTRUCTION/CAPITAL LEASE OBLIGATION	13,924,890.
(9)		
(10)		
(11)		
Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 25.)	177,184,113.
	/	

^{2.} FIN 48 (ASC 740) Footnote. 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

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 UNIVERSITY OF PITTSBURGH				65591 Page 4	
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit	th Revenue per R	eturr	1	
1	Total revenue, gains, and other support per audited financial statements			1	2,240,029,452.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments					
b	Donated services and use of facilities	2b				
	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		19,638,922.			
е	Add lines 2a through 2d			2e	141,555,733.	
3	Subtract line 2e from line 1			3	2,098,473,719.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,355,976.			
	Other (Describe in Part XIII.)		158,216,453.			
	Add lines 4a and 4b			4c	181,572,429.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,280,046,148.	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	rn	
1	Total expenses and losses per audited financial statements			1	1,837,321,288.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses	2c				
d	Other (Describe in Part XIII.)		19,638,922.			
е	Add lines 2a through 2d			2e	19,638,922.	
3	Subtract line 2e from line 1			3	1,817,682,366.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,355,976.			
	Other (Describe in Part XIII.)		158,216,453.			
С	Add lines 4a and 4b			4c	181,572,429.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,999,254,795.	
Pa	t XIII Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a	and 4; Part IV, lines 1	b and 2	2b; Part V, line 4; Part	
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide a	any additional informat	ion.		
PART	III, LINE 4: THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL					
TREA	SURES, AND OTHER SIMILAR ASSETS INCLUDE A VARIETY OF PAINTINGS,	•				
SCUI	PTURES, PHOTOGRAPHS, ANTIQUES, AND FURNISHINGS AS WELL AS SCHOI	LARLY				
PAPE	RS AND ARCHIVES. THESE ITEMS ARE HOUSED IN VARIOUS FACILITIES	AROUND				
CAME	US INCLUDING THE FRICK FINE ARTS BUILDING, THE HILLMAN LIBRARY,	AND				
THE NATIONALITY ROOMS. THE WORKS OF ART, HISTORICAL TREASURES, AND OTHER						
SIMI	LAR ASSETS ARE USED FOR PUBLIC EXHIBITION AND THE PRESERVATION	OF				

Schedule D (Form 990) 2012

ARTIFACTS AND ANTIQUES FOR THE BENEFIT OF FUTURE GENERATIONS.

232055 12-10-12 Schedule D (Form 990) 2012

RECLASS OF EXTERNAL TENANT RENTAL EXPS TO REVENUE

10,061,595.

232055 12-10-12

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

Pa			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
•	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	_		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	OUR NONDISCRIMINATION POLICY STATEMENT WAS PUBLISHED IN THE			
	UNIVERSITY TIMES IN FALL 2012.			
ŀ	Does the organization maintain the following?	4-	v	
a L	7, 7,	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		_
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		x	
	admissions, programs, and scholarships?	4c 4d	X	
a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	Λ	
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
	Use of facilities?	5f		Х
	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
ìa	Does the organization receive any financial aid or assistance from a governmental agency?	6a	х	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
,	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	х	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) (2012)

Schedule E (Form 990 or 990-EZ) (2012) UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part II Supplemental Information. Complete this part to provide the explanations required by Part I, as applicable. Also complete this part to provide any other additional information.	lines 3, 4d, 5h, 6b, and 7,	Ÿ
SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
AS AN INSTRUMENTALITY OF THE COMMONWEALTH OF PENNSYLVANIA, THE UNIVERSITY		
OF PITTSBURGH RECEIVES FUNDS FROM THE COMMONWEALTH. IN ADDITION, THE		
UNIVERSITY RECEIVES FEDERAL PELL GRANTS AND COMMONWEALTH PHEAA GRANTS THAT		
ARE APPLIED TO STUDENTS' ACCOUNTS.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.
➤ See separate instructions. Inspection Name of the organization **Employer identification number**

UNIVERSITY OF PITTSBURGH 25-0965591 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total émployees. expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region PROGRAM SERVICES PROGRAM SERVICES IN RELATION TO EDUCATIONAL CENTRAL AMERICA AND THE CARIBBEAN PROGRAMS 199,571. PROGRAM SERVICES IN EAST ASIA AND THE RELATION TO EDUCATIONAL PACIFIC PROGRAM SERVICES. PROGRAMS. 1,784,035. PROGRAM SERVICES IN RELATION TO EDUCATIONAL EUROPE 3 PROGRAM SERVICES. PROGRAMS 10,372,655. PROGRAM SERVICES IN MIDDLE EAST AND RELATION TO EDUCATIONAL NORTH AFRICA PROGRAM SERVICES. PROGRAMS, 267,383. PROGRAM SERVICES IN RELATION TO EDUCATIONAL 1,931,174. NORTH AMERICA PROGRAM SERVICES. PROGRAMS. PROGRAM SERVICES. PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS. 173,162. RUSSIA PROGRAM SERVICES IN RELATION TO EDUCATIONAL SOUTH AMERICA 3 PROGRAM SERVICES. PROGRAMS 2,274,792. PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS, 270,245. SOUTH ASIA PROGRAM SERVICES. 3 a Sub-total 6 17,273,017. **b** Total from continuation 0 22,133,847. sheets to Part I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

6

Schedule F (Form 990) 2012

c Totals (add lines 3a

and 3b)

39,406,864.

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)
		EAST ASIA AND THE						
		PACIFIC	RESEARCH SUBCONTRACT.	817,606.	WIRE/CHECK	0.		
		EUROPE	RESEARCH SUBCONTRACT.	2,200,594.	WIRE/CHECK	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	RESEARCH SUBCONTRACT.	191,830.	WIRE/CHECK	0.		
		NORTH AMERICA	RESEARCH SUBCONTRACT.	588,382.	WIRE/CHECK	0.		
		SOUTH AMERICA	RESEARCH SUBCONTRACT.	595,598.	WIRE/CHECK	0.		
		SOUTH ASIA	RESEARCH SUBCONTRACT.	32,140.	WIRE/CHECK	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH SUBCONTRACT	10,568.	WIRE/CHECK	0.		
0.5								

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

3 Enter total number of other organizations or entities

50 4 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. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance CENTRAL AMERICA RESEARCH SUBCONTRACT AND THE CARIBBEAN 14 130,323.WIRE/CHECK 0 SCHOLARSHIPS EUROPE 18 243,088. TUITION REFUND 0 SCHOLARSHIPS SOUTH AMERICA 9 76,950. TUITION REFUND 0 RESEARCH SUBCONTRACT SOUTH ASIA 1 5,000.WIRE/CHECK 0

Page 3

Schedule F (Form 990) 2012

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)	X 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 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	X 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)	X 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)	X 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)	X 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Part V Supplemental Information
Complete this part to 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.
SCHEDULE F, PART I, LINE 2: THE INITIAL DETERMINATION OF ELIGIBILITY AND
APPROPRIATENESS OF THE ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL
INVESTIGATOR (PI)/DEPARTMENT AND THE OFFICE OF RESEARCH. THE
PI/DEPARTMENT IDENTIFIES THE ENTITY USUALLY BASED UPON THE UNIQUE NEEDS
OF THE PI EVIDENCED IN THE SCOPE OF WORK. DOCUMENTATION IS OBTAINED FROM
THE ENTITY WHICH IS REVIEWED. UPON SUBMISSION, THE OFFICE OF RESEARCH
LOOKS FOR THIS DOCUMENTATION SO THAT IT MEETS SPONSOR AND UNIVERSITY
REQUIREMENTS. IF AND WHEN THE PROJECT IS FUNDED, THE DEPARTMENT
INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT TERMS INCLUDE PROVISIONS
FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS INVOICING.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

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

	Attach to Form 990 or Form 990-I	EZ. 🗪 🤅	See se	eparate instructions			Порессион
Name of the organization UNIVERSITY	OF PITTSBURGH					Employer ide 25-0965591	ntification number
Part I Fundraising Activities required to complete this part	- Complete if the organization answ	ered "Y	'es" to	Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
Indicate whether the organization rail a	e X Solicita f X Solicita g X Specia or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursuits of the connection of the connection with providuals or entities (fundraisers)	ation of ation of I fundra al (includ profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(ii) Activity fundraiser have custody (iv) Gross receipts to (o			to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
GRIZZARD COMMUNICATIONS	DIRECT MAIL SOLICITATION	Yes	No	116 452		106.661	0.010
GROUP, INC 229 PEACHTREE GRENZEBACH GLIER &	AND CONSULTING	1	Х	116,473.	├	106,661.	9,812.
ASSOCIATES, INC 401 N.	CONSULTING-SEE PART IV		х	0.		111,540.	-111,540.
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	. Dutions	116,473.	d it is	218,201.	-101,728.
or licensing.	ornia registered or licensed to solicit	COITE	dilon	or rias been notine	u 11 13 1		
AL, AK, AZ, AR, CO, CT, DE, FL, GA, ID, I		II,MN,	MS,MO	O,MT,NE			
NV,NH,NM,NC,ND,OH,OK,PA,RI,SC,T	N,TX,UT,VT,VA,WV,WY						

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			KOCDA DAVID C.	CAMEOS OF CARING		(add col. (a) through
			KOCH TOURNAMENT	DINNER	31	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	343,480.	343,300	1,195,444.	1,882,224.
	2	Less: Contributions	191,370.	233,215	956,253.	1,380,838.
	3	Gross income (line 1 minus line 2)	152,110.	110,085	239,191.	501,386.
	4	Cash prizes			800.	800.
Š	5	Noncash prizes			10,624.	10,624.
Direct Expenses	6	Rent/facility costs		10,864	53,744.	64,608.
irect E	7	Food and beverages		91,347	230,323.	321,670.
	8	Entertainment		1,500		
	9	Other direct expenses		84,051	97,106.	· · · · · · · · · · · · · · · · · · ·
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	(602,574)
_	11					-101,188.
Pa	art I	~ ~ ~	answered "Yes" to Form	990, Part IV, line 19, o	r reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	1	# > Dull take for atoms	1	l.n=
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evel						.,
ď	1	Gross revenue				
es —	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
_	_					
		ter the state(s) in which the organization opera	-			
		the organization licensed to operate gaming ac	ctivities in each of these	states?		. L Yes L No
L)	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		x year?	Yes No
	_					
	_					
		-				000 as 000 E7\ 0010

232082 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 UNIVERSITY OF FITTSBURGH 25	-0965	291		Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
12	Indicate the percentage of gaming activity operated in:	····· 1			
		. .	120		04
	The organization's facility				<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address >				
		_			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		Yes	└── No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
_	of gaming revenue retained by the third party > \$				
_	If "Yes," enter name and address of the third party:				
C	The Yes, entername and address of the third party.				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	·				
	Gaming manager compensation ▶ \$				
	Calming manager compensation				
	Description of continue approvided				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the state garming means and the state garming means are stated as the state garming means are stated as the state garming means are stated as the stated garming means are stated as the stated garming means are stated as the stated garming means are stated garming garmi	ha			
	organization's own exempt activities during the tax year > \$	ic			
Do		- (:::)	1 6	A	I David III
Га		` '	,	,,	,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	iation (s	see i	nstru	ctions).
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: GRIZZARD COMMUNICATIONS GROUP, INC.				
		-			
(I)	ADDRESS OF FUNDRAISER:				
229	DEACHMORE CHOREM NE CHE 1/00 AMIANMA CA 30303				
	PEACHTREE STREET NE STE 1400, ATLANTA, GA 30303				
(I)	NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES, INC.				
		·			
(I)	ADDRESS OF FUNDRAISER:				
401	N. MICHIGAN AVE SUITE 2800, CHICAGO, IL 60611				
	· · ·				

232083 01-07-13

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

UNIVERSITY OF	PITTSBURGH						25-0965591
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t	o substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "\	es" to Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE							
PITTSBURGH, PA 15213	25-0969449	501(C)(3)	6,008,969.	0.			RESEARCH-SUBCONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST 10							
FL - OAKLAND, CA 94607	94-3067788	501(C)(3)	4,629,922.	0.			RESEARCH-SUBCONTRACT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	3,717,124.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF WASHINGTON GERBERDING HALL G80 SEATTLE, WA 98195	91-6001537	501(C)(3)	1,885,076.	0.			RESEARCH-SUBCONTRACT
MAGEE WOMENS RESEARCH INSTITUTE 3339 WARD STREET							
PITTSBURGH, PA 15213	25-1462312	501(C)(3)	1,677,527.	0.			RESEARCH-SUBCONTRACT
REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSITY AVE SE - MINNEAPOLIS, MN 55414	41-6007513	1	1,640,301.				RESEARCH-SUBCONTRACT
2 Enter total number of section 501(c)(3) a							288.
3 Enter total number of other organizations	s listed in the line	1 table					53.

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CONSORTIUM FOR PUBLIC EDUCATION										
410 9TH STREET										
MCKEESPORT, PA 15132	25-1533592	501(C)(3)	1,576,134.	0.			RESEARCH-SUBCONTRACT			
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE										
CLEVELAND, OH 44106	34-1018992	501(C)(3)	1,249,074.	0.			RESEARCH-SUBCONTRACT			
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES - 6610 ROCKLEDGE DRIVE SUITE 2800 MSC										
6006 - BETHESDA, MD 20892-6606	52-0858115	N/A	1,241,000.	0.			RESEARCH-SUBCONTRACT			
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,241,902.	0.			RESEARCH-SUBCONTRACT			
BETH ISRAEL DEACONESS MEDICAL CENTER - 300 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	1,154,040.	0.			RESEARCH-SUBCONTRACT			
WVU RESEARCH CORPORATION PO BOX 6005	55-0665758	501(C)(3)	974 781	0.			RESEARCH-SUBCONTRACT			
MORGANTOWN, WV 26506	55-0665756	501(C)(3)	974,781.	0.			RESEARCH-SUBCONTRACT			
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428										
BALTIMORE, MD 21203-6248	52-6002036	N/A	888,924.	0.			RESEARCH-SUBCONTRACT			
VANDERBILT UNIVERSITY VU STATION B BOX 356310 NASHVILLE, TN 37235	62-0476822	501(C)(3)	986,891.	0.			RESEARCH-SUBCONTRACT			
UNIVERSITY OF MARYLAND 1201 TURNER HALL COLLEGE PARK, MD 20742	52-6002033		858,532.	0.			RESEARCH-SUBCONTRACT			

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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									
37TH & O STREETS NW SUITE 400									
WASHINGTON, DC 20057	53-0196603	501(C)(3)	842,411.	0.			RESEARCH-SUBCONTRACT		
monineton, be been	33 0130003	501(0)(0)	012,111.	• • •			REPERMENT BEDEGNITATION		
COMMUNITY HUMAN SERVICES CORP.									
374 LAWN STREET									
PITTSBURGH, PA 15213	25-1219610	501(C)(3)	812,321.	0.			RESEARCH-SUBCONTRACT		
BOARD OF REGENTS OF THE UNIVERSITY			, -	<u> </u>			_		
OF WISCONSIN SYSTEM - 700 REGENT									
STREET, SUITE 301 - MADISON, WI									
53715	39-6006492	501(C)(3)	786,236.	0.			RESEARCH-SUBCONTRACT		
VIRGINIA COMMONWEALTH UNIVERSITY									
800 EAST LEHIGH STREET									
RICHMOND, VA 23219	54-6001758	501(C)(3)	776,197.	0.			RESEARCH-SUBCONTRACT		
OHIO STATE UNIVERSITY									
154 WEST 12TH AVENUE									
COLUMBUS, OH 43210	31-6025986	501(C)(3)	730,865.	0.			RESEARCH-SUBCONTRACT		
UNIVERSITY OF LOUISVILLE									
OFFICE OF THE CONTROLLER 223									
SERVICE COMPLEX - LOUISVILLE, KY									
40292	61-1014882	501(C)(3)	695,763.	0.			RESEARCH-SUBCONTRACT		
WASHINGTON UNIVERSITY IN ST. LOUIS									
7425 FORSYTH WEST CAMPUS	42 0652611	F01/G1/31	656 550	0					
CLAYTON, MO 63105	43-0653611	501(C)(3)	656,570.	0.			RESEARCH-SUBCONTRACT		
MDIICMERC OF DRINGEMON HNIVERGIAV									
TRUSTEES OF PRINCETON UNIVERSITY 701 CARNEGIE CENTER SUITE 445									
PRINCETON, NJ 08544-5292	21-0634501	501(C)(3)	609,108.	0.			RESEARCH-SUBCONTRACT		
INTROBION, NO 00344-3232	21-0034301	501(0)(3)	009,108.	0.			MEDEANCH-BUDCONTRACT		
WAKE FOREST UNIVERSITY									
1834 WAKE FOREST RD									
WINSTON-SALEM, NC 27106	56-0532138	501(C)(3)	601,944.	0.			RESEARCH-SUBCONTRACT		
	l	L	1 - 7 - 7 - 1			I.			

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNIVERSITY OF VIRGINIA							
BOX 4001953							
CHARLOTTESVILLE, VA 22904	54-6001786	501(C)(3)	550,171.	0.			RESEARCH-SUBCONTRACT
TULANE UNIVERSITY							
5823 ST CHARLES AVENUE							
NEW ORLEANS, LA 70118	72-0432889	501(C)(3)	499,566.	0.			RESEARCH-SUBCONTRACT
NEW ORDEANS, DA 70110	72 0432003	501(0)(3)	455,500.	0.			RESEARCH SOSCONTRACT
MOUNT SINAI SCHOOL OF MEDICINE							
ONE GUSTAVE L LEVY PLACE							
NEW YORK, NY 10029	13-6171197	501(C)(3)	442,964.	0.			RESEARCH-SUBCONTRACT
ALLEGHENY SINGER RESEARCH			,				
INSTITUTE - C/O TAX DEPT TWO							
ALLEGHENY CENTER - PITTSBURGH, PA							
15212	25-1320493	501(C)(3)	439,207.	0.			RESEARCH-SUBCONTRACT
FOCUS ON RENEWAL							
701 CHARTIERS AVENUE							
MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	431,167.	0.			RESEARCH-SUBCONTRACT
CHRISTIANA CARE HEALTH SERVICES							
PO BOX 2653							
WILMINGTON, DE 19805	51-0103684	501(C)(3)	420,438.	0.			RESEARCH-SUBCONTRACT
HILLINGTON, DE 13000	31 0103001	501(0)(3)	120,130.				INDEMNER BOBCONTINIET
HOWARD UNIVERSITY							
576 W ST NW							
WASHINGTON, DC 20059	53-0204707	501(C)(3)	418,392.	0.			RESEARCH-SUBCONTRACT
GEORGIA TECH RESEARCH GROUP							
550 TENTH STREET NW							
ATLANTA, GA 30332	58-0603146	501(C)(3)	406,345.	0.			RESEARCH-SUBCONTRACT
PPD DEVELOPMENT LP							
26361 NETWORK PLACE	74 222525	E01/G)/3	404 400	2			DEGENDAN GUDGOVERNOS
CHICAGO, IL 60693-1263	74-2325267	bot(c)(3)	404,480.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT							
CHARLOTTE - 92001 UNIVERSITY CITY							
BLVD - CHARLOTTE, NC 28223	56-0791228	501(C)(3)	400,359.	0.			RESEARCH-SUBCONTRACT
			, -				
BAYLOR COLLEGE OF MEDICINE							
ONE BAYLOR PLAZA NO T100							
HOUSTON, TX 77030	74-1613878	501(C)(3)	397,149.	0.			RESEARCH-SUBCONTRACT
DUKE UNIVERSITY							
324 BLACKWELL STREET							
DURHAM, NC 27708	56-0532129	501(C)(3)	397,080.	0.			RESEARCH-SUBCONTRACT
MASSACHUSETTS GENERAL HOSPITAL							
55 FRUIT STREET							
BOSTON, MA 02114	04-1564655	501(C)(3)	386,571.	0.			RESEARCH-SUBCONTRACT
DOSTOR, MI UZIII	04 1304033	501(0)(3)	300,371.	• • •			REBERREIT BOBCONTRICE
PENNSYLVANIA STATE UNIVERSITY							
ONE OLD MAIN							
UNIVERSITY PARK, PA 16802	24-6000376	N/A	381,597.	0.			RESEARCH-SUBCONTRACT
KUAKINI MEDICAL CENTER							
347 NORTH KUAKINI STREET							
HONOLULU, HI 96817	99-0074139	501(C)(3)	365,238.	0.			RESEARCH-SUBCONTRACT
COLUMBIA UNIVERSITY							
615 WEST 131ST ST MC 8741	12 5500002	E01/G)/3)	264 205	0			DEGENDAL GUDGONEDNAGE
NEW YORK, NY 10027	13-5598093	501(C)(3)	364,205.	0.			RESEARCH-SUBCONTRACT
HARVARD UNIVERSITY							
1033 MASS AVE STE 3							
CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	361,744.	0.			RESEARCH-SUBCONTRACT
			. = ,				
WEST VIRGINIA UNIVERSITY							
PO BOX 6003							
CHARLESTON, WV 25321	21-5920034	501(C)(3)	356,186.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 VERMONT 85 SO. PROSPECT STREET BURLINGTON, VT 05405	03-0179440	501(C)(3)	354,865.	0.			RESEARCH-SUBCONTRACT		
HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET SUITE 801 PHILADELPHIA, PA 19107	23-2244355	501(C)(3)	341,619.	0.			RESEARCH-SUBCONTRACT		
UNIVERSITY OF ILLINOIS 1901 S FIRST ST CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	339,913.	0.			RESEARCH-SUBCONTRACT		
TURTLE CREEK VALLEY MH/MR INC. 723 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1250510	N/A	336,633.	0.			RESEARCH-SUBCONTRACT		
UNIVERSITY OF TEXAS 1 UNIVERSITY STATION AUSTIN, TX 78712	74-6001118	N/A	336,418.	0.			RESEARCH-SUBCONTRACT		
PRINCETON UNIVERSITY WASHINGTON ROAD PRINCETON, NJ 08544	21-0634501	501(C)(3)	332,001.	0.			RESEARCH-SUBCONTRACT		
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	331,975.	0.			RESEARCH-SUBCONTRACT		
FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	329,965.	0.			RESEARCH-SUBCONTRACT		
SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST. PAUL, MN 55102	41-0706172	501(C)(3)	322,414.	0.			RESEARCH-SUBCONTRACT		

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) YALE UNIVERSITY 47 COLLEGE ST STE 203 06-0646973 501(C)(3) 321,242 0 RESEARCH-SUBCONTRACT NEW HAVEN, CT 06520 UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE 31-6000989 320,180 0 CINCINNATI, OH 45221 N/A RESEARCH-SUBCONTRACT UNIVERSITY OF IOWA 201 GILMORE HALL 42-6004813 319,830 0 IOWA CITY, IA 52242 N/A RESEARCH-SUBCONTRACT UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 301 PETERSON SERVICE BUILDING - LEXINGTON, KY 40506 61-6033693 501(C)(3) 317,134 0 RESEARCH-SUBCONTRACT BOSTON CHILDREN'S HOSPITAL P.O. BOX 414413 RESEARCH FINANCE-BOSTON, MA 02241-4413 04 - 2774441501(C)(3) 312,723 0 RESEARCH-SUBCONTRACT RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - PO BOX 715245 - COLUMBUS, OH 43271 31-6056230 501(C)(3) 309,668 0 RESEARCH-SUBCONTRACT RAND CORPORATION 1776 MAIN STREET 95-1958142 501(C)(3) 305,554 0 RESEARCH-SUBCONTRACT SANTA MONICA, CA 90407 INOVA JUNPIER PROGRAM 2832 JUNIPER STREET STE 104 FAIRFAX, VA 22031 54-0620889 501(C)(3) 294,032, 0 RESEARCH-SUBCONTRACT TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104 23-1352685 501(C)(3) 339,942, 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BROWN UNIVERSITY									
164 ANGELL ST									
PROVIDENCE, RI 02912	05-0258809	501(C)(3)	279,110.	0.			RESEARCH-SUBCONTRACT		
UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD									
ORLANDO, FL 32816	59-2924021	N/A	278,083.	0.			RESEARCH-SUBCONTRACT		
IRETA 425 SIXTH AVENUE									
PITTSBURGH, PA 15219	25-1857820	501(C)(3)	264,039.	0.			RESEARCH-SUBCONTRACT		
KENTUCKY PEDIATRIC/ADULT RESEARCH 201 SOUTH 5TH STREET BARDSTOWN, KY 40004	61-1206931	501(C)(3)	258,148.	0.			RESEARCH-SUBCONTRACT		
GENEVA FOUNDATION 917 PACIFIC AVENUE SUITE 600									
TACOMA, WA 98402	91-1593913	501(C)(3)	247,773.	0.			RESEARCH-SUBCONTRACT		
INDIANA UNIVERSITY 107 S INDIANA AVENUE BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	247,626.	0.			RESEARCH-SUBCONTRACT		
OREGON HEALTH & SCIENCE UNIVERSITY									
PORTLAND, OR 97205	23-7083114	501(C)(3)	243,798.	0.			RESEARCH-SUBCONTRACT		
NYU SCHOOL OF MEDICINE PO BOX 415026	12 5562200		241 002	0					
BOSTON, MA 02241	13-5562309	N/A	241,803.	0.			RESEARCH-SUBCONTRACT		
NORTHWESTERN UNIVERSITY 619 CLARK ST RM 217 EVANSTON, IL 60208	36-2167817	501(C)(3)	240,051.	0.			RESEARCH-SUBCONTRACT		
		L	, , ,			1	L		

Schedule I (Form 990) UNIVERSITY OF							5-0965591 Pag
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREXEL UNIVERSITY 3201 ARCH STREET NO. 420 PHILADELPHIA, PA 19104-2875	23-1352630	501(C)(3)	239,200.	0.			RESEARCH-SUBCONTRACT
TEMPLE UNIVERSITY 1805 NORTH BROAD ST 11 FL WASCHMAN HALL RM 1108 - PHILADELPHIA, PA			205,200.				
19122	23-1365971	501(C)(3)	234,203.	0.			RESEARCH-SUBCONTRACT
SEATTLE CHILDREN'S RESEARCH HOSPITAL - PO BOX 5371 - SEATTLE, WA 98145	91-0564748	501(C)(3)	234,131.	0.			RESEARCH-SUBCONTRACT
SRI INTERNATIONAL 333 RAVENSWOOD AVENUE	94-1160950	501(C)(3)	231 945	0.			RESEARCH-SUBCONTRACT
MENLO PARK, CA 94025	94-1160950	501(C)(3)	231,945.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF MIAMI PO BOX 016960 SPONSORED PROGRAMS MIAMI, FL 33101-5405	59-0624458	501(C)(3)	230,613.	0.			RESEARCH-SUBCONTRACT
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306	59-6001138	501(C)(3)	230,376.	0.			RESEARCH-SUBCONTRACT
JACKSON LABORATORY 600 MAIN STREET PO BOX 9741							
BAR HARBOR, ME 04609	01-0211513	501(C)(3)	222,537.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM - LITTLE ROCK, AR 72205	71-6046242	501(C)(3)	213,930.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN ST BOSTON, MA 02110	04-3167352	501(C)(3)	213,527.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NEMOURS 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	212,078.	0.			RESEARCH-SUBCONTRACT	
EAST CAROLINA UNIVERSITY 2200 SOUTH CHARLES BLVD GREENVILLE, NC 27858	56-6000403	501(C)(3)	206,695.	0.			RESEARCH-SUBCONTRACT	
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78284	74-1586031	501(C)(3)	205,466.	0.			RESEARCH-SUBCONTRACT	
ALBERT EINSTEIN COLLEGE OF MEDICINE - 500 WEST 185TH STREET - NEW YORK, NY 10033	23-7075620	501(C)(3)	204,634.	0.			RESEARCH-SUBCONTRACT	
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL - 225 EAST CHICAGO AVENUE BOX #205 - CHICAGO, IL 60611	36-2170833	501(C)(3)	204,419.	0.			RESEARCH-SUBCONTRACT	
CHILDRENS HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	201,776.	0.			RESEARCH-SUBCONTRACT	
UT-BATTELLE LLC 1201 OAK RIDGE TURNPIKE OAK RIDGE, TN 37830	62-1788235	N/A	200,875.	0.			RESEARCH-SUBCONTRACT	
UNIVERSITY OF COLORADO 3100 MARINE ST RM 479 BOULDER, CO 80309	39-1481425	501(C)(3)	196,178.	0.			RESEARCH-SUBCONTRACT	
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	195,798.	0.			RESEARCH-SUBCONTRACT	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF KENTUCKY 130 LEADER AVE 61-6001218 501(C)(3) 192,361 0 RESEARCH-SUBCONTRACT LEXINGTON, KY 40506 UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS 95-1642394 501(C)(3) 191,166 0 LOS ANGELES, CA 90089 RESEARCH-SUBCONTRACT UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER 62-6001636 189,287 0 KNOXVILLE, TN 37996 501(C)(3) RESEARCH-SUBCONTRACT BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE - PO BOX 25027 - LOS ANGELES, CA 90025 95-4183712 501(C)(3) 183,463 0 RESEARCH-SUBCONTRACT REHABILITATION INSTITUTE OF CHICAGO - 345 E SUPERIOR ST -CHICAGO, IL 60611 36-2256036 501(C)(3) 176,239 0 RESEARCH-SUBCONTRACT FLORIDA INTERNATIONAL UNIVERSITY GREEN LIBRARY ROOM 273 65-0177616 501(C)(3) 171,013 0 RESEARCH-SUBCONTRACT MIAMI, FL 33199 UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE 51-6000297 501(C)(3) 167,902 0 RESEARCH-SUBCONTRACT NEWARK, DE 19716 REVIVICOR INC. 1700 KRAFT DR SUITE 2400 BLACKSBURG, VA 24060 81-0604263 501(C)(3) 167,772. 0 RESEARCH-SUBCONTRACT MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE - CAMBRIDGE, MA 02139 04-2103594 501(C)(3) 164,200 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) RITE AID HEADQUARTERS 30 HUNTER LANE 23-2308342 501(C)(3) 163,220 0 RESEARCH-SUBCONTRACT CAMP HILL, PA 17011 PONCE SCHOOL OF MEDICINE PO BOX 7004 66-0379122 163,202 0 PONCE, PR 00732-7004 501(C)(3) RESEARCH-SUBCONTRACT **EMORY UNIVERSITY** 201 DOWAN DRIVE 163,023 0 ATLANTA, GA 30322 58-0566256 501(C)(3) RESEARCH-SUBCONTRACT INTERMOUNTAIN HEALTHCARE CME 36 S STATE ST STE 2200 SALT LAKE CITY, UT 84111 94-2853320 501(C)(3) 162,754 0 RESEARCH-SUBCONTRACT SUMMA HEALTH SYSTEM 525 EAST MARKET STREET AKRON, OH 44309 34-1887844 501(C)(3) 162,628 0 RESEARCH-SUBCONTRACT PUBLIC HEALTH RESEARCH INSTITUTE 225 WARREN STREET 13-5563402 N/A 161,834 0 RESEARCH-SUBCONTRACT NEWARK, NJ 07103 CENTER FOR ORGAN RECOVERY AND EDUCATION - 204 SIGMA DRIVE -23-1332885 501(C)(3) 161,684 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15238 TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD HANOVER, NH 03755 02-0222111 501(C)(3) 158,918 0 RESEARCH-SUBCONTRACT RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903 05-0258954 501(C)(3) 156,034 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) DANA-FARBER CANCER INSTITUTE 44 BINNER ST STE BP600 04-2263040 501(C)(3) 152,029 0 RESEARCH-SUBCONTRACT BOSTON, MA 02115 STANFORD UNIVERSITY 3145 PORTER DRIVE 94-1156365 172,924 0 PALO ALTO, CA 94304 501(C)(3) RESEARCH-SUBCONTRACT MAYO CLINIC ROCHESTER 200 FIRST ST SW 151,406 0 ROCHESTER, MN 55905 41-6011702 501(C)(3) RESEARCH-SUBCONTRACT CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229 31-0833936 501(C)(3) 148,004 0 RESEARCH-SUBCONTRACT UNIVERSITY OF OREGON PO BOX 3237 EUGENE, OR 97403 93-6001786 501(C)(3) 145,332 0 RESEARCH-SUBCONTRACT UNIVERSITY OF WISCONSIN 600 HIGHLAND AVE MADISON, WI 53792 39-1805963 501(C)(3) 145,109 0 RESEARCH-SUBCONTRACT LAUNCHPOINT TECHNOLOGIES 5735 HOLLISTER AVE SUITE B 86-1154993 501(C)(3) 140,671 0 RESEARCH-SUBCONTRACT GOLETA, CA 93117 CORNELL UNIVERSITY 341 PINE STREET ITHACA, NY 14850 15-0532082 501(C)(3) 140,033 0 RESEARCH-SUBCONTRACT UNIVERSITY OF SOUTH FLORIDA PO BOX 917590 59-6001874 501(C)(3) ORLANDO, FL 32891 138,747 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) WORLD HEART 4750 WILEY POST WAY STE 120 SALT LAKE CITY, UT 84116-7622 52-2250843 501(C)(3) 135,147 0 RESEARCH-SUBCONTRACT UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER - 55 LAKE AVENUE N 04-3167352 134,793 0 - WORCESTER, MA 01655 N/A RESEARCH-SUBCONTRACT CONTINUUM HEALTH PARTNERS INC. 555 WEST 57TH STREET 13-3939476 130,372 0 NEW YORK, NY 10019 501(C)(3) RESEARCH-SUBCONTRACT PTEI 450 TECHNOLOGY DRIVE PITTSBURGH, PA 15219 25-1789285 501(C)(3) 126,494 0 RESEARCH-SUBCONTRACT BANYAN BIOMARKERS INC. 12085 RESEARCH DR ALACHUA, FL 32615 20-1449566 N/A 124,007 0 RESEARCH-SUBCONTRACT UNIVERSITY OF MEMPHIS 3720 ALUMNI AVENUE MEMPHIS, TN 38152 62-0648618 501(C)(3) 123,732 0 RESEARCH-SUBCONTRACT THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET 23-1352651 501(C)(3) 120,258 0 RESEARCH-SUBCONTRACT PHILADELPHIA, PA 19107 TUFTS UNIVERSITY 169 HOLLAND ST ATTN TAX DEPT SOMERVILLE, MA 02144 04-2103634 501(C)(3) 117,336, 0 RESEARCH-SUBCONTRACT CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 31-0537130 501(C)(3) 113,777. 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) THE NEW SCHOOL 79 FIFTH AVENUE, 16TH FLOOR 13-3297197 501(C)(3) 108,656 0 RESEARCH-SUBCONTRACT NEW YORK, NY 10003 CHESTER COUNTY DEPT OF HUMAN SERVICES - 601 WESTTOWN ROAD SUITE 330 PO BOX 2747 - WEST CHESTER, PA 19380-0990 23-6003040 107,826 0 N/A RESEARCH-SUBCONTRACT NEW YORK UNIVERSITY 726 BROADWAY- 9TH FLOOR 13-5562308 0 NEW YORK, NY 10003 501(C)(3) 107,626 RESEARCH-SUBCONTRACT PENNSYLVANIA FAMILIES INCORPORATED 431 DEVER HOLLOW RD TEMPLETON, PA 16259 26-3237097 501(C)(3) 106,466 0 RESEARCH-SUBCONTRACT TEXAS A&M UNIVERSITY 1470 WILLIAM D FITCH PARKWAY 74-1974733 501(C)(3) 102,104 0 RESEARCH-SUBCONTRACT COLLEGE STATION, TX 77845 GENOCEA BIOSCIENCES 161 FIRST STREET 51-0596811 N/A 101,819 0 RESEARCH-SUBCONTRACT CAMBRIDGE, MA 02142 WEST HARLEM ENVIRONMENTAL ACTION INC. - 1854 AMSTERDAM AVENUE 2ND 13-3800068 501(C)(3) 100,003 0 RESEARCH-SUBCONTRACT FLOOR - NEW YORK, NY 10031 ALLEN INTERACTIONS INC. 1120 CENTRE POINT DR SUITE 800 MENDOLA HEIGHTS, MN 55120 41-1756542 N/A 100,000 0 RESEARCH-SUBCONTRACT DUQUENSE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE -PITTSBURGH, PA 15282 25-1035663 501(C)(3) 96,361 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) MOSS REHAB HOSPITAL 60 E. TOWNSHIP LINE ROAD 22-2290323 94,999 0 RESEARCH-SUBCONTRACT ELKINS PARK, PA 19027 N/A ARIZONA STATE UNIVERSITY UNIVERSITY BOX 873503 86-0196696 501(C)(3) 94,535 0 TEMPE, AZ 85287 RESEARCH-SUBCONTRACT HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC - 1401 ROCKVILLE PIKE 94,013 0 - ROCKVILLE, MD 20852 52-1313011 501(C)(3) RESEARCH-SUBCONTRACT CHILDREN'S RESEARCH INSTITUTE 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 20-2180646 501(C)(3) 93,524 0 RESEARCH-SUBCONTRACT MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG EAST LANSING, MI 48824 38-6005984 501(C)(3) 92,449 0 RESEARCH-SUBCONTRACT NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET 20TH FLOOR CHICAGO, IL 60603 36-2167808 501(C)(3) 90,364 0 RESEARCH-SUBCONTRACT UNIVERSITY OF MISSOURI 15 JESSE HALL COLUMBIA, MO 65211 43-6003859 501(C)(3) 88,793 0 RESEARCH-SUBCONTRACT CONEMAUGH HEALTH SYSTEM 1086 FRANKLIN STREET JOHNSTOWN, PA 15905 23-2801799 501(C)(3) 87,703 0 RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON, MA 02115 04-2774441 501(C)(3) 87,427 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC.							
150 BROADWAY STE 560							
MENANDS, NY 12204	14-1402155	501(C)(3)	87,250.	0.			RESEARCH-SUBCONTRACT
SOUTHWEST PA AHEC LEXINGTON TECHNOLOGY PARK 400 N LEXINGTON AVE - PITTSBURGH, PA							
15208	25-1791450	501(C)(3)	84,009.	0.			RESEARCH-SUBCONTRACT
LOS ALAMOS NATIONAL LABORATORY P.O. BOX 1663, MAIL STOP P245 LOS ALAMOS, NM 87545	85-6004458	N/A	82,441.	0.			RESEARCH-SUBCONTRACT
·			, ,				
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE							
SALT LAKE CITY, UT 84112	87-6000525	N/A	82,399.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF NEBRASKA 312 N 14TH ST							
LINCOLN, NE 68588-0430	47-0049123	501(C)(3)	80,438.	0.			RESEARCH-SUBCONTRACT
PHARMACY QUALITY ALLIANCE 6213 OLD KEENE MILL COURT							
SPRINGFIELD, VA 22152	26-2968498	501(C)(3)	80,255.	0.			RESEARCH-SUBCONTRACT
CE CITY 285 WATERFRONT DRIVE E SUITE 100							
PITTSBURGH, PA 15120	25-1798854	N/A	80,000.	0.			RESEARCH-SUBCONTRACT
BAYLOR RESEARCH INSTITUTE P.O. BOX 846275							
DALLAS, TX 75284-6275	75-1921898	501(C)(3)	78,930.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU, HI 96822		501(C)(3)	76,398.	0.			RESEARCH-SUBCONTRACT
1011011011 111 10011	1 22 0000334	Por(c)(3)	10,330.	٠.		1	LIBBINGII BODCONIKACI

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) GATEWAY REHABILITATION CENTER MOFFETT RUN ROAD 25-1204418 501(C)(3) 74,504 0 RESEARCH-SUBCONTRACT ALIQUIPPA, PA 15001 UNIVERSITY OF ALASKA 3700 SHARON GAGNON LANE 92-6000147 501(C)(3) 74,127 0 ANCHORAGE, AK 99508 RESEARCH-SUBCONTRACT UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE 72,979 0 CHICAGO, IL 60637 36-2177139 501(C)(3) RESEARCH-SUBCONTRACT LA BIOMEDICAL RESEARCH INSTITUTE 1124 W CARSON STREET BLDG N-14 TORRANCE, CA 90502 95-2138184 501(C)(3) 72,689 0 RESEARCH-SUBCONTRACT 3-C INSTITUTE FOR SOCIAL DEVELOPMENT - 21901 N HARRISON AVENUE STE 200 - CARY, NC 27513 56-2237463 N/A 71,984 0 RESEARCH-SUBCONTRACT WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT, MI 48202 38-3555142 501(C)(3) 70,732 0 RESEARCH-SUBCONTRACT INSTITUTE FOR URBAN FAMILY HEALTH 22 WEST 19TH ST 8TH FL 13-3273402 501(C)(3) 70,495 0 RESEARCH-SUBCONTRACT NEW YORK, NY 10011 IMMUNETRICS 100 TECHNOLOGY DRIVE SUITE 400 PITTSBURGH, PA 15219 25-1895963 N/A 68,021 0 RESEARCH-SUBCONTRACT OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD -COLUMBUS, OH 43210 31-6401599 501(C)(3) 66,845 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) FUTURES WITHOUT VIOLENCE 100 MONTGOMERY STREET SAN FRANCISCO, CA 94129 94-3110973 501(C)(3) 64,295 0 RESEARCH-SUBCONTRACT KANSAS STATE UNIVERSITY 10 ANDERSON HALL 48-0771751 501(C)(3) 62,763 0 MANHATTAN, KS 66506-5015 RESEARCH-SUBCONTRACT TEXAS TECH UNIVERSITY BOX 41023 75-6002622 62,391 0 LUBBOCK, TX 79409-1023 501(C)(3) RESEARCH-SUBCONTRACT OREGON RESEARCH INSTITUTE 1715 FRANKLIN BLVD EUGENE, OR 97403 93-0495655 501(C)(3) 60,634 0 RESEARCH-SUBCONTRACT GEORGE WASHINGTON UNIVERSITY TAX DEPT ROME HALL 801 22ND ST NW WASHINGTON, DC 20052 53-0196584 501(C)(3) 59,211 0 RESEARCH-SUBCONTRACT TUFTS NEW ENGLAND MEDICAL CENTER 750 WASHINGTON STREET NEMC #231 04-3400617 501(C)(3) 58,959 0 RESEARCH-SUBCONTRACT BOSTON, MA 02111 INTEGRIS BAPTIST MEDICAL CENTER 3330 NW EXPRESSWAY BLDG C STE 806 73-1427611 501(C)(3) 58,280 0 RESEARCH-SUBCONTRACT OKLAHOMA CITY, OK 73112 BATTELLE MEMORIAL INSTITUTE P.O. BOX 84391 SEATTLE, WA 98124-5691 31-4379427 501(C)(3) 57,663 0 RESEARCH-SUBCONTRACT CARE NEW ENGLAND HEALTHCARE SYSTEM 345 BLACKSTONE BLVD 214 POTTER BLD PROVIDENCE, RI 02906 05-0258937 501(C)(3) 57,343. 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) AURITEC PHARMACEUTICALS 15 BRAEBURN ROAD 84-1629188 57,171 0 RESEARCH-SUBCONTRACT HYDE PARK, MA 02136 N/A BAYER BUSINESS & TECHNOLOGY SERVICES - P.O. BOX 223091 -06-1653779 57,000 0 PITTSBURGH, PA 15251 N/A RESEARCH-SUBCONTRACT UPMC 600 GRANT STREET 58TH FLOOR C/O CORPORATE TAX DEPT. - PITTSBURGH, 51,578 0 PA 15219 25-1423657 501(C)(3) RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027 95-1690977 501(C)(3) 49,626 0 RESEARCH-SUBCONTRACT UNIVERSITY OF GEORGIA 424 BROAD ST ATHENS, GA 30602 58-6001998 501(C)(3) 48,482 0 RESEARCH-SUBCONTRACT SAN DIEGO STATE UNIVERSITY FOUNDATION - 5250 CAMPANILE DR -95-6042721 501(C)(3) 46,394 0 RESEARCH-SUBCONTRACT SAN DIEGO, CA 92182 SPAULDING REHABILITATION HOSPITAL P.O. BOX 3903 04 - 3071419501(C)(3) 45,899 0 RESEARCH-SUBCONTRACT BOSTON, MA 02241 NORTHERN BIOMEDICAL RESEARCH INC. 1210 PONTALUNA ROAD SPRING LAKE, MI 49456 38-3097741 N/A 44,594 0 RESEARCH-SUBCONTRACT UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH 63-6005396 - BIRMINGHAM, AL 35294 501(C)(3) 44,426. 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MINNESOTA PHYSICIANS							
OUTREACH LABS - 720 WASHINGTON							
AVENUE SE SUITE 200 - MINNEAPOLIS,							
MN 55414	41-1843943	501(C)(3)	43,601.	0.			RESEARCH-SUBCONTRACT
CARNEGIE MUSEUMS OF PITTSBURGH							
4400 FOBRES AVENUE							
PITTSBURGH, PA 15213	25-0965280	501(C)(3)	42,981.	0.			RESEARCH-SUBCONTRACT
,							
RUSH UNIVERSITY HOSPITAL							
1700 w VAN BUREN ROOM 150							
CHICAGO, IL 60612	36-2174823	501(C)(3)	42,732.	0.			RESEARCH-SUBCONTRACT
HORIZON RESEARCH INC.							
326 CLOISTER COURT							
CHAPEL HILL, NC 27514	56-1550276	501(C)(3)	42,210.	0.			RESEARCH-SUBCONTRACT
OREGON STATE UNIVERSITY							
PO BOX 1086 OFFICE OF POST AWARD							
ADMINISTRATION - CORVALLIS, OR							
97339	48-1278540	N/A	42,170.	0.			RESEARCH-SUBCONTRACT
WHILL MEDICAL COLLEGE							
WEILL MEDICAL COLLEGE							
1300 YORK AVENUE, BOX 9	12 1602000	E01/G)/2)	41 850	0			
NEW YORK, NY 10065-4805	13-1623978	501(C)(3)	41,750.	0.			RESEARCH-SUBCONTRACT
MEDICAL UNIVERSITY OF SOUTH							
CAROLINA - 17 ASHLEY AVENUE -							
CHARLESTON, SC 29403	57-6007222	N/A	41,480.	0.			RESEARCH-SUBCONTRACT
CHRISTON, BC 23403	37 0007222	17.11	11,100.	<u> </u>			REBERREIT BOBCONTRICE
CHILDREN'S HOSPITAL AND RESEARCH							
CENTER AT OAKLAND - 747 52ND							
STREET - OAKLAND, CA 94609	94-0382330	501(C)(3)	41,311.	0.			RESEARCH-SUBCONTRACT
,			,3				
MEDSTAR RESEARCH INSTITUTE							
5565 STERRETT PLACE 5TH FLOOR							
COLUMBIA, MD 21044	52-6056274	501(C)(3)	40,906.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) STATE UNIVERSITY OF NEW YORK 450 CLARKSON AVE BROOKLYN, NY 11203 11-2418771 501(C)(3) 40,825 0 RESEARCH-SUBCONTRACT YOUGOV AMERICA INC. 285 HAMILTON AVENUE SUITE 200 98-0547173 40,600 0 PALO ALTO, CA 94301 N/A RESEARCH-SUBCONTRACT INSTITUTE FOR FAMILY HEALTH 19 W 21ST ST RM 504 40,568 0 NEW YORK, NY 10010 13-3273402 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF TEXAS MEDICAL BRANCH OFFICE OF SPONSORED PROGRAMS PO BOX 4786-750 - HOUSTON, TX 77210-4786 74-6000949 501(C)(3) 40,330 0 RESEARCH-SUBCONTRACT CONSOL ENERGY INC. PO BOX 643355 RESEARCH & DEV. 51-0337383 N/A 40,037 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15264 SURVEY SAMPLING INTERNATIONAL 6 RESEARCH DRIVE SHELTON, CT 06484 92-0188807 N/A 38,824 0 RESEARCH-SUBCONTRACT MOUNT SINAI MEDICAL CENTER ONE GUSTAVE L LEVY PLACE 13-6271888 501(C)(3) 38,571 0 RESEARCH-SUBCONTRACT NEW YORK, NY 10029 GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302 58-1845423 501(C)(3) 38,522 0 RESEARCH-SUBCONTRACT BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON, MA 02215 04-2103547 501(C)(3) 38,444 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S PLAZA CHICAGO, IL 60614 36-2170833 501(C)(3) 38,284 0 RESEARCH-SUBCONTRACT GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE 54-0836354 38,142 0 FAIRFAX, VA 22030 N/A RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL NATIONAL MEDICAL CENTER - 111 MICHIGAN 37,576 0 AVENUE - WASHINGTON, DC 20010 52-1640402 501(C)(3) RESEARCH-SUBCONTRACT MOGIME INC. PO BOX 10783 PITTSBURGH, PA 15203 27-0493699 N/A 37,000 0 RESEARCH-SUBCONTRACT BAYSTATE MEDICAL CENTER 759 CHESTNUT ST SPRINGFIELD, MA 01199 04-2790311 501(C)(3) 35,508 0 RESEARCH-SUBCONTRACT NORTHWESTERN HEALTH SCIENCES UNIVERSITY - 2501 WEST 84TH STREET - BLOOMINGTON, MN 55431-1599 41-0684657 501(C)(3) 34,144 0 RESEARCH-SUBCONTRACT UNIVERSITY OF NEW MEXICO 900 CAMINO DE SALUD NE 85-6000642 501(C)(3) 33,784 0 RESEARCH-SUBCONTRACT ALBUQUERQUE, NM 87131 HEALTH OFFICERS ASSOCIATION OF CALIFORNIA - 100 11TH STREET SUITE 323 - SACRAMENTO, CA 95814 23-7103860 N/A 33,333 0 RESEARCH-SUBCONTRACT UNIVERSITY OF OKLAHOMA 1700 ASP AVE ROOM B-1 NORMAN, OK 73072 73-6017987 501(C)(3) 33,044 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD 23-1396794 501(C)(3) 32,472 0 RESEARCH-SUBCONTRACT PHILADELPHIA, PA 19141 UPMC MERCY 1400 LOCUST STREET 25-0965429 32,384 0 PITTSBURGH, PA 15219 501(C)(3) RESEARCH-SUBCONTRACT WEAVE INC. 1900 K STREET 32,199 0 SACRAMENTO, CA 95811 94-2493158 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249 74-1717115 501(C)(3) 32,171 0 RESEARCH-SUBCONTRACT COLD SPRING HARBOR LABORATORY ONE BUNGTOWN RD COLD SPRING HARBOR, NY 11724 11-2013303 501(C)(3) 31,698 0 RESEARCH-SUBCONTRACT BRONX VETERANS MEDICAL RESEARCH FOUNDATION - 130 W KINGSBRIDGE RD 13-3699250 501(C)(3) 31,301 0 RESEARCH-SUBCONTRACT - BRONX, NY 10468 COLORADO STATE UNIVERSITY CASHIER'S OFFICE FORT COLLINS, CO 80523 84-6000545 501(C)(3) 30,363 0 RESEARCH-SUBCONTRACT MARINE BIOLOGICAL LABORATORY P.O. BOX 3218 BOSTON, MA 02241-3218 04-2104690 501(C)(3) 30,255 0 RESEARCH-SUBCONTRACT STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON HOBOKEN, NJ 07030 22-1487354 501(C)(3) 29,120 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF ROCHESTER 910 GENESEE STREET 16-0743209 501(C)(3) 27,958 0 RESEARCH-SUBCONTRACT ROCHESTER, NY 14611 MARSHFIELD CLINICAL RESEARCH FOUNDATION - 1000 N OAK AVE -39-0452970 27,415 0 MARSHFIELD, WI 54449 501(C)(3) RESEARCH-SUBCONTRACT DATABANOUE 8150 PERRY HWY SUITE 102 27,200 0 PITTSBURGH, PA 15237 25-1670935 N/A RESEARCH-SUBCONTRACT LOUISIANA STATE UNIVERSITY 117D DAVID BOYD HALL BATON ROUGE, LA 70803 72-6000848 501(C)(3) 27,082 0 RESEARCH-SUBCONTRACT UNIVERSITY OF SOUTH CAROLINA P.O. BOX 751475 CHARLOTTE, NC 28275-1475 57-6001153 N/A 26,712 0 RESEARCH-SUBCONTRACT MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST 13-1740114 501(C)(3) 26,556 0 RESEARCH-SUBCONTRACT BRONX, NY 10467 UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - UCSF BOX 0248 - SAN FRANCISCO, CA 94143 94-6036493 501(C)(3) 26,367 0 RESEARCH-SUBCONTRACT CLEVELAND CLINIC 3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 65-0003177 501(C)(3) 25,694 0 RESEARCH-SUBCONTRACT SALK INSTITUTE 10010 N TORREY PINES ROAD LA JOLLA, CA 92037-1099 95-2160097 501(C)(3) 25,564 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ASSOC FOR PROFESSIONALS IN INFECTION CONTROL & EPIDEMIOLOGY INC. - 1275 K ST NW SUITE 1000 -WASHINGTON, DC 20005 23-7256856 25,500 0 RESEARCH-SUBCONTRACT N/A IUP RESEARCH INSTITUTE 660 SOUTH 11TH STREET MEMORIAL FIELD HOUSE - INDIANA, PA 15705-1077 25-1470695 25,245 0 501(C)(3) RESEARCH-SUBCONTRACT FLORIDA INSTITUTE FOR HUMAN & MACHINE COGNITION - 40 S ALCANIZ 24,925 0 ST - PENSACOLA, FL 32502 20-0760849 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4930 -HOUSTON, TX 77210-4390 74-6001118 501(C)(3) 24,910 0 RESEARCH-SUBCONTRACT NORWALK HOSPITAL 24 STEVENS ST ACCOUNTING DEPT NORWALK, CT 06856 06-6068853 501(C)(3) 24,362 0 RESEARCH-SUBCONTRACT WAKE FOREST UNIVERSITY HEALTH SERVICES - MEDICAL CENTER BLVD -22-3849199 501(C)(3) 24,308 0 RESEARCH-SUBCONTRACT WINSTON-SALEM, NC 27157 UNIVERSITY OF LOUISVILLE- RESEARCH FOUNDATION - 520 STEVENSON HALL -61-1029626 501(C)(3) 23,568 0 RESEARCH-SUBCONTRACT LOUISVILLE, KY 40292 AARON DIAMOND AIDS RESEARCH CENTER 2025 WINDSOR DR OAK BROOK, IL 60523 36-2169147 501(C)(3) 23,071 0 RESEARCH-SUBCONTRACT INTERMOUNTAIN MEDICAL CENTER 5121 COTTONWOOD STREET 6TH FLOOR MURRAY, UT 84157 94-2853320 501(C)(3) 22,862, 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZAP SOLUTIONS 700 RIVER AVENUE SUITE 321							
PITTSBURGH, PA 15212	25-1841943	N/A	22,500.	0.			RESEARCH-SUBCONTRACT
MIRIAM HOSPITAL							
164 SUMMIT AVENUE							
PROVIDENCE, RI 02906	05-0258905	501(C)(3)	21,348.	0.			RESEARCH-SUBCONTRACT
URBAN LEAGUE OF GREATER PITTSBURGH							
610 WOOD STREET							
PITTSBURGH, PA 15222	25-0965592	501(C)(3)	21,239.	0.			RESEARCH-SUBCONTRACT
METHODIST RESEARCH INSTITUTE							
950 N MERIDIAN ST STE 800							
INDIANAPOLIS, IN 46204	35-2023710	501(C)(3)	21,229.	0.			RESEARCH-SUBCONTRACT
110211111111111111111111111111111111111	33 2023/10	501(6)(5)	21,223.				REPERMENT BEBEGNIANCE
EMMES FOUNDATION INC.							
11325 SEVEN LOCKS ROAD SUITE 214							
POTOMAC, MD 20854	26-1622663	501(C)(3)	21,054.	0.			RESEARCH-SUBCONTRACT
GRIFFIN HOSPITAL							
130 DIVISION ST							
DERBY, CT 06418	06-0647014	501(C)(3)	20,896.	0.			RESEARCH-SUBCONTRACT
HEALTH SCIENCES LIBRARY							
ASSOCIATION OF NEW JERSEY - PO BOX							
7908 C/O HEALTH CARE RESEARCH -							
PRINCETON, NJ 08543	22-2405226	501(C)(3)	20,629.	0.			RESEARCH-SUBCONTRACT
MONTECOMEDY, COLDUNY							
MONTGOMERY COUNTY							
1430 DEKALB STREET NORRISTOWN, PA 19404	23-6003126	N/A	20,404.	0.			RESEARCH-SUBCONTRACT
HOWETSTONN, IN 19404	23 0003120	N/ A	20,404.	0.			MIDDAMON BODOWINACI
ROCHESTER REGIONAL LIBRARY COUNCIL							
390 PACKETT'S LANDING							
FAIRPORT, NY 14450	16-0926628	501(C)(3)	20,000.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER CLINIC							
N ACADEMY AVE							
DANVILLE, PA 17822	23-6291113	501(C)(3)	17,933.	0.			RESEARCH-SUBCONTRACT
MAGEE-WOMENS HOSPITAL OF UPMC							
300 HALKET STREET							
PITTSBURGH, PA 15213	25-0965420	501(C)(3)	17,802.	0.			RESEARCH-SUBCONTRACT
BECK RADIOLOGICAL INNOVATIONS INC 922 RAMBLING DR							
CATONSVILLE, MD 21228	45-2276816	N/A	17,432.	0.			RESEARCH-SUBCONTRACT
VASSAR COLLEGE 124 RAYMOND AVENUE BOX 12 POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	17,171.	0.			RESEARCH-SUBCONTRACT
KAISER FOUNDATION RESEARCH INSTITUTE - 2000 BROADWAY -							
OAKLAND, CA 94612	94-1105628	N/A	16,856.	0.			RESEARCH-SUBCONTRACT
HEALTH RESEARCH ASSOCIATION INC 1640 MARENGO ST 7TH FL LOS ANGELES, CA 90033	95-1683862	501(C)(3)	16,855.	0.			RESEARCH-SUBCONTRACT
YORK COUNTY DEPARTMENT OF HUMAN SERVICES - 100 W MARKET STREET -							
YORK, PA 17401	23-6003050	N/A	16,638.	0.			RESEARCH-SUBCONTRACT
MARICOPA INTEGRATED HEALTH SYSTEMS 2619 E PIERCE STREET 1ST FLOOR	06,0020701	F01/(G)/(3)					
PHOENIX, AZ 85008	86-0830701	501(C)(3)	16,330.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF FLORIDA PO BOX 115500	E0 6000050	NT / 2	16.210	•			DEGENERAL GUDGOVEDNACE
GAINESVILLE, FL 32611	59-6002052	N/A	16,318.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) WILLIAMSPORT HOSPITAL AND MEDICAL CENTER - 1001 GRAMPIAN BOULEVARD 24-0795508 501(C)(3) 16,198 0 RESEARCH-SUBCONTRACT WILLIAMSPORT, PA 17701 ROSE-HULMAN INSTITUTE OF TECHNOLOGY - 500 WABASH AVENUE BOX 35-0868149 16,171 0 21 - TERRE HAUTE, IN 47803-3999 501(C)(3) RESEARCH-SUBCONTRACT TUSKEGEE UNIVERSITY KRESGE CENTER 112 63-0288878 15,828 0 TUSKEGEE INSTITUTE, AL 36088 501(C)(3) RESEARCH-SUBCONTRACT CONEMAUGH MEMORIAL HOSPITAL 1086 FRANKLIN STREET JOHNSTOWN, PA 15905 25-0965307 501(C)(3) 15,648 0 RESEARCH-SUBCONTRACT MERIDIAN SERVICES INC. 527 MERIDIAN ROAD YOUNGSTOWN, OH 44509 34-1138485 501(C)(3) 14,733 0 RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL NEW ORLEANS 200 HENRY CLAY AVE NEW ORLEANS, LA 70118 72-0467503 501(C)(3) 14,667 0 RESEARCH-SUBCONTRACT SOUTHERN METHODIST UNIVERSITY P.O. BOX 750259 75-0800689 501(C)(3) 14,528 0 RESEARCH-SUBCONTRACT DALLAS, TX 75275-0259 AT SCIENCES LLC 160 N CRAIG ST SUITE 117 PITTSBURGH, PA 15213 11-3655805 N/A 14,512. 0 RESEARCH-SUBCONTRACT OPEN MINDS LLC 390 ALTERMOOR DRIVE NATRONA HEIGHTS, PA 15065 94-3445558 N/A 14,385. 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) SOUTHWEST BEHAVIORAL HEALTHCARE INC - 3131 SANGUINET STREET - FORT 75-2625595 501(C)(3) 14,240 0 RESEARCH-SUBCONTRACT WORTH, TX 76107 NATIONAL JEWISH HEALTH 1400 JACKSON STREET 14,218 0 DENVER, CO 80206 74-2044647 501(C)(3) RESEARCH-SUBCONTRACT CHILDRENS NATIONAL MEDICAL CENTER 111 MICHIGAN AVE NW 0 WASHINGTON, DC 20010-2970 52-1640403 501(C)(3) 14,128 RESEARCH-SUBCONTRACT HOUSE OF THE CROSSROADS 2012 CENTRE AVENUE PITTSBURGH, PA 15230 25-1206373 501(C)(3) 13,744 0 RESEARCH-SUBCONTRACT HUGO MOSER RESEARCH INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205 52-1524967 501(C)(3) 12,929 0 RESEARCH-SUBCONTRACT JAMES MADISON UNIVERSITY MSC 5715 54-6001756 501(C)(3) 12,805 0 RESEARCH-SUBCONTRACT HARRISONBURG, VA 22807 DEPAUL UNIVERSITY 1 E JACKSON BLVD CHICAGO, IL 60604 36-2167048 501(C)(3) 12,792 0 RESEARCH-SUBCONTRACT UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE -CHAPEL HILL, NC 27599 31-4379427 501(C)(3) 12,668 0 RESEARCH-SUBCONTRACT CHATHAM UNIVERSITY WOODLAND ROAD 12,015. PITTSBURGH, PA 15232 25-0717890 501(C)(3) 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ALBANY MEDICAL COLLEGE 43 NEW SCOTLAND AVENUE ALBANY, NY 12208-3412 14-1338310 501(C)(3) 11,543 0 RESEARCH-SUBCONTRACT UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVE 94-6036494 501(C)(3) 11,431 0 DAVIS, CA 95616 RESEARCH-SUBCONTRACT ATLANTA RESEARCH & EDUCATION FOUNDATION - 1670 CLAIRMONT RD NO. 0 151F - DECATUR, GA 30033 58-1857346 501(C)(3) 11,218 RESEARCH-SUBCONTRACT DEKA INTEGRATED SOLUTIONS 340 COMMERCIAL STREET MANCHESTER, NH 03101 20-5085384 N/A 11,043 0 RESEARCH-SUBCONTRACT PLANETARY SCIENCE INSTITUTE 1700 E FORT LOWELL ROAD SUITE 106 TUCSON, AZ 85719-2395 33-1075263 501(C)(3) 11,021 0 RESEARCH-SUBCONTRACT PUGET SOUND BLOOD CENTER 921 TERRY AVENUE SEATTLE, WA 98104-1256 91-1019655 501(C)(3) 10,857 0 RESEARCH-SUBCONTRACT AIDS COALITION OF SOUTHWESTERN PA 907 WEST STREET FIFTH FLOOR 25-1701085 501(C)(3) 10,000 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15221 CAPITAL DISTRICT LIBRARY COUNCIL 28 ESSEX ST 14-1501684 501(C)(3) 10,000 0 RESEARCH-SUBCONTRACT ALBANY, NY 12206 CORNELL COOPERATIVE EXTENSION 64 FERNDALE-LOOMIS RD 10,000. LIBERTY, NY 12754 16-6072895 501(C)(3) 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PA BEHAVIORAL HEALTH & AGING COALITION - 525 SOUTH 29TH STREET - HARRISBURG, PA 17104	61-1511344	501(C)(3)	10,000.	0.			RESEARCH-SUBCONTRACT			
UNITED METHODIST CHURCH UNION P.O. BOX 100086 PITTSBURGH, PA 15233	25-0965431	N/A	10,000.	0.			RESEARCH-SUBCONTRACT			
YESHIVA UNIVERSITY 1300 MORRIS PARK AVENUE BRONX, NY 10461	13-1624225	501(C)(3)	10,000.	0.			RESEARCH-SUBCONTRACT			
EASTERN UNIVERSITY 1300 EAGLE ROAD ST. DAVIDS, PA 19087	23-1409675	501(C)(3)	9,999.	0.			RESEARCH-SUBCONTRACT			
NEW YORK MEDICAL COLLEGE 420 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595	13-1099420	501(C)(3)	9,971.	0.			RESEARCH-SUBCONTRACT			
WASHINGTON COUNTY HEALTH PARTNERS 190 N MAIN STREET SUITE 208 WASHINGTON, PA 15301	25-1872584	501(C)(3)	9,896.	0.			RESEARCH-SUBCONTRACT			
LUTHERAN MEDICAL CENTER 150 55TH STREET BROOKLYN, NY 11220	11-1839567	501(C)(3)	9,730.	0.			RESEARCH-SUBCONTRACT			
SLIPPERY ROCK UNIVERSITY ROOM 002A OLD MAIN SLIPPERY ROCK, PA 16057	25-1513539	501(C)(3)	9,661.	0.			RESEARCH-SUBCONTRACT			
TOURO COLLEGE 230 WEST 125TH STREET SUITE 316 NEW YORK, NY 10027	13-2676570	501(C)(3)	9,612.	0.			RESEARCH-SUBCONTRACT			

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL - 6493 RIDINGS ROAD -16-0957462 501(C)(3) 9,573 0 RESEARCH-SUBCONTRACT SYRACUSE, NY 13206 NEW JERSEY STATE LIBRARY 185 WEST STATE STREET P.O. BOX 520 9.000 0 TRENTON, NJ 08625 22-2942727 501(C)(3) RESEARCH-SUBCONTRACT ERIE COUNTY 140 WEST NINTH STREET 8,912 0 ERIE, PA 16505 25-6001027 N/A RESEARCH-SUBCONTRACT YORK CITY BUREAU OF HEALTH 227 W. MARKET STREET YORK, PA 17401 23-6001908 N/A 8,873 0 RESEARCH-SUBCONTRACT PSYCHOLOGY SOFTWARE TOOLS INC. 311 23RD STREET EXTENSION STE 200 PITTSBURGH, PA 15215 25-1551170 N/A 8,700 0 RESEARCH-SUBCONTRACT SAMARITAN MEDICAL CENTER 830 WASHINGTON ST 15-0533577 501(C)(3) 8,652 0 RESEARCH-SUBCONTRACT WATERTOWN, NY 13601 COPELAND CENTER FOR WELLNESS AND RECOVERY INC. - P.O. BOX 6471 -BRATTLEBORO, VT 05302 20-3409257 501(C)(3) 8,250 0 RESEARCH-SUBCONTRACT INSTITUTE FOR CLINICAL RESEARCH INC. - PO BOX 29545 - WASHINGTON. DC 20017 52-1336656 501(C)(3) 8,239 0 RESEARCH-SUBCONTRACT VISITOR STUDIES ASSOCIATION 2885 SANFORD AVENUE SW #18100 GRANDVILLE, MI 49418 58-2015580 501(C)(3) 8,143 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOESTER PERFORMANCE RESEARCH 2408 ANTIETAM DR. ANN ARBOR, MI 48105	10-1362391	N/A	7,500.	0.			RESEARCH-SUBCONTRACT
CROUSE HEALTH FOUNDATION 736 IRVING AVENUE SYRACUSE, NY 13210	16-1035427	501(C)(3)	7,485.	0.			RESEARCH-SUBCONTRACT
BEEBE MEDICAL CENTER 424 SAVANNAH ROAD LEWES, DE 19958	51-0067938	501(C)(3)	7,099.	0.			RESEARCH-SUBCONTRACT
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	7,039.	0.			RESEARCH-SUBCONTRACT
TREASURER OF VIRGINIA TECH 301 BURRUSS HALL MAIL CODE 0244 BLACKSBURG, VA 24061	54-6001805	N/A	6,895.	0.			RESEARCH-SUBCONTRACT
MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 MISSISSIPPI ST, MS 39762	64-6000814	501(C)(3)	6,862.	0.			RESEARCH-SUBCONTRACT
LOGAN COLLEGE OF CHIROPRACTIC 1851 SCHOETTLER ROAD CHESTERFIELD, MO 63017	43-0746185	501(C)(3)	6,416.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ARIZONA PO BOX 3607 TUCSON, AZ 85722-3607	74-2652689	501(C)(3)	6,263.	0.			RESEARCH-SUBCONTRACT
MIND RESEARCH NETWORK 1101 YALE BOULEVARD N E ALBUQUERQUE, NM 87106	85-0457562	501(C)(3)	5,868.	0.			RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) IHC HEALTH SERVICES INC. 36 S STATE ST STE 1000 SALT LAKE CITY, UT 84111 94-2854057 501(C)(3) 5,699 0 RESEARCH-SUBCONTRACT UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - 1100 N LINDSAY SCB ROOM 228 - OKLAHOMA CITY, OK 73-6017987 5,142 0 73190-2010 N/A RESEARCH-SUBCONTRACT NEW YORK INSTITUTE OF TECHNOLOGY NORTHERN BOULEVARD CONTROLLERS OFFICE- GRANTS - OLD WESTBURY, NY 11568-8000 5.129 0 11-1788788 501(C)(3) RESEARCH-SUBCONTRACT MATTRESS FACTORY 500 SAMPSONIA WAY PITTSBURGH, PA 15212 25-1338941 501(C)(3) 5,000 0 RESEARCH-SUBCONTRACT ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE -MEMPHIS, TN 38105 62-0646012 501(C)(3) 76,637 0 RESEARCH-SUBCONTRACT NEGRO EDUCATIONAL EMERGENCY DRIVE WARNER CENTER 332 FIFTH AVENUE 25-6070821 501(C)(3) 167,750 0 SPONSORSHIP PITTSBURGH, PA 15222 PITTSBURGH AREA MIDDLE EAST INSTITUTE INC. - 5 VON LENT PLACE 26-3562819 501(C)(3) 50,000 0 SPONSORSHIP - PITTSBURGH, PA 15232 WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 15222 25-1053485 501(C)(3) 35,000 0 SPONSORSHIP CIVIC LIGHT OPERA ASSOCIATION OF PITTSBURGH - 719 LIBERTY AVENUE -PITTSBURGH, PA 15222 25-6000890 501(C)(3) 32,500 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) AMERICAN HEART ASSOCIATION 7777 PENN CENTER BOULEVARD 13-5613797 501(C)(3) 31,200 0 SPONSORSHIP PITTSBURGH, PA 15235 ELTON JOHN AIDS FOUNDATION INC. 584 BROADWAY RM 906 58-2033460 501(C)(3) 25,000 0 NEW YORK, NY 10012 SPONSORSHIP WORLD AFFAIRS COUNCIL 2640 BNY MELLON CTR 500 GRANT ST 24,000 0 PITTSBURGH, PA 15219 25-1064871 501(C)(3) SPONSORSHIP CATHOLIC YOUTH ASSOC OF PITTSBURGH 286 MAIN STREET PITTSBURGH, PA 15201 25-0984596 501(C)(3) 17,250 0 SPONSORSHIP HILLEL JEWISH UNIVERSITY CENTER 4607 FORBES AVENUE PITTSBURGH, PA 15213 25-6065236 501(C)(3) 15,000 0 SPONSORSHIP SENATOR JOHN HEINZ PITTSBURGH REGIONAL HISTORY CENTER - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222 25-0965391 501(C)(3) 15,000 0 SPONSORSHIP AMERICAN NATIONAL RED CROSS 225 BOULEVARD OF THE ALLIES 53-0196605 501(C)(3) 9,050 0 SPONSORSHIP PITTSBURGH, PA 15222 BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH INC. - 5989 PENN CIRCLE SOUTH - PITTSBURGH, PA 15206 25-6074707 501(C)(3) 8,900 0 SPONSORSHIP PITTSBURGH OPERA INC. 2425 LIBERTY AVENUE PITTSBURGH, PA 15222 25-1073139 501(C)(3) 8,500 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PITTSBURGH SYMPHONY INC. 600 PENN AVENUE 25-0986052 501(C)(3) 7,816 0 SPONSORSHIP PITTSBURGH, PA 15222 AMERICAN IRELAND FUND 211 CONGRESS STREET 10TH FLOOR 501(C)(3) 7,500 0 SPONSORSHIP BOSTON, MA 02110 25-1306992 JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH - 5738 FORBES AVENUE 7,500 0 BOX 81980 - PITTSBURGH, PA 15217 25-1094514 501(C)(3) SPONSORSHIP PG CHARITIES 234 BLVD OF THE ALLIES PITTSBURGH, PA 15222 23-7216540 501(C)(3) 7,500 0 SPONSORSHIP COMMUNITY HUMAN SERVICES CORP. 374 LAWN STREET PITTSBURGH, PA 15213 25-1219610 501(C)(3) 6,500 0 SPONSORSHIP THREE RIVERS YOUTH 6117 BROAD STREET 25-1206924 501(C)(3) 6,500 0 SPONSORSHIP PITTSBURGH, PA 15206 CARNEGIE MUSEUMS OF PITTSBURGH 4400 FORBES AVENNUE 25-0965280 501(C)(3) 6,000 0 SPONSORSHIP PITTSBURGH, PA 15213 GIRL SCOUTS OF WESTERN PA 30 ISABELLA STREET SUITE 107 PITTSBURGH, PA 15212 25-1126094 501(C)(3) 6,000 0 SPONSORSHIP NEW PITTSBURGH COURIER 315 EAST CARSON STREET PITTSBURGH, PA 15219 25-1181398 N/A 6,000 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD STREET 25-0965592 501(C)(3) 5,500 0 SPONSORSHIP PITTSBURGH, PA 15222 ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE -5,000 25-0965213 501(C)(3) 0 PITTSBURGH, PA 15219 SPONSORSHIP FAMILY HOUSE 233 MCKEE PLACE 25-1519959 5.000 0 PITTSBURGH, PA 15213 501(C)(3) SPONSORSHIP NAACP- PITTSBURGH BRANCH 2203 WYLIE AVENUE PITTSBURGH, PA 15219 25-6086867 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH PARKS CONSERVANCY 2000 TECHNOLOGY DRIVE NO 300 PITTSBURGH, PA 15219 23-2882145 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH VINTAGE GRAND PRIX ASSOCIATION - 1008 MANOR COMPLEX 564 FORBES AVENUE - PITTSBURGH, PA 15219 25-1427238 501(C)(3) 5,000 0 SPONSORSHIP RIVER CITY BRASS BAND 500 GRANT STREET SUITE 2720 25-1401329 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH, PA 15219 UNITED WAY OF ALLEGHENY COUNTY 1250 PENN AVENUE PO BOX 735 PITTSBURGH, PA 15230 25-1043578 501(C)(3) 5,000 0 SPONSORSHIP VETERANS LEADERSHIP PROGRAM OF WESTERN PENNSYLVANIA INC - 2417 EAST CARSON STREET - PITTSBURGH, PA 15203 25-1434643 501(C)(3) 5,000 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMENS AND GIRLS FOUNDATION OF							
OUTHWEST PENNSYLVANIA - 100 WEST							
STATION SQUARE DRIVE - PITTSBURGH,							
A 15219	74-3055311	501(C)(3)	5,000.	0.			SPONSORSHIP
WCA							
05 WOOD ST							
	25 0065630	E01/G1/21	E 000	0			anonaon airth
ITTSBURGH, PA 15222-1982	25-0965639	501(C)(3)	5,000.	0.			SPONSORSHIP

Schedule I (Form 990) (2012) UNIVERSITY OF PITTSBURGH 25-0965591 Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (e) Method of valuation (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance INSTITUTIONAL AID TO STUDENTS 14726 162,653,596 0 2333 21,117,017 0 TUITION REMISSION TUITION REMISSION- STUDENTS ATTENDING OTHER UNIVERSITIES 478 7,573,085 0 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES PART II: GRANTS AND ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE UNITED STATES: THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCEDURES FOR FINANCIAL AFFAIRS. RESPONSIBILITY CENTER HEADS WITHIN THE UNIVERSITY ARE RESPONSIBLE FOR MONITORING THE GENERAL USE OF UNIVERSITY FUNDS FOR APPROVED USES. DISBURSEMENT REQUESTS FOR GRANT FUNDS MUST BE APPROVED BY THE FINANCIAL ACCOUNTING INFORMATION SYSTEM (FAIS) ACCOUNT ADMINISTRATOR OR THE HEAD OF

THE RESPONSIBILITY CENTER. WHEN THE REQUESTOR IS ALSO THE FAIS ACCOUNT

THE INSTITUTION DOES MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS

OR ASSISTANCE. THE RECORDS, ELIGIBILITY AND SELECTION CRITERIA ARE

MAINTAINED BY EITHER THE OFFICE OF ADMISSIONS AND FINANCIAL AID, THE

STUDENTS' SCHOOL DEPARTMENT, THE BENEFITS SECTION OF HUMAN RESOURCES, OR

THE FACULTY RECORDS OFFICE.

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" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
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 X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	E		х
	The organization?	5a 5b		X
D	Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	30		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а		6a		Х
	The organization? Any related organization?	6b		Х
b	If "Yes" to line 6a or 6b, describe in Part III.	0.5		
7	For persons listed in 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		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ė		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	۲		
•	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 in 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	in prior Form 990
(1) MARK A. NORDENBERG	(i)	565,652.	0.	27,184.	68,490.	68,857.	730,183.	0.
CHANCELLOR / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICIA E. BEESON	(i)	354,259.	0.	20,975.	42,852.	11,690.	429,776.	0.
PROVOST/SR VICE CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEROME COCHRAN	(i)	480,736.	0.	26,366.	70,186.	12,903.	590,191.	0.
GENERAL COUNSEL/EXEC VICE CHANCELLOR		0.	0.	0.	0.	0.	0.	0.
(4) B. JEAN FERKETISH	(i)	206,558.	0.	8,691.	30,748.	14,061.	260,058.	0.
SEC BRD OF TRST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ARTHUR S. LEVINE	(i)	771,085.	0.	71,684.	30,000.	13,304.	886,073.	0.
SR VC, HEALTH SCI/DEAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAMES V. MAHER, JR.	(i)	280,666.	0.	2,242.	0.	14,942.	297,850.	0.
FORMER PROVOST/SR VICE CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) AMY KRUEGER MARSH	(i)	372,378.	0.	14,225.	36,251.	14,777.	437,631.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ARTHUR G. RAMICONE	(i)	346,198.	0.	25,140.	50,815.	14,061.	436,214.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JAMES P. DIXON II	(i)	1,293,040.	670,388.	33,538.	130,001.	14,555.	2,141,522.	0.
HEAD BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PAUL CHRYST	(i)	1,020,881.	500,000.	22,549.	23,252.	12,075.	1,578,757.	0.
HEAD FOOTBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NANCY E. DAVIDSON	(i)	650,259.	0.	600.	26,250.	5,205.	682,314.	0.
DIRECTOR, UPCI	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEVEN C. PEDERSON	(i)	529,798.	41,667.	11,648.	36,251.	14,172.	633,536.	0.
ATHLETIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) AGNUS BERENATO	(i)	449,398.	0.	18,516.	30,003.	14,875.	512,792.	0.
FORMER WOMEN'S BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III | Supplemental Information

Schedule J (Form 990) 2012

Complete this part to 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.

PART I, LINE 1A: FIRST-CLASS OR CHARTER TRAVEL:

THE UNIVERSITY USES CHARTER AIR TRAVEL PRIMARILY TO TRANSPORT THE FOOTBALL

TEAM AND THE MEN'S AND WOMEN'S BASKETBALL TEAMS TO AWAY GAME VENUES.

OCCASIONALLY, DUE TO TIME CONSTRAINTS, WEATHER CONCERNS, OR CLOSELY

SEQUENCED COMMITMENTS, SENIOR MANAGEMENT MAY USE CHARTER AIR TRAVEL TO MEET

PROFESSIONAL RESPONSIBILITIES.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

CERTAIN SENIOR OFFICERS AT THE UNIVERSITY ARE ELIGIBLE FOR A HEALTH CARE

PACKAGE UP TO A MAXIMUM AMOUNT OF \$5,000 PER YEAR. THE REIMBURSEMENT IS

"GROSSED-UP" FOR INCOME TAX PURPOSES.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

AS A CONDITION OF EMPLOYMENT, THE CHANCELLOR IS REQUIRED TO LIVE IN A

RESIDENCE PROVIDED BY THE UNIVERSITY TO MEET WITH AND ENTERTAIN DONORS,

Schedule J (Form 990) 2012

Page 3

Schedule J (Form 990) 2012	UNIVERSITY OF PITTSBURGH	25-0965591	Page 3
Part III Supplemental Informatio	on .		
Complete this part to provide the inf additional information.	formation, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5	5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any	
PROSPECTIVE DONORS, INSTITU	TIONAL SUPPORTERS, AND BUSINESS ASSOCIATES.		
HEALTH OR SOCIAL CLUB DUES	OR INITIATION FEES:		
BECAUSE CERTAIN OFFICERS OF	THE UNIVERSITY ARE REQUIRED TO ENTERTAIN		
DONORS, PROSPECTIVE DONORS,	INSTITUTIONAL SUPPORTERS, AND BUSINESS		
ASSOCIATES, CLUB MEMBERSHIP	S ARE PROVIDED.		
PERSONAL SERVICES:			
FINANCIAL CONSULTING SERVIC	ES UP TO A MAXIMUM AMOUNT OF \$5,000 PER YEAR ARE		
PROVIDED TO CERTAIN SENIOR	OFFICERS OF THE UNIVERSITY.		

1

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

Employer identification number 25-0965591

	OF PITTSBURGH							25	-096	5591			
Part I Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	ue price	(f) Description	on of purpose	(g) De	eased	(h) On of is			ooled
								Yes	No	Yes	No	Yes	No
A SEE SCHEDULE K, PART VI	25-0965591	91335VHP4	03/31/09	452,	532 _. 151 . s	SEE SCHEDULE	K, PART VI		Х		х		x
,				<u> </u>			•						\vdash
B SEE SCHEDULE K, PART VI	25-0965591	91335VFL5	12/17/08	306,	735,020.s	SEE SCHEDULE	K, PART VI		Х		Х		Х
C SEE SCHEDULE K, PART VI	25-0965591	91335VFU5	01/27/09	44,3	309,750.s	SEE SCHEDULE	K, PART VI		Х		х		х
D SEE SCHEDULE K, PART VI	25-0965591	91335VDH6	07/10/09	401,4	451,947.S	SEE SCHEDULE	K, PART VI		Х		х		x
Part II Proceeds					•								
			Α			В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue				,185,799.	3	306,735,927.	44,	316,041			401	,460	,62
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds			2	,375,498.		744,124.		221,250			1	,004	, 89
8 Credit enhancement from proceeds													
9 Working capital expenditures from pro	oceeds												
40 0 11 11 11 1			200	,459,691.		1,792,598.	4,	111,766			1	,234	, 68
11 Other spent proceeds			150	,379,000.	3	304,200,000.	40,	000,000			400	,447	,04
12 Other unspent proceeds													
13 Year of substantial completion				2013		2008	2	8008				2009	,
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a cu	urrent refunding issue?		Х		Х		Х			Х			
15 Were the bonds issued as part of an a	advance refunding issue?			X		Х		Х					Х
16 Has the final allocation of proceeds be	een made?		Х		Х		Х			Х			
17 Does the organization maintain adequate books an	nd records to support the final alloca	tion of proceeds?	Х		Х		Х			Х			
Part III Private Business Use													
1 Was the organization a partner in a pa	artnership, or a member of a	an LLC,	Α			В	С				D		
which owned property financed by tax	x-exempt bonds?		Yes	No	Yes	No	Yes	No		Yes		No	
				X		Х		Х					Х
2 Are there any lease arrangements that	t may result in private busir	ness use of											
bond-financed property?			х		Х		х			Х			

ENTITY

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► See separate instructions. ➤ Attach to Form 990.

OMB No. 1545-0047 2012 Open to Public

Inspection

Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP# (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No 91335VJK3 122,262,000. SEE SCHEDULE K, PART VI Х A SEE SCHEDULE K, PART VI 25-0965591 06/12/12 Х Х 25-0965591 91335VJL1 06/18/13 122,318,400. SEE SCHEDULE K, PART VI Х Х B SEE SCHEDULE K, PART VI Х D Part II Proceeds С D Α В 1 Amount of bonds retired 2 Amount of bonds legally defeased 116,025,249, 122,071,019 3 Total proceeds of issue 4 Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 222.883 247.583 7 Issuance costs from proceeds 8 Credit enhancement from proceeds Working capital expenditures from proceeds 32,034,409 31,671,636. Capital expenditures from proceeds 90,000,000 70,000,000. Other spent proceeds 11 20,402,729 Other unspent proceeds 2012 2013 Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Х Х Has the final allocation of proceeds been made? Х Х Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Was the organization a partner in a partnership, or a member of an LLC, Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes No Х Х 2 Are there any lease arrangements that may result in private business use of Х Х bond-financed property?

UNIVERSITY OF PITTSBURGH 25-0965591

Schedule K (Form 990) 2012

Page 2

Part III Private Business Use (Continued)								
		Ą		В	(2	ı	D
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?	Х		Х		Х		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?	X		Х		Х		X	
c Are there any research agreements that may result in private business use of bond-financed property?	Х		Х		Х		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?	Х		Х		Х		X	
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government >		4.02 %		.14 %		%		.23 %
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		4.02 %		.14 %		%		.23 %
7 Does the bond issue meet the private security or payment test?	X		Х		Х		X	
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х		X		Х
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	X		Х		Х		X	
Part IV Arbitrage								
		A		В	(<u> </u>	l	D
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		Х		Х		X		Х
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х		Х		Х		Х
b Exception to rebate?	Х		Х		Х		Х	
c No rebate due?		Х		Х		X		Х
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed		_			,	1		
3 Is the bond issue a variable rate issue?		Х	Х			Х	X	
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		Х	Х			X	Х	
b Name of provider	N/A		BARCLAYS		N/A		BARCLAYS 1	
c Term of hedge		_		26.0000000				32.7500000
d Was the hedge superintegrated?		Х		Х		Х		Х
e Was the hedge terminated?		Х		Х		Х		Х
232122						Sc	hedule K (Fo	rm 990) 2012

ENTITY UNIVERSITY OF PITTSBURGH 25-0965591 Schedule K (Form 990) 2012 Page 2 Part III Private Business Use (Continued) В С D Α **3a** Are there any management or service contracts that may result in private Yes No Yes No Yes No Yes No business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Х Х c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 % % % Х Х 7 Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х Х governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Х Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage С

		_			•	,		
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		Х		Х				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		Х				
b Exception to rebate?			Х					
c No rebate due?		Х		Х				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed								
3 Is the bond issue a variable rate issue?		Х		Х				
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		Х		Х				
b Name of provider	N/A							
c Term of hedge								
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		Х						

ENTITY

Page 3

UNIVERSITY OF PITTSBURGH 25-0965591

Part IV Arbitrage (Continued) В С D Yes No Yes No Yes No Yes No 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Х Х Х Х **6** Were any gross proceeds invested beyond an available temporary period? 7 Has the organization established written procedures to monitor the requirements of section 148? Х Х Х Х Part V Procedures To Undertake Corrective Action Α В D Yes No Yes No Yes No Yes No Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

232123 12-17-12

ENTITY

C

 Schedule K (Form 990) 2012
 UNIVERSITY OF PITTSBURGH
 25-0965591
 Page 3

 Part IV
 Arbitrage (Continued)
 A
 B
 C
 D

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

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

Α

В

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K PART I BOND ISSUES

COLUMN (F) - DESCRIPTION OF PURPOSE

A-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIVERSITY REFUNDING BONDS. SERIES A OF 2009 AND UNIVERSITY

CAPITAL PROJECT BONDS, SERIES B OF 2009

B-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIV. CAPITAL PROJECT AND REFUNDING BONDS SERIES 2000A,

2002B, 2005ABC; DECEMBER 2008 CONVERSION BONDS

C-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIVERSITY CAPITAL PROJECT AND REFUNDING BONDS, SERIES A OF

2002; JANUARY 2009 CONVERSION BONDS

D-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION-2009 INTEREST RATE MODE CONVERSION BONDS; JULY 2009

CONVERSION BONDS

E-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- PITT ASSET NOTES- TAX-EXEMPT HIGHER EDUCATION REGISTERED

SERIES OF 2012; PANTHERS

F-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- PITT ASSET NOTES- TAX-EXEMPT HIGHER EDUCATION REGISTERED

SERIES OF 2013; PANTHERS

SCHEDULE K PART I BOND ISSUES

COLUMN (F) - DESCRIPTION OF PURPOSE

A-FINANCE CAPITAL PROJECTS; REFUNDING OF SERIES 2007 A BONDS ISSUED

232123 12-17-12 D

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

3/8/2007

B-UNIV. CAPITAL PROJECT AND REFUNDING BONDS SERIES 2000A, SERIES

2002B SERIES 2005ABC: 12/17/2008.

PAR: 84,700,000

NAME: SERIES A OF 2000

ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985 C AND 1989 A BONDS

STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION"

PAR: 40,000,000

NAME: SERIES A OF 2002

ORIGINAL PURPOSE: REFUNDED 35% OF THE SERIES 1992 A AND 1992 B BONDS

STATUS: REISSUED ON 01/27/09 "UNIVERSITY CAPITAL PROJECT AND REFUNDING

BONDS, SERIES A OF 2002"

PAR: 29,500,000

NAME: SERIES B OF 2002

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION"

PAR: 75,000,000

NAME: SERIES A OF 2005

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION"

PAR: 45,000,000

NAME: SERIES B OF 2005

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. STATUS: N/A PAR: 30,000,000 NAME: SERIES C OF 2005 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: N/A C-INTEREST RATE MODE CHANGE FOR SERIES 2002 A BONDS D-2009 INTEREST RATE CONVERSION BONDS; 07/10/09. PAR: 84,700,000 NAME: SERIES A OF 2000 ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985 C AND 1989 A BONDS PAR: 50,000,000 NAME: SERIES B OF 2000 ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985 C AND 1989 A BONDS PAR: 50,000,000 NAME: SERIES C OF 2000 ORIGINAL PURPOSE: CAPITAL BOND PROJECTS PAR: 29,500,000 NAME: SERIES B OF 2002 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS PAR: 75,000,000

NAME: SERIES A OF 2005

ISSUED DATE:3/8/2007

DEBT DESCRIPTION: SERIES 2007 A/B BONDS

ORIGINAL AMOUNT OF ISSUE: \$255,000,000

AMOUNT OF ISSUE OUTSTANDING:

AS OF JUNE 30, 2013: \$104,621,000

PERCENTAGE OF PRIVATE BUSINESS USE: 0.23%

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. SCHEDULE K PART IV, LINE 3B & 3C, HEDGE PROVIDER AND TERM OF HEDGE COLUMN B: SWAPS WERE IDENTIFIED ON 12/17/08; AND REIDENTIFIED ON 07/10/09. NOTIONAL MATURITY DATE EFFECTIVE DATE COUNTERPARTY \$7,500,000 9/15/2031 9/15/2013 BARCLAYS BANK \$7,500,000 9/15/2036 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2037 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2039 9/15/2013 BARCLAYS BANK COLUMN D: SWAPS WERE IDENTIFIED ON 12/17/08; AND REIDENTIFIED ON 07/10/09. NOTIONAL MATURITY DATE EFFECTIVE DATE COUNTERPARTY \$7,500,000 9/15/2031 9/15/2013 BARCLAYS BANK \$7,500,000 9/15/2036 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2037 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2039 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2040 12/5/2008 BARCLAYS BANK 9/15/2041 12/5/2008 \$24,621,000 BARCLAYS BANK

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship h) Approved (d) Loan to or (c) Purpose **(g)** In (a) Name of (e) Original (i) Written (f) Balance due with by board or from the agreement? interested person of loan principal amount default? organization? cómmittee? organization Yes Yes From To No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance **assistance** àssistance interested person and the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

Part IV	Business	Transaction	ns Involvin	g lı	nterested Persons
Schedule L	(Form 990 or	990-EZ) 2012	UNIVERSITY	OF	PITTSBURGH

Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of cation's nues?
				Yes	No
SEE SCH. L PART V	N/A	0.	N/A		Х
	 				
	+			+	
	 			1	
	+				
Part V Supplemental Information					
Complete this part to provide additionate	al information for responses to questions	s on Schedule L (see	instructions).		
SCHEDULE L PART IV					
BUSINESS TRANSACTIONS INVOLVING INTERES	STED PERSONS				
(A) NAME OF INTERESTED PERSON: JOSHUA	COCHRAN				
(A) NAME OF INTERESTED PERSON. COSMON	COCINAN				
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION: FAMILY				
WINDLY OF THROWS GOOWEN'S GRANDLY GOOD	/				
MEMBER OF JEROME COCHRAN, GENERAL COUNS	SEL/ EXECUTIVE VICE CHANCELLOR				
(C) AMOUNT OF TRANSACTION: \$67,431					
(D) DESCRIPTION OF TRANSACTION: EMPLO	MENT				
(E) SHARING OF ORGANIZATION'S REVENUES	? NO				
(A) NAME OF INTERESTED PERSON: ERIN NO	ORDENBERG				
(II) WIND OF INTERESTED PROOF. BRING	MULINDING				
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION: FAMILY				
MEMBER OF MARK MORDENBERG GUANGELLOR					
MEMBER OF MARK NORDENBERG, CHANCELLOR					
(C) AMOUNT OF TRANSACTION: \$38,503					
(D) DESCRIPTION OF TRANSACTION: EMPLO	MENT				
(E) SHARING OF ORGANIZATION'S REVENUES	? NO				
(A) NAME OF INTERESTED PERSON: ANITA	P. COURCOULAS MD				
	,, ,				
(B) RELATIONSHIP BETWEEN INTERESTED PE	RSON AND ORGANIZATION: FAMILY				
MEMBED OF TOX I GIMBEDG MUIGHER					
MEMBER OF IRA J. GUMBERG, TRUSTEE.					
(C) AMOUNT OF TRANSACTION: \$202,448					
			shadula I (Form 000	000 I	7) 0040

232132 12-03-12

- (A) NAME OF INTERESTED PERSON: JOHN MAIER
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF JAMES V. MAHER, JR., A FORMER OFFICER.

(C) AMOUNT OF TRANSACTION: \$51,500

MORGAN O'BRIEN IS THE CEO AND SERVES ON THE BOARD OF DIRECTORS AT

PEOPLE'S NATURAL GAS COMPANY.

(C) AMOUNT OF TRANSACTIONS: \$1,173,508

(D) DESCRIPTION OF TRANSACTION: UTILITY SERVICE

(E) SHARING OF ORGANIZATION'S REVENUES? NO

Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
Complete this part to provide additional information for responses to questions on ochequie E (see instructions).
(A) NAME OF INTERESTED PERSON: PARKHURST DINING SERVICES
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE
SUZANNE W. BROADHURST SERVES ON THE BOARD OF DIRECTORS OF PARKHURST
DINING SERVICES.
(C) AMOUNT OF TRANSACTION: \$751,449
(D) DESCRIPTION OF TRANSACTION: FOOD SERVICE
(E) SHARING OF ORGANIZATION'S REVENUES? NO
(A) NAME OF INTERESTED PERSON: PNC BANK
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE
EVA TANSKY BLUM SERVES AS THE SENIOR VICE PRESIDENT. TRUSTEE CHARLES E.
BUNCH SERVES AS A DIRECTOR OF PNC. TRUSTEE SY HOLZER SERVES AS
PRESIDENT OF PNC BANK - PITTSBURGH.
(C) AMOUNT OF TRANSACTION: \$523,776
(D) DESCRIPTION OF TRANSACTION: BANKING SERVICE
(E) SHARING OF ORGANIZATION'S REVENUES? NO
(A) NAME OF INTERESTED PERSON: BUCHANAN, INGERSOLL, AND ROONEY
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE
JOHN A. BARBOUR IS CEO AND CHAIRMAN AT BUCHANAN, INGERSOLL, AND ROONEY .
(C) AMOUNT OF TRANSACTION: \$614,808
(D) DESCRIPTION OF TRANSACTION: LEGAL COUNSEL
(E) SHARING OF ORGANIZATION'S REVENUES? NO

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNIVERSITY OF PITTSBURGH 25-0965591 Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g WRITTEN APPRAISAL Art - Works of art 69,830. Art - Historical treasures 2 Art - Fractional interests Х 2,222,035. WRITTEN APPRAISAL Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Х 96 7,901,962. MEAN VALUE DATE REC'D Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 DENTAL EQUIPM Х 159,960. FMV 25 Other NEW EQUIPMENT Х 62,620. FMV Other -26 Х 1 20,000. MOTOMAN ROBOT FMV 27 Other MEDICAL ARTIF Х 14,339. FMV 28 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 17 29

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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.
PART I, OTHER TYPES OF PROPERTY:
METEORITE COLLECTION
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 12346.
(D) METHOD OF DETERMINING REVENUE: FMV
TRAVEL EXPENSES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10157.
(D) METHOD OF DETERMINING REVENUE: FMV
DRILL ATTACHMENTS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 10081.
(D) METHOD OF DETERMINING REVENUE: FMV
MEALS LODGING TRANSPORTATION
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 9950.
(D) METHOD OF DETERMINING REVENUE: FMV
ALUMINUM SHEET TUBING AND PLATE
(A) CHECK IF APPLICABLE = X
232142 12-20-12 Schedule M (Form 990) (2012

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.
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
(D) METHOD OF DETERMINING REVENUE: FMV
STUDENT HOUSING
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5000.
(D) METHOD OF DETERMINING REVENUE: FMV
LAW SCHOOL DEAN RECEPTION
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2676.
(D) METHOD OF DETERMINING REVENUE: FMV
MEMORIAL GOLF OUTING
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1200.
(D) METHOD OF DETERMINING REVENUE: FMV
LOTTERY TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 100.
(D) METHOD OF DETERMINING REVENUE: FMV
232142 12-20-12 Schedule M (Form 990) (2012

Supplemental Information. Complete this part to 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.
BONUS CERTIFICATES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 90.
(D) METHOD OF DETERMINING REVENUE: FMV
232142 12-20-12 Schedule M (Form 990) (201

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** 25-0965591 UNIVERSITY OF PITTSBURGH FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE UNIVERSITY OF PITTSBURGH, FOUNDED IN 1787, IS ONE OF THE OLDEST INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES AND ONE OF THE NATION'S TOP PUBLIC RESEARCH UNIVERSITIES. FOR MORE THAN TWO CENTURIES. THE UNIVERSITY OF PITTSBURGH HAS SERVED THE NEEDS OF ITS HOME REGION, THE COMMONWEALTH OF PENNSYLVANIA, AND THE NATION AS A LEADER IN EDUCATION, A PIONEER IN RESEARCH AND A PARTNER IN COMMUNITY SERVICE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **EXPENSES** GRANTS REVENUE STUDENT SERVICES 120,565,493 SCHOLARSHIPS AND FELLOWSHIPS 158,216,453 158,216,453 112,802,770 AUXILIARY ENTERPRISES 119,260,250 LIBRARIES 46,936,696 PUBLIC SERVICE 83,437,306 622,073 EXP. \$ 521,958,718. INCL GRANTS OF \$ 158,838,526. REVENUE \$ 119,260,250. FORM 990, PART VI, SECTION A, LINE 2: EVA TANSKY BLUM, CHARLES E. BUNCH, AND SY HOLZER HAVE A BUSINESS RELATIONSHIP (ALL ARE OFFICERS AND/OR SERVE ON THE SAME BOARD OF DIRECTORS OF AN OUTSIDE ORGANIZATION). ROBERT M. HERNANDEZ AND DAWNE S. HICKTON HAVE A BUSINESS RELATIONSHIP (ONE

232211 01-04-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).	
WILLIAM K. LIEBERMAN AND HERBERT S. SHEAR HAVE A BUSINESS RELATIONSHIP (ONE	
ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).	
EVA TANSKY BLUM AND BURTON M. TANSKY HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 7A: YES. UNDER THE COMMONWEALTH ACT OF	
1966 (THE "ACT"), TWELVE OF THE TRUSTEES ARE DESIGNATED AS COMMONWEALTH	
TRUSTEES. FOUR ARE APPOINTED BY THE GOVERNOR, WITH ADVICE AND CONSENT OF	_
TWO-THIRDS OF ALL MEMBERS OF THE SENATE. FOUR ARE APPOINTED BY THE	
PRESIDENT PRO TEMPORE OF THE SENATE. FOUR ARE APPOINTED BY THE SPEAKER OF	
THE HOUSE OF REPRESENTATIVES.	
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE MAY 12,2014 MEETING OF	
THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, A COPY OF THE DRAFT IRS FORMS	
990 AND 990-T FOR FISCAL YEAR 2013 WAS DISTRIBUTED TO EACH COMMITTEE	
MEMBER. AT THE MAY 12 MEETING, THE CHIEF FINANCIAL OFFICER OF THE	
UNIVERSITY REVIEWED BOTH FORMS WITH THE AUDIT COMMITTEE. VOTING MEMBERS OF	
THE COMMITTEE INCLUDE OUTSIDE DIRECTORS, WHILE NONVOTING MEMBERS INCLUDE	
SENIOR UNIVERSITY ADMINISTRATORS AS WELL AS STUDENT, FACULTY, AND STAFF	
REPRESENTATIVES. THE REVIEW INCLUDED A DISCUSSION OF EACH SIGNIFICANT	
SECTION OF THE TWO FORMS, HIGHLIGHTING RELEVANT CHANGES IN REQUIRED	
REPORTING AND ANY SIGNIFICANT VARIATIONS FROM PREVIOUS FILINGS. COMMITTEE	
MEMBERS WERE FREE TO ASK QUESTIONS AND PROVIDE FEEDBACK. SUBSEQUENT TO THE	
AUDIT COMMITTEE'S REVIEW, A COPY OF FORM 990 WAS MADE AVAILABLE TO EACH	
MEMBER OF THE ENTIRE BOARD OF TRUSTEES AND ALSO MADE AVAILABLE FOR PUBLIC	
TNCDECUTON	

232212 01-04-13

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
FORM 990, PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF	
INTEREST POLICY FOR TRUSTEES APPLIES TO MEMBERS OF THE UNIVERSITY'S BOARD	
OF TRUSTEES ("BOARD") WHO ARE ENTITLED TO VOTE AT BOARD MEETINGS. SUCH	
MEMBERS OF THE BOARD ARE REQUIRED ANNUALLY TO DISCLOSE AFFILIATIONS THEY	
(OR THEIR SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER WHOLE OR HALF	
BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) HAVE WITH ANY ORGANIZATION WITH	
WHICH THERE IS A REASONABLE POSSIBILITY THE UNIVERSITY MAY HAVE BUSINESS	
DEALINGS. FURTHER, SUCH MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE	
TRANSACTIONS AND PROPOSED TRANSACTIONS (EXCLUSIVE OF TRANSACTIONS BETWEEN	
THE UNIVERSITY AND ITSELF OR A CLOSE AFFILIATE, OR FOR WHICH THE UNIVERSITY	
WILL RECEIVE COMPETITIVE BIDS FROM TWO OR MORE COMPANIES, OR THAT INVOLVE	
THE RENDERING OF SERVICES OF A COMMON CARRIER, CONTRACT CARRIER OR PUBLIC	
UTILITY AT RATES/CHARGES FIXED IN CONFORMITY WITH LAW OR GOVERNMENTAL	
AUTHORITY, OR THAT INVOLVE SERVICES OF A BANK DEPOSITARY OF FUNDS, TRANSFER	
AGENT, REGISTRAR OR TRUSTEE UNDER TRUST INDENTURE, OR SIMILAR SERVICES)	
WHEN THEY FIRST RECEIVE KNOWLEDGE OF THE SAME AND AS THEY ARISE BETWEEN THE	
UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE TRUSTEE (OR THEIR	
SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER WHOLE OR HALF	
BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) OR AN ORGANIZATION WITH WHICH THE	
TRUSTEE (OR THEIR SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER WHOLE OR	
HALF BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) IS AFFILIATED WHEN THE AMOUNT	

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
INVOLVED DOES OR IS LIKELY TO EXCEED \$50,000. IF POSSIBLE, DISCLOSURES ARE	
TO BE MADE PRIOR TO ANY SUCH TRANSACTION.	
THE REQUIRED ANNUAL DISCLOSURES ARE SUBMITTED TO THE UNIVERSITY'S OFFICE OF	
SECRETARY AND FORWARDED TO THE UNIVERSITY'S OFFICE OF GENERAL COUNSEL. THE	
OFFICE OF GENERAL COUNSEL THEN CONDUCTS AN EXTENSIVE REVIEW, WHICH REVIEW	
INCLUDES A SURVEY OF VARIOUS OFFICES OF THE UNIVERSITY, WITH REGARD TO	
RELEVANT BUSINESS RELATIONSHIPS OF THE UNIVERSITY AND THE MEANS BY WHICH	
THOSE RELATIONSHIPS WERE FORMULATED AND CONTINUE. THE RESULTS OF THAT	
EXTENSIVE REVIEW ARE SHARED BY THE OFFICE OF SECRETARY WITH THE BOARD'S	
CONFLICT OF INTEREST COMMITTEE. THE BOARD'S CONFLICT OF INTEREST COMMITTEE	
CONSISTS OF THREE MEMBERS OF THE BOARD, AND INCLUDES THE CHAIRPERSON OF THE	
BOARD, THE CHAIRPERSON OF THE BOARD'S BUDGET COMMITTEE AND THE CHAIRPERSON	
OF THE BOARD'S AUDIT COMMITTEE.	
THOSE DISCLOSURES OF TRANSACTIONS AND PROPOSED TRANSACTIONS MADE BY BOARD	
MEMBERS, AS THEY ARISE, HAVE BEEN DIRECTED TO THE OFFICE OF SECRETARY. THAT	
OFFICE, IN CONSULTATION WITH OTHER UNIVERSITY OFFICES- INCLUDING THE	
UNIVERSITY'S OFFICE OF GENERAL COUNSEL- AS NECESSARY, HAS REVIEWED THEM FOR	
POTENTIAL CONFLICTS.	
ANY APPLICABLE MEMBER OF THE BOARD WHO IS A PARTY TO, OR IS AFFILIATED WITH	
AN ORGANIZATION THAT IS A PARTY TO, AN APPLICABLE TRANSACTION WITH THE	
UNIVERSITY MAY NOT PARTICIPATE IN ANY CONSIDERATION OR ACTION BY THE BOARD	
RELATING TO THE MATTER, OTHER THAN TO MAKE A BRIEF POSITION STATEMENT AND	
ANSWER PERTINENT QUESTIONS OTHER BOARD MEMBERS MIGHT HAVE. ADDITIONALLY,	
THOSE UNIVERSITY EMPLOYEES WHO ARE RESPONSIBLE FOR ACQUIRING GOODS OR	
SERVICES ON THE UNIVERSITY'S BEHALF - TO THE EXTENT THEY ARE AWARE, AT ALL, 232212 01-04-13	Pahadula O /Faura 000 au 000 F7\ /00 /0\
01-04-13	Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
OF A RELEVANT BOARD MEMBER'S AFFILIATION - DO SO EXCLUSIVELY BASED UPON THE	
UNIVERSITY'S BEST BUSINESS INTERESTS, INCLUDING CONSIDERATION OF SUCH	
FACTORS AS EVALUATION AND RE-EVALUATION OF THE COST AND QUALITY AND	_
ARMS-LENGTH NEGOTIATION OF THE TERMS.	
The barein restriction of the family.	
THOUGH NOT FORMALLY ADOPTED BY THE BOARD, THE UNIVERSITY HAS SEPARATE	
CONFLICT OF INTEREST POLICIES APPLICABLE TO EMPLOYEES, INCLUDING THOSE WHO	
ARE OFFICERS OF THE UNIVERSITY. ALL UNIVERSITY EMPLOYEES ARE REQUIRED TO	
DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE BETWEEN THE	
UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE EMPLOYEE (OR AN	
IMMEDIATE FAMILY MEMBER OF THE EMPLOYEE) OR AN ORGANIZATION IN WHICH THE	
EMPLOYEE (OR AN IMMEDIATE FAMILY MEMBER OF THE EMPLOYEE) HAS A FINANCIAL	
INTEREST, WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED \$500.	
ADDITIONALLY, UNIVERSITY STAFF AND ADMINISTRATORS ABOVE A CERTAIN JOB	
CLASSIFICATION LEVEL - WHICH, AS A PRACTICAL MATTER, INCLUDES ALL OF THE	
UNIVERSITY'S EMPLOYEE/OFFICERS - MUST MAKE ADDITIONAL DISCLOSURES. FIRST,	
THOSE INDIVIDUALS MUST DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS	
THEY ARISE BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND,	
THE EMPLOYEE (OR SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS	
WELL AS SIBLINGS, PARENTS, AND NON-DEPENDENT CHILDREN - INCLUDING STEP AND	
IN-LAW VARIANTS - IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELATIVE IS	
LIKELY TO OR WILL BENEFIT) OR AN ORGANIZATION IN WHICH ANY OF THE FOREGOING	
IS AFFILIATED WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED \$500.	
FURTHER, THOSE EMPLOYEES MUST ANNUALLY DISCLOSE AFFILIATIONS THEY (OR	
SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS WELL AS SIBLINGS,	
PARENTS, AND NON-DEPENDENT CHILDREN - INCLUDING STEP AND IN-LAW VARIANTS -	
IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELATIVE IS LIKELY TO OR WILL	

Name of the organization UNIVERSITY OF PITTSBURGH	25-0965591
BENEFIT) HAVE WITH ANY ORGANIZATION WITH WHICH THE UNIVERSITY HAD BUSINESS	
DEALINGS IN THE PAST YEAR OR WITH WHICH THERE IS A REASONABLE POSSIBILITY	
THE UNIVERSITY MAY HAVE BUSINESS DEALINGS IN THE NEXT YEAR.	
ALL DISCLOSURES REQUIRED OF UNIVERSITY EMPLOYEES ARE TO BE MADE TO THE NEXT	
HIGHER ADMINISTRATOR IN THE EMPLOYEE'S SUPERVISORY LINE (IN THE CASE OF THE	
UNIVERSITY'S CHANCELLOR, SUCH DISCLOSURES ARE MADE TO THE UNIVERSITY	
SECRETARY). THE RECIPIENT OF SUCH INFORMATION REVIEWS SUCH DISCLOSURES FOR	
REAL, APPARENT OR POTENTIAL CONFLICTS OF INTEREST AND THEN RECOMMENDS AND	
INITIATES SUCH ACTION AS IS NECESSARY TO RESOLVE THE SAME. ANY RELEVANT	
EMPLOYEE WHO DISAGREES WITH THE RECOMMENDATION FOR RESOLVING CONFLICTS MADE	
BY HIS/HER REVIEWING ADMINISTRATOR MAY APPEAL TO THE NEXT HIGHER	
ADMINISTRATOR IN THE SUPERVISORY LINE. IN ANY EVENT, EMPLOYEES ARE	
PROHIBITED FROM EXERCISING ANY UNIVERSITY DECISION-MAKING AUTHORITY OR FROM	
EXERTING INFLUENCE CONCERNING ANY ORGANIZATION OR TRANSACTION IN WHICH THEY	
OR A FAMILY MEMBER HAVE A PERSONAL INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES, BY	
RESOLUTION OF JUNE 13, 1991 (AMENDED JUNE 19, 1992), ESTABLISHED THE	
COMPENSATION COMMITTEE AS A STANDING COMMITTEE OF THE BOARD. THE	
COMPENSATION COMMITTEE IS AUTHORIZED TO DETERMINE THE CHANCELLOR'S	
COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES. UPON THE	
RECOMMENDATION OF THE CHANCELLOR, THE COMPENSATION COMMITTEE ALSO REVIEWS	
THE COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES, OF THE	
OFFICERS OF THE UNIVERSITY, EXCEPT ASSISTANT TREASURERS AND ASSOCIATE	
SECRETARIES.	

THE COMPENSATION COMMITTEE IS COMPRISED OF THE CHAIRPERSON OF THE BOARD, 232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
THE CHAIR OF THE BUDGET COMMITTEE OF THE BOARD, AND OTHER TRUSTEES. NO	
TRUSTEE SERVING ON THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST	
WITH RESPECT TO THE CHANCELLOR'S OR OFFICERS' COMPENSATION ARRANGEMENTS.	
TO ASSIST THE COMPENSATION COMMITTEE IN MEETING ITS RESPONSIBILITIES, THE	
SERVICES OF A GLOBAL PROFESSIONAL SERVICES FIRM ARE USED FOR COMPENSATION	
CONSULTING AND MARKET RESEARCH. THAT FIRM PROVIDES THE COMPENSATION	
COMMITTEE WITH COMPENSATION DATA FROM A GROUP OF COMPARABLE U.S. RESEARCH	
INSTITUTIONS. THE OFFICERS' COMPENSATION IS BENCHMARKED AGAINST THESE	
INSTITUTIONS.	
MINUTES OF THE COMPENSATION COMMITTEE'S MEETINGS ARE MAINTAINED IN THE	
OFFICE OF THE SECRETARY OF THE BOARD OF TRUSTEES. ACCESS TO MINUTES OF ALL	
PUBLIC MEETINGS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES ARE AVAILABLE	
TO THE PUBLIC.	
FORM 990, PART VI, SECTION C, LINE 19: ALL RELEVANT DOCUMENTS, INCLUDING	
THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE MADE	
AVAILABLE TO THE PUBLIC VIA THE UNIVERSITY'S WEB SITE AND/OR BY REQUEST.	
FORM 990, PART VI, SECTION B, LINE 13 AND 14	
WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY	
THE UNIVERSITY HAS A WHISTLEBLOWER AND DOCUMENT RETENTION AND	
DESTRUCTION POLICY. HOWEVER, THE POLICIES HAVE NOT BEEN ADOPTED BY THE	
BOARD OF TRUSTEES.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ➤ Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2012 Open to Public Inspection

Employer identification number Name of the organization 25-0965591 UNIVERSITY OF PITTSBURGH

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

(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	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL	TO INTEGRATE FUNDRAISING						
AND HEALTH SCIENCES FOUNDATION -, 3600	FOR THE UNIVERSITY OF						
FORBES AVE, SUITE 8084 FORBES TOWER,	PITTSBURGH AND UPMC	PENNSYLVANIA	501(C)(3)	11A			Х
BRADFORD EDUCATIONAL FOUNDATION - 25-1399653							
300 CAMPUS DRIVE	TO SUPPORT THE UNIVERSITY						
BRADFORD, PA 16701	OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	11C			Х
THE UPG FOUNDATION - 25-1571569	ENHANCE AND IMPROVE THE						
150 FINOLI DRIVE	QUALITY OF THE GREENSBURG						
GREENSBURG, PA 15601	CAMPUS OF THE UNIVERSITY	PENNSYLVANIA	501(C)(3)	11C			х
JOHNSTOWN EDUCATIONAL FOUNDATION -	TO CONTROL FUNDS						
25-1513720, UPJ,266 BLACKINGTON HALL,	EXCLUSIVELY IN CONNECTION						
JOHNSTOWN, PA 15904	WITH JOHNSTOWN CAMPUS	PENNSYLVANIA	501(C)(3)	11C			х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

UNIVERSITY OF PITTSBURGH 25-0965591

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(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	contr	512(b)(13) rolled zation?
EYE AND EAR FOUNDATION - 25-1439732	ADVANCE EFFORTS OF					1.00	
BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST,	OTOLARYNGOLOGY AND						i
PITTSBURGH PA 15213	OPTHALMOLOGY DEPARTMENTS	PENNSYLVANIA	501(C)(3)	11C			x
UNIVERSITY OF PITTSBURGH TRUST - 25-1465279	OVERSIGHT OF CERTAIN						
5TH AVE AND BIGELOW	UNIVERSITY AFFILIATED						l
PITTSBURGH, PA 15260	- ENTITIES AND ASSETS	PENNSYLVANIA	501(C)(3)	11C			x
UNIVERSITY DENTAL HEALTH SERVICES -	TO PROVIDE TEACHING AND						
25-1762396, 3501 TERRACE STREET, PITTSBURGH,	PATIENT CARE IN A TEACHING						i
PA 15261	AND RESEARCH SETTING	PENNSYLVANIA	501(C)(3)	3			x
PITTSBURGH SKIN & CANCER FOUNDATION -	SUPPORT OF PROGRAMS.						
25-0965472, 190 LOTHROP STREET STE 145,	RESEARCH, AND EDUCATION						l
PITTSBURGH, PA 15213	WITHIN DERMATOLOGY	PENNSYLVANIA	501(C)(3)	7			x
PITTSBURGH TISSUE ENGINEERING INITIATIVE							
INC 25-1789285, 100 TECHNOLOGY DRIVE NO	FOSTER RESEARCH PERTAINING						i
200, PITTSBURGH, PA 15219	TO TISSUE ENGINEERING	PENNSYLVANIA	501(C)(3)	11A			х
MPC CORPORATION - 25-1128244	RESEARCH ACTIVITIES TO AID						
5000 FORBES AVENUE	EDUCATIONAL AND ECONOMIC						l
PITTSBURGH, PA 15213	DEVELOPMENT IN PA	PENNSYLVANIA	501(C)(3)	11A			x
	-						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of		portion- cations?		Genera	I or Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f) (g)		(h)	(i) Section	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l	b)(13) rolled
								Yes	No
TSH CORPORATION - 25-1520417			UNIVERSITY OF						1
124 CATHEDRAL OF LEARNING	REPRESENTATIVE		PITTSBURGH						1
PITTSBURGH, PA 15260	OFFICE- BEIJING	PA	TRUST	C CORP			5.00%		Х
FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN									
5TH AVE AND BIGELOW			UNIVERSITY OF						
PITTSBURGH, PA 15260	DORMANT	PA	PITTSBURGH	C CORP			100.00%	Х	
SCHENLEY PARK APARTMENTS COMPANY - EIN									
UNKNOWN, 5TH AVE AND BIGELOW, PITTSBURGH, PA			UNIVERSITY OF						
15260	DORMANT	PA	PITTSBURGH	C CORP			100.00%	Х	
CARILLO STEAM PRODUCTION ASSOCIATION, LLC -	SERVICE CORPORATION								
27-1073489, 400 EUREKA BUILDING, 3400 FORBES	TO MANAGE THE STEAM		UNIVERSITY OF						
AVENUE, PITTSBURGH, PA 15260	PLANT	PA	PITTSBURGH	C CORP			75.00%	Х	
									<u> </u>

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х		
	Gift, grant, or capital contribution to related organization(s)				1b		Х		
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		Х		
g	g Sale of assets to related organization(s)								
	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х			
					10	Х			
р	Reimbursement paid to related organization(s) for expenses				1p	Х			
	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r		Х		
	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on which it is the above in the ab								
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/				
1)									
2)									
•									
3/									

(4)

(5)

(6)

Schedule R (Form 990) 2012 UNIVERSITY OF PITTSBURGH 25-0965591 Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(e)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	(k) Percentage ownership

Form 8868 (Rev. 1-2013)					Page 2			
• If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check th	s box		▶ X			
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously	filed Form	8868.				
● If you are filing for an Automatic 3-Month Extension, comple	ete only P	art I (on page 1).						
Part II Additional (Not Automatic) 3-Month I	Extensio	n of Time. Only file the origin	nal (no c	opies ne	eded).			
		Enter filer's	identifyi	ng number,	see instructions			
Type or Name of exempt organization or other filer, see instru	uctions		Employe	r identificati	on number (EIN) or			
print								
File by the UNIVERSITY OF PITTSBURGH				25-0965	591			
due date for filling your Number, street, and room or suite no. If a P.O. box,	see instruc	tions.	Social se	curity numb	per (SSN)			
return. See 116 ATWOOD STREET, SUITE 201								
instructions. City, town or post office, state, and ZIP code. For a t	foreign add	dress, see instructions.						
PITTSBURGH, PA 15260-0100								
Enter the Return code for the return that this application is for (file	le a separa	te application for each return)			0 1			
Application	Return	Application			Return			
Is For	Code	Is For			Code			
Form 990 or Form 990-EZ	01							
Form 990-BL	02	Form 1041-A	***************************************		08			
Form 4720 (individual)	03	Form 4720			09			
Form 990-PF	04	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870		·····	12			
STOP! Do not complete Part II if you were not already granted	d an auton		iously file	ed Form 886	i8.			
THURMAN D. WINGROVE								
 The books are in the care of ► 3015 CATHEDRAL OF LEAD 	RNING -	PITTSBURGH, PA 15260-6471						
Telephone No. ► (412)624-6050		FAX No. ▶	·					
 If the organization does not have an office or place of busines 	s in the Un				▶ □			
 If this is for a Group Return, enter the organization's four digit 	Group Exe	emption Number (GEN) . I	f this is fo	r the whole	group, check this			
box 🔪 🔲 . If it is for part of the group, check this box 🚩	and atta	ch a list with the names and EiNs of	all memb	ers the exte	nsion is for.			
4 I request an additional 3-month extension of time until	MAY 15,	2014 .						
5 For calendar year, or other tax year beginning	ЛUL 1, 2	012 , and ending	g Jun 3	0, 2013				
6 If the tax year entered in line 5 is for less than 12 months, or	heck reaso	on: Initial return	Final r	eturn				
Change in accounting period		•						
7 State in detail why you need the extension								
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLE	TE AND A	CCURATE TAX RETURN.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, er	nter the tentative tax, less any						
nonrefundable credits. See instructions.		. ,	8a	\$	0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any i	refundable credits and estimated						
tax payments made. Include any prior year overpayment all	owed as a	credit and any amount paid						
previously with Form 8868.		,	8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Include your pa	yment with	n this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See instructions.								
		t be completed for Part II o	nly.					
Under penalties of perjury, I declare that I have examined this form, includi t is true, correct, and complete, and that I am authorized to prepare this fo	ing accompa		_	my knowledg	ge and belief,			
ignature ► Clicturila macone Title ► c			Date	> 1	114/13			
					969 (Pov. 1-2012)			

Form **8868** (Rev. 1-2013

223842 01-21-13

University of Pittsburgh 25 Highest Paid Non-Officers For the Year Ended June 30, 2013 Right-to-Know Disclosure

Ranking	Name	Total Gross
1	Dixon, James P II	\$1,969,364
2	Chryst, Paul J	\$1,526,515
3	Davidson, Nancy E	\$651,543
4	Pederson, Steven Charles	\$577,083
5	Berenato, Agnus M	\$455,655
6	Burke, Donald S	\$450,910
7	Becich, Michael J	\$450,591
8	Kanter, Steven L	\$440,549
9	Braun, Thomas W	\$414,535
10	Denis, David J	\$405,500
11	Trucco, Massimo M	\$400,851
12	Taylor, Douglass Lansing	\$376,511
13	Malandro, Marc Shane	\$374,493
14	Inman, John Jeffrey	\$373,499
15	Denis, Diane K	\$364,878
16	Huard, Johnny	\$361,026
17	Masnick, Jeffrey L	\$360,344
18	Huxtable, David Allen	\$359,912
19	Gronenborn, Angela M	\$357,062
20	Perfetti, Charles A	\$355,458
21	Berg, Jeremy Mark	\$355,000
22	Freeman, Bruce A	\$349,702
23	Sorkin, Alexander Davidovich	\$347,581
24	Curran, Dennis P	\$342,250
25	Roth, Loren H	\$336,116

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

CHAIL	110.	10.	-	
2	0	1	1	
Ope			ell.	

A F	or the 2	011 calendar year, or tax year beginning JUL 1 2011 and endir	ng JU	N 30, 2012	
		C Name of organization		D Employer identific	ation number
вp	eck if plicable:		1		
	Address	UNIVERSITY OF PITTSBURGH	-		
	Name	Doing Business As		25-096	5591
\equiv	inital retum		n/suite	E Telephone number	
\vdash	Termin-	116 ATWOOD STREET, SUITE 201		•	624-6395
\vdash	ated Amended			G Gross receipts \$	3,491,441,994.
\vdash	Applica- tion	PITTSBURGH PA 15260-0100	- 1	H(a) is this a group re	rtum
	beugire Stigu	F Name and address of principal officer:MARK A. NORDENBERG		for affiliates?	Yes X No
		107 CATHEDRAL OF LEARNING, PGH, PA 15260	1	H(b) Are all affiliates inc	lyded? Yes No
		pot status: X 501(c)(3) 501(c) ()	527		list. (see instructions)
		► WWW.PITT.EDU		H(c) Group exemptio	
		ganization: X Corporation Trust Association Other ►	L Year o		State of legal domicile: PA
ANESSANA		Summary			
2.85		iefly describe the organization's mission or most significant activities: TO PROVIDE	HTGH	OUALITY	
8		DUCATIONAL SERVICES, RESEARCH, AND COMMUNITY SERVICE.			
뛜		heck this box if the organization discontinued its operations or disposed of	of more	than 25% of its not as	reate
Activities & Governance					38
ő		umber of voting members of the governing body (Part VI, line 1a)			27
8		umber of independent voting members of the governing body (Part VI, line 1b)			27687
8		territorio di trattada di projetti di ancienti di anci		6	454
<u> </u>		otal number of volunteers (estimate if necessary)	• ••		-12,611,522.
Act		otal unrelated business revenue from Part VIII, column (C), line 12		7a 7b	-15,233,299.
	b N	et unrelated business taxable income from Form 990-T, line 34			Current Year
			-	Prior Year	256,310,103.
9	I	ontributions and grants (Part VIII, line 1h)		294,711,799.	1,776,045,308.
Ē		rogram service revenue (Part VIII, line 2g)	·	1,737,570,925.	185,696,335.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		196,545,474.	5,015,104.
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	16,772,282.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	2,245,600,480.	2,223,074,850. 233,798,758.
		rants and similar amounts pald (Part IX, column (A), lines 1-3)	- }	224,193,655. 0	0.
		enefits paid to or for members (Part IX, column (A), line 4)	·- ├-		1,246,529,171.
8		atelies, office portiboriostratif and parties and the second of the seco		1,075,847,399, 214,285,	219,702.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), linc 11e)		214,203,	215,702.
- 5		otal fundraising expenses (Part IX, column (D), line 25) 15,174,657	<u>- 333</u>	-	677,734,489.
ш	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	679,128,484	2,158,282,120.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1 979 383 823	
	19 F	levenue less expenses. Subtract line 18 from line 12		256,216,657	
Net Assets or Fund Balances	į .		B€	eginning of Current Year	End of Year
set	20 T	otal assets (Part X, line 16)		5,399,923,355	
- 2°°	21 T	otal liabilities (Part X, line 26)		1,908,969,461	1 961 241 515.
22	22 N	let assets or fund balances. Subtract line 21 from line 20		3,490,953,894	3,400,405,994.
	art II	Signature Block			to the desired helled it is
Und	ler penat	ties of perjury, I declare that I have examined this return, including accompanying schedules an	id staten	nents, and to the best of r	ny knowleage and belief, it is
true	, correct	and complete. Quaration of preparer (other than officer) is based on all information of which	prepare	r has any knowledge.	
	l	A taling Kamuson		<u> </u>	<u> </u>
Sig	ın	Signature of officer	¢	nate .	
He	re	ARTHUR G, RAMICONE, CFO	•		
		Type or print name and title		Date Check	PTIN
	j	Print/Type preparer's name Preparer's signature	_/		<u> </u>
Pal	id	ROCCO R. ROMANO WOCO TO KOMON	<u>"</u>	5-8-13 settemple	
	parer	Firm's name DURISH POPECK & CO., LLC.		Firm's EIN ▶	25-1306171
Usi	9 Only	Firm's address THREE GATEWAY CENTER SUITE 2400			
		PITTSBURGH, PA 15222-1015			112-391-1994
Ma	ay the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

ı u	Check if Schedule O contains a response to any question in this Part III	x
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 X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and attack the total suppose and unusual if any few sections are required to report the amount of grants and	
 4а	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 706,419,040. including grants of \$ 71,526,245.) (Revenue \$	827,092,545.)
	RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED	,
	TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISSIONED BY AN EXTERNAL AGENCY OR BUDGETED BY A UNIT.	
	OR DEBORNED DI II ONII.	
4b	(Code:) (Expenses \$ 535,641,465. including grants of \$) (Revenue \$	682,544,612.
	INSTRUCTION - INCLUDES EXPENDITURES FOR ACTIVITIES OF THE INSTITUTION'S INSTRUCTION PROGRAMS.	
	(Code:) (Expenses \$ 158,099,782. including grants of \$) (Revenue \$	153,424,999.)
70	ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN SUPPORT OF THE UNIVERSITY'S	
	PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AND PUBLIC SERVICE.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 545,104,881. including grants of \$ 162,272,513.) (Revenue \$ 117,107, 107, 107, 107, 107, 107, 107,	681.)
<u>4e</u>	Total program Scretce expenses F	Form 990 (2011)

132002 02-09-12

Form 990 (2011) UNIVERSITY OF PITT 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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	Х	
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21; 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		Х
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	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	Х	
С	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		Х
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	44.1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	446		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		- 21
ıza		12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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	17	Х	
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	Х	
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	Х	
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 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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			l
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Statements Regarding Other IRS Filings and Tax Compliance Part V

a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response to any question in this Part V			X
Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gambling) withings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and 42 is greater than 350, you may be required to e-file gene instructions) 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d X X but the vice of the file of price of 150 or the year? If No. Provider an expendent on its Oncholus O 4d 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 accounts? See instructions for filing requirements for Form TD F00.221, Report of Foreign Bank and Financial Accounts. Sa Was the organization aparty to a prohibited tax shelter transaction and the tax year? 5d Was the organization or party to a prohibited tax shelter transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction solid any contributions that were not acceledate. 6d V If Year, if one is 6a or 5b, did the organization that was or is a party to a prohibited tax shelter transaction or gifts were not tax deductible? 7 Organization shall may receive deductible contributions under section 170(c). 8 If Year, if the organization that were not tax deductible? 7 Organization that we				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to pizze winners? 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 b if at least one is reported on line 2a, did the organization file all required federal employment tax returne? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has if filed a Form 900-T for this year? If Y/6, "provide an explanation in Schedule O. 3b If Yes, 1 has if filed a Form 900-T for this year? If Y/6, "provide an explanation in Schedule O. 3b If Yes, 1 has in Schedule or the year? If Y/6, "provide an explanation in Schedule O. 3c If Yes, 1 has in Schedule Organization that If Y/6, "provide an explanation in Schedule O. 3c If Yes, 1 has the schedule organization that If Y/6, "provide an explanation in Schedule Organization that If Y/6, and If Y/6, and If Y/6,	1a	Enter the humber reported in Box 6 of 1 of in 1666. Enter 6 in 166 applicable			
(agambling) winnings to prize winners? 2 Entor the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization lie all required federal employment tax returns? 5 If a least one is reported on line 2a, did the organization lie all required federal employment tax returns? 5 If a least one is reported on line 2a, did the organization lie all required federal employment tax returns? 5 If If Yes, 1 sain if field a form 990-71 for this year If If Who, *provide an explanation in Schedule 0 5 If Yes, 1 sain if field a form 990-71 for this year If If Who, *provide an explanation in Schedule 0 6 If Yes, 1 sain if field a form 990-71 for this year If If Who, *provide an explanation in Schedule 0 6 If Yes, 1 sain the name of the foreign country, *Potters** Destination of the financial account; *Potters** See instructions for Illing requirements for form 15 P0221, Report of Foreign Bank and Financial Accounts. 5 If Yes, 1 sain the sain ship is the sai	b				
22 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, filed for the cached ary year ending with or within the year covered by this return 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2	С				
flied for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If "No, provide an explanation of orther financial account?" 4c A 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? 5c Did the If "Yes," of the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5d Bose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductible? 5c Did the organization shall have receive deductible contributions under section 170(c). 5d Did the organization shall wave receive deductible contributions under section 170(c). 5d Did the organization shall wave receive deductible contribution and partly for goods and services provided to the payor? 5d Did the organization shall exceed the payor and the payor an			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bid the organization have unrelated business gross income of \$1,000 or more during the year? 31 bid If "Yes," has it filed a Form 990-Ti for this year? If "No.", provide an explanation in Schedule O 32 at X at my time during the celaradry 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)? 32 bid "Yes," has it filed a Form 990-Ti for this year? If "No.", provide an explanation in Schedule O 33 at X at X at x in the did and a foreign country. Such as a bank account, securities account, or other financial account)? 33 at X at X at x in the organization and the foreign country. PotRERS COUNTRYS 34 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 35 at X bid any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction? 36 bid any taxabib party notify the organization that it was or is a party to a prohibited tax shelter transaction? 36 bid with the organization and a party to a prohibited tax shelter transaction? 37 bid If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 37 organizations that many receive deductible contributions under section 170(c). 38 bid H organization receive a payment in excess of \$75 made party as a contribution of understoped to the payor? 38 bid If "Yes," include on financial and party for goods and services provided to the payor? 39 bid the organization receive a payment in excess of \$75 made party as a contribution of understoped to the payor and party as a contribution of understoped to the payor and party for goods and services provided to the payor? 30 bid the organization receive any funds, di	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-filic (see instructions) 3		The did the sciencial year ending with a within the year severed by this retain		77	
3a X b frives, has it field a Form 990-fror this year? If "No, "provide an explanation in Schedule O 3b X b frives, has it field a Form 990-fror this year? If "No, "provide an explanation in Schedule O 3b X c financial account in a foreign country (such as a bank account, securities account, or other authority over, a financial account)? 4a X b frives, the tried and foreign country (such as a bank account, securities account, or other financial account)? 4a X b frives, the origination of the foreign country (such as a bank account, securities account, or other financial account). 5b frives, the origination of party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 0b 1f "Yes," did the organization notily the donor of the value of the goods or services provided? 0b 0b 0b 0b 0b 0b 0b 0	b		2b	X	
b if "Yes," has it flield a Form 990-T for this year / if "No." provide an explanation in Schedule O 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) in a foreign country (such as a bank account, securities account, or other financial account). b If "Yes," enter the name of the foreign country. ▶ OTHER COUNTRY See instructions for fliing requirements for Form TD F902-21, hepot of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a S S S S S S S S S S S S S S S S S S S	_			v	
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)? See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. By Was the organization aparty to a prohibited tax shelter transaction? So Was the organization aparty to a prohibited tax shelter transaction? So Was the organization aparty to a prohibited tax shelter transaction? So Was the organization aparty to a prohibited tax shelter transaction? So Was the organization aparty to a prohibited tax shelter transaction? So Was the organization shelt as well as the second of the organization that it was or is a party to a prohibited tax shelter transaction? So Was the organization shelt as annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization start many receive deductible contributions under section 170(c). If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization receive apyment in excess of \$75 made party as a contribution of possible organization receive apyment in excess of \$75 made party as a contribution of possible possible organization organization notity the donor of the value of the goods or services provided? To Yes," did the organization receive a pyment in excess of \$75 made party as a contribution of possible					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," either the name of the foreign country;		•	3b	Α	
b if Y'es,* retire the name of the foreign country. ▶ OTERR COUNTRY See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 5b I/ Was the organization apenty to a prohibited tax shelter transaction? 5c 11 Yes,* foil in the organization that it was or is a party to a prohibited tax shelter transaction? 5b 17 Yes,* foil in 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? 5c 17 Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 17 Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d 17 Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d 17 Yes,* did the organization scelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d 17 Yes,* did the organization ordity the conor of the value of the goods or services provided? 5d 17 Yes,* did the organization scelve a payment in excess of \$75 made partly as a contribution of property for which it was required to file Form 8282? 5d 17 Yes,* did the organization scelve and contribution of qualified intellectual property, did the organization contract? 7e X	4a			v	
See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c 1"Yes,* to line 5 a or 5b, did the organization file Form 8886-T? 6 a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a			4a	Λ	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* to line 5a or 5b, did the organization life Form 8886-17 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? 6a If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shart may receive deductible contributions under section 170(c). 9 Did the organization shart may receive deductible contributions under section 170(c). 10 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 10 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 13 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 13 Did the organization make any taxable distributions under section 4966? 14 Did the organization make any taxable distribution of a donor, donor advisor, or related person? 15 Section 501(c)(17) organizations. Enter: 16 Did the organization members or shareholders 17 Did by Cardination free and capital contributions included on Part VIII, line 12 18 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 19 Did the organization inc	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 1c 1f "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$5\times floar party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$5\times floar party as a contribution and partly for goods and services provided to the payor? 7 Did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 17 Did the organization maximal potent advised funds and section 509(a)(3) supporting organizations fle Form 899 as required? 18 Sponsoring organizations maintaining donor advised funds. 19 Sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distribution of oran donor devisor, or related person? 10 Did the organization make any taxable distribution of oran donor devisor, or related person? 10 Did the organization make any taxable distribution or did on Part VIII, line 12 110 Gross recome from them sources (D not net amounts d					v
tif Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 8 If Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 If Yes," inclinate the number of Forms 8282 filed during the year 11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 If Yes, if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 14 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 15 If the organization make any taxable distributions under section 4966? 16 Did the organization make any taxable distributions under section 4966? 17 Did the organization make any taxable distributions under section 4966? 18 Sponsoring organizations make and starbitions. Enter: 19 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross income from members or shareholders 10 Gross income from themse or shareholders 11 Did Did the organization received to other sources (D not net amounts due or received from them.) 11 Section 501(c)(2) organizations. Enter: 21 Gross income from me					
6a Des 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To "X" If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 49667 Ba Initiation fees and capital contributions included on Part VIII, line 12 a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) o					
any contributions that were not tax deductible? b f Yes, " did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7			5C		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	оа		C-		v
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882; d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization was a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a final property for members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(12) organizations. Enter: a If the organization is cluded on Part VIII, line 12 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is cluded to issue qualified health plans in more than one state? N			ba		
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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b Section 501(c)(12) organizations. Enter: 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. 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 c Enter the amount of reserves and payments? If	D		- Ch		
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? b	7		συ		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c			70	x	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c	_				
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7			75		
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To bid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To lif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Soponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Soponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Did Gross income from members or shareholders Gross income from members or shareholders Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year If by If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is section 501(c)(229) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is l	·		70		х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of reserves the organization in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 14a Did the organization in Schedule	Ь	1 1			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b 11 Section 501(c)(12) organizations. Enter: a Gross income from embers or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 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. 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13b 15c 14a Did the organization receive any payments for indoor ta			7e		х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b	_				Х
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 11a 11a 11b 11b 11b 11b 11b 11b 11c 12a 15ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 11c 12a 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. 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 c Enter the amount of reserves on hand 11ac 11b 11c 11c 11c 11c 11c 11c 11c 11c 11					
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 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 X 14b 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.					
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9ction 501(c)(7) organizations. Enter: 10					
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12			8		
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9				
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13a 14a	а	·	9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year b 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. 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 c Enter the amount of reserves on hand 13c 14a IX b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	а	Initiation fees and capital contributions included on Part VIII, line 12			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13b 13c 14a	11	Section 501(c)(12) organizations. Enter:			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13b 13c 14a					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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. 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 c Enter the amount of reserves on hand 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? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а		13a		
organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					
					X
	b	It "Yes," has it filed a Form 720 to report these payments? It "No," provide an explanation in Schedule O	_	000	.0044,

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

Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
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		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X							
5	0 , 0 ,										
6	Did the organization have members or stockholders?	6		Х							
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	Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		37							
_	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	v								
a	The governing body?	8a	X								
	Each committee with authority to act on behalf of the governing body?	8b	^								
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		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>									
	and the control of th		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	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	Х								
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	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		X							
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?		v								
	The organization's CEO, Executive Director, or top management official	15a	X								
D	Other officers or key employees of the organization	15b	^								
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
iva	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	х								
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104									
	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	х								
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶PA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	icial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of the pers	tion:									
	THURMAN D. WINGROVE - (412)624-6050										
132006	3015 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260-6471	F	000 /	0011)							

01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

Х

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.

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

- List all of the organization's **former** officers, key employees, and 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.

(A) Name and Title	(B) Average hours per week	box	not c , unle cer ar	ss pe	ition more	than	th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) EVA TANSKY BLUM								_	_	_
TRUSTEE	5.00	Х						0.	0.	0.
(2) SUZANNE W. BROADHURST	5 00	l								
TRUSTEE	5.00	Х						0.	0.	0.
(3) MICHAEL A. BRYSON	F 00	ļ.,							0	0
TRUSTEE (4) CHARLES E. BUNCH	5.00	Х	<u> </u>					0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(5) JAY COSTA, JR.	3.00	^						0.	0.	0.
TRUSTEE	5.00	x						0.	0.	0.
(6) CATHERINE D. DEANGELIS	3.00	Α.						· · ·	0.	
TRUSTEE	5.00	x						0.	0.	0.
(7) DAN B. FRANKEL	3.00	1				-		0.	0.	
TRUSTEE	5.00	x						0.	0.	0.
(8) BOBBIE GAUNT	1	 								
TRUSTEE	5.00	x						0.	0.	0.
(9) BRIAN GENERALOVICH										
TRUSTEE	5.00	x						0.	0.	0.
(10) IRA J. GUMBERG										
TRUSTEE	5.00	х						0.	0.	0.
(11) ROBERT M. HERNANDEZ										
TRUSTEE	5.00	х						0.	0.	0.
(12) DAWNE S. HICKTON										
TRUSTEE	5.00	Х						0.	0.	0.
(13) SY HOLZER										
TRUSTEE	5.00	Х						0.	0.	0.
(14) JOHN WRIGHT JOYCE										
TRUSTEE	5.00	Х						0.	0.	0.
(15) WILLIAM K. LIEBERMAN										
TRUSTEE	5.00	Х				_		0.	0.	0.
(16) ROBERT G. LOVETT										
TRUSTEE	5.00	Х	<u> </u>					0.	0.	0.
(17) JOHN A. MAHER III										
TRUSTEE	5.00	Х						0.	0.	0.

132007 01-23-12

Form 990 (2011) UNIVERSITY	Y OF PITTSBURG	H							25-0965591		Pa	age 8
Part VII Section A. Officers, Directors	, Trustees, Key Er	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos			one	Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation	ar	nount	of
	week	-	Lei ai	iu a u	II ecic	ii/ ii us	lee)	from	from related		other	
	(describe hours for	recto						the	organizations	1	pensa	
	related	ord	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizati	
	organizations	rustee	trus		8	ubeu		(44-2/1099-141130)		_	d relati	
	in Schedule	Individual trustee or director	Institutional trustee	_	nploy	st cor	<u></u>				anizatio	
	O)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former					
(18) F. JAMES MCCARL III												
TRUSTEE	5.00	х						0.	0.			0.
(19) GEORGE L. MILES, JR.												
TRUSTEE	5.00	Х						0.	0.			0.
(20) MARTHA HARTLE MUNSCH												
TRUSTEE	5.00	Х						0.	0.	<u> </u>		0.
(21) MARLEE S. MYERS												
TRUSTEE	5.00	Х						0.	0.	<u> </u>		0.
(22) MARK A. NORDENBERG												
CHANCELLOR / CEO	40.00	Х		Х				624,042.	0.		140,	254.
(23) MORGAN K. O'BRIEN												
TRUSTEE	5.00	Х						0.	0.			0.
(24) THOMAS H. O'BRIEN												
TRUSTEE	5.00	Х						0.	0.			0.
(25) ROBERT P. RANDALL												
TRUSTEE	5.00	Х						0.	0.			0.
(26) BRYANT J. SALTER												
TRUSTEE	5.00	Х						0.	0.			0.
1b Sub-total						\blacktriangleright		624,042.	0.		140,	
c Total from continuation sheets to Pa	rt VII, Section A							9,866,521.	0.			399.
d Total (add lines 1b and 1c)								10,490,563.	0.	<u> </u>	740,	653.
2 Total number of individuals (including b	out not limited to th	ose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable			
compensation from the organization	<u> </u>											.,652
											Yes	No
3 Did the organization list any former offi	, ,		,	,	•	,	,	•				
line 1a? If "Yes," complete Schedule J										3	Х	
4 For any individual listed on line 1a, is the											,.	
and related organizations greater than										4	Х	
5 Did any person listed on line 1a receive	e or accrue comper	nsat	ion 1	from	any	uni	relat	ted organization or indiv	idual for services			

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors**

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
SODEXO		
PO BOX 536922, ATLANTA, GA 30353-6922	FOOD SERVICE	29,369,318.
PJ DICK INC., 225 NORTH SHORE DRIVE PO BOX		
6774, PITTSBURGH, PA 15212	CONSTRUCTION	20,928,844.
MASCARO CONSTRUCTION CO. LP, 1720		
METROPOLITAN ST, PITTSBURGH, PA 15233-2232	CONSTRUCTION	18,871,489.
SSM INDUSTRIES, INC.		
3401 GRAND AVENUE, PITTSBURGH, PA 15225	CONSTRUCTION	11,878,971.
TURNER CONSTRUCTION COMPANY, TWO PNC PLAZA		
620 LIBERTY AVENUE, PITTSBURGH, PA 15222	CONSTRUCTION	10,493,389.
2 Total number of independent contractors (including but not limite	d to those listed above) who received more than	
\$100,000 of compensation from the organization	616	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Tru									25-096559	<u>T</u>
Coolientia Cinicore, Biroctore, inc		mple	oyee			ligh	est			
(A) Name and title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours) (c	heck				dv)	compensation	compensation	amount of
	per	 	I	T all	I	app 	, iy,	from	from related	other
	week					yee		the	organizations	compensation
		ector				oldm		organization	(W-2/1099-MISC)	from the
		or dir	a.			ated e		(W-2/1099-MISC)		organization
		stee	truste		a	bens				and related
		nal frı	ional		ploye	tcom				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KEITH E. SCHAEFER		드	=	0	~	工	굔			
TRUSTEE	5.00	x						0.	0.	0.
(28) HERBERT S. SHEAR										
TRUSTEE	5.00	x						0.	0.	0.
(29) JACK SMITH									-	
TRUSTEE	5.00	x						0.	0.	0.
(30) CHARLES M. STEINER										
TRUSTEE	5.00	x						0.	0.	0.
(31) JOHN A. SWANSON										
TRUSTEE	5.00	x						0.	0.	0.
(32) BURTON M. TANSKY									-	
TRUSTEE	5.00	x						0.	0.	0.
(33) STEPHEN R. TRITCH									-	
TRUSTEE	5.00	x						0.	0.	0.
(34) THOMAS L. VANKIRK									-	
TRUSTEE	5.00	x						0.	0.	0.
(35) JOHN J. VERBANAC										
TRUSTEE	5.00	x						0.	0.	0.
(36) MARY JO WHITE										
TRUSTEE	5.00	x						0.	0.	0.
(37) SAM S. ZACHARIAS										
TRUSTEE	5.00	x						0.	0.	0
(38) CHARLES R. ZAPPALA										
TRUSTEE	5.00	х						0.	0.	0
(39) PATRICIA E. BEESON										
PROVOST/SR VICE CHANCELLOR	40.00			х				346,405.	0.	50,228
(40) JEROME COCHRAN										
EXEC VICE CHANCELLOR	40.00			х				509,787.	0.	83,161
(41) B. JEAN FERKETISH										
SEC BRD OF TRST	40.00			х				208,318.	0.	42,870
(42) ARTHUR S. LEVINE										
SR VC, HEALTH SCI/DEAN	40.00			х				813,325.	0.	33,423.
(43) JAMES V. MAHER, JR.										
PROVOST/SR VICE CHANCELLOR (FORMER)	40.00						х	290,917.	0.	14,322.
(44) AMY KRUEGER MARSH										
TREASURER	40.00			х				344,979.	0.	49,724.
(45) ARTHUR G. RAMICONE										
V.CHAN BUDGET/CONTROLLER	40.00		1	х	1			384,183.	0.	65,774
(46) JAMES P. DIXON II										
HEAD BASKETBALL COACH	40.00	\perp	L	L	L	х	L	2,301,142.	0.	144,540.
Total to Part VII, Section A, line 1c						<u>.</u>				

Name and title	Form 990 (2011) UNIVERSITY OF									25-096559	1
Name and title	Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
Nours Per Pe	(A)	(B)						_	(D)	(E)	(F)
Week 10	Name and title	hours	(c					ly)	compensation	compensation	amount of
HEAD POOTBALL COACH (FORMER) 40,00 X 1,945,138. 0. 37,65 (48) DAVID R. WANNSTEDT HEAD FOOTBALL COACH (FORMER) 40,00 X 1,291,807. 0. 4,25 (49) STEVEN C. PEDERSON X 794,168. 0. 49,84 (50) NANCY E. DAVIDSON DIRECTOR, UPCI 40,00 X 636,352. 0. 24,60 TRUSTEE VOTING TERM ENDED 06/22/12 5,00 X 0. 0. 0.		1	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	compensation from the organization
HEAD FOOTBALL COACH (FORMER) 40.00 X 1,291,807. 0. 4,25 (49) STEVEN C. FEDERSON 70. 40.00 X 794,168. 0. 49,84 (50) NANCY E. DAVIDSON DIRECTOR, UPCI 40.00 X 636,352. 0. 24,60 (51) ROBERT A. PAUL TRUSTEE - VOTING TERM ENDED 06/22/12 5.00 X 0. 0. 0.	(47) MICHAEL T. GRAHAM (SEE SCH.O) HEAD FOOTBALL COACH (FORMER)	40.00					x		1,945,138.	0.	37,655
(49) STEVEN C. PEDERSON ATHLETIC DIRECTOR 40.00 X 794,168. 0. 49,84 (50) NANCY E. DAVIDSON DIRECTOR, UPCI (51) ROBERT A. PAUL TRUSTEB- VOTING TERM ENDED 06/22/12 5.00 X 0. 0. 0.	(48) DAVID R. WANNSTEDT HEAD FOOTBALL COACH (FORMER)	40.00					x		1,291,807.	0.	4.258
(50) NANCY E. DAVIDSON DIRECTOR, UPCI 40.00 X 636,352. 0. 24,60 (51) ROBERT A. PAUL TRUSTEE- VOTING TERM ENDED 06/22/12 5.00 X 0. 0.	(49) STEVEN C. PEDERSON										
(51) ROBERT A. PAUL TRUSTEE- VOTING TERM ENDED 06/22/12 5.00 X 0. 0.	(50) NANCY E. DAVIDSON	40.00					X		794,168.	0.	
TRUSTEE- VOTING TERM ENDED 06/22/12 5.00 X 0. 0.	DIRECTOR, UPCI (51) ROBERT & PAUL	40.00					Х		636,352.	0.	24,604
	TRUSTEE- VOTING TERM ENDED 06/22/12	5.00	х						0.	0.	0
						_					
2,000,000											
0.000.701											
	Total to Part VII, Section A, line 1c		<u> </u>		<u> </u>		<u> </u>	I	9,866,521.		600,399

	1 990 (2		TIT OF FITTS	DORGII			23-0303331	Page 3
Pa	rt VIII	Statement of Rever	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ifts, Grants ir Amounts	b c	Federated campaigns Membership dues Fundraising events	1b	955,937.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ions) 1e	175,668,311. 79,693,855.				
Cont and (g h	Noncash contributions included in lines Total. Add lines 1a-1f			256,318,103.			
rvice	2 a b	GRANTS/CONTRACTS TUITION		Business Code 541700 611710	827,092,545. 682,544,612.	682,544,612.		827,092,545.
Program Service Revenue	c d	SALES-EDUCATIONAL SALES-AUXILIARY		711300 900004	148,351,740. 117,107,681.	147,093,803. 115,979,562.	1,257,937. 1,128,119.	
Prog	e f	All other program service reverse			948,730.	948,730.		
	<u>g</u> 3	Total. Add lines 2a-2f	dividends, intere	est, and				
	4 5	other similar amounts)	x-exempt bond p	oroceeds >	76,206,083. -653,307. 7,649,802.			76,206,083. -653,307. 7,649,802.
	b	Gross rents Less: rental expenses	(i) Real 18,182,134. 9,784,745.	(ii) Personal				
	d	Rental income or (loss) Net rental income or (loss)			8,397,389.			8,397,389.
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 1357326573.	(ii) Other				
		Gain or (loss) Net gain or (loss)	110,143,559.		110,143,559.			110,143,559.
Other Revenue		Gross income from fundraisin including \$ 955 contributions reported on line Part IV, line 18 Less: direct expenses	,937. of 1c). See	267,394. 426,430.				
0	С	Net income or (loss) from fund Gross income from gaming ad	draising events ctivities. See	>	-159,036.			-159,036.
		Part IV, line 19 Less: direct expenses Net income or (loss) from gam	b					
		Gross sales of inventory, less and allowances Less: cost of goods sold	а	15,818,027. 10,972,955.				
		Net income or (loss) from sale Miscellaneous Revenu PARTNERSHIP GAIN(LOSS)		Business Code 523000	4,845,072. -15,718,123.	4,124,527.	720,545. -15,718,123.	
	11 a b c d	All other revenue					10,,10,120,	
13200	12	Total. Add lines 11a-11d Total revenue . See instructions.		T T T T T T T T T T T T T T T T T T T	-15,718,123. 2,223,074,850.	950,691,234.	-12,611,522.	1028677035.

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) but are not required to complete columns (B), (C), and (D).

Do :-:	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b	t include amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to governments and rganizations in the United States. See Part IV, line 21	71,657,234.	71,657,234.		
	Grants and other assistance to individuals in	, , , , , , , , , , , , , , , , , , , ,			
	ne United States. See Part IV, line 22	157,482,746.	157,482,746.		
	Grants and other assistance to governments,				
	rganizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	4,658,778.	4,658,778.		
	Benefits paid to or for members	, ,	, ,		
	Compensation of current officers, directors,				
	rustees, and key employees	3,561,895.	566,054.	2,777,486.	218,35
	ompensation not included above, to disqualified	, ,	,	· · ·	•
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	865,757,652.	768,936,670.	87,251,843.	9,569,139
	ension plan accruals and contributions (include	, ,			· ·
	ection 401(k) and section 403(b) employer contributions)	75,608,865.	72,560,025.	2,127,558.	921,282
	Other employee benefits	243,464,575.	233,301,975.	8,752,610.	1,409,990
	Payroll taxes	58,136,184.	55,654,509.	1,833,502.	648,17
	ees for services (non-employees):	, ,			· · ·
	Management	335,872.		335,872.	
	egal	5,143,818.		5,143,818.	
	ccounting	758,020.		749,492.	8,528
	obbying	764,938.	764,938.		
	rofessional fundraising services. See Part IV, line 17	219,702.	·		219,70
	nvestment management fees	20,691,626.		20,691,626.	·
	Other	139,469,356.	139,108,954.		360,402
	dvertising and promotion	2,196,115.	2,196,115.		
	Office expenses	96,273,004.	86,089,572.	9,704,996.	478,436
	nformation technology	25,187,208.	24,668,055.	299,753.	219,400
	Royalties				
	Occupancy	130,477,113.	112,519,278.	17,351,287.	606,548
	ravel	47,542,957.	43,100,160.	4,026,340.	416,45
	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	3,616,300.	3,561,261.		55,039
	nterest	46,631,221.	39,440,581.	7,190,640.	
21 P	Payments to affiliates	235,000.	235,000.		
	Depreciation, depletion, and amortization	144,620,757.	120,133,058.	24,487,699.	
	nsurance	5,390,751.	1,335,646.	4,055,105.	
al 2	ther expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.)				
	IBRARY	4,624,334.	4,624,334.		
b D	UES AND FEES	3,776,099.	2,670,225.	1,062,668.	43,200
c					
d					
	all other expenses				
	otal functional expenses. Add lines 1 through 24e	2,158,282,120.	1,945,265,168.	197,842,295.	15,174,65
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				

	rt X	Balance Sheet					1 age - 1
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			810,515,612.	2	675,136,972.
	3	Pledges and grants receivable, net			143,293,646.	3	152,277,654.
	4	Accounts receivable, net			16,098,309.	4	65,179,537.
	5	Receivables from current and former officers, dire	ectors, tr	rustees, key			
		employees, and highest compensated employee of Schedule L				5	
	6	Receivables from other disqualified persons (as a 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section	defined u (3)(B), an	inder section d contributing			
		employees' beneficiary organizations (see instruc				6	
ţ	7				94,155,380.	7	48,026,738.
Assets	l .	Notes and loans receivable, net			5,536,527.	8	4,855,225.
⋖	8	Inventories for sale or use Prepaid expenses and deferred charges			17,301,365.	9	17,131,006.
		•	 I		17,301,303,	9	17,131,000.
	lua	Land, buildings, and equipment: cost or other	100	3,628,520,454.			
	h	basis. Complete Part VI of Schedule D	10a	1,912,789,106.	1,674,756,693.	10c	1,715,731,348.
	l b	1	IUD		1,015,420,758.	11	1,060,894,219.
	11	Investments - publicly traded securities			1,529,671,235.	12	1,592,666,413.
	12				1,323,071,233.	—	1,332,000,413.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			93,173,830.	14	29,748,397.
	15	Other assets. See Part IV, line 11			5,399,923,355.	15	5,361,647,509.
	16	Total assets. Add lines 1 through 15 (must equa			470,732,599.	16	608,980,235.
	17	Accounts payable and accrued expenses			470,732,333.	17	000,500,255.
	18	Grants payable			119,830,145.	18	120,667,237.
	19	Deferred revenue			916,582,401.	19	894,807,949.
	20	Tax-exempt bond liabilities			310,302,401.	20	034,007,343.
ijes	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Payables to current and former officers, directors					
<u>ia</u>		highest compensated employees, and disqualified	ed persor	ns. Complete Part II			
	l	of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			116 015 204	23	100 205 011
	24	Unsecured notes and loans payable to unrelated			116,015,394.	24	122,325,811.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	•		205 000 022		214 460 202
		Schedule D			285,808,922.	_	214,460,283. 1,961,241,515.
	26	Total liabilities. Add lines 17 through 25			1,300,303,401.	26	1,961,241,515.
		Organizations that follow SFAS 117, check he	re 🟲	and complete			
ces		lines 27 through 29, and lines 33 and 34.			2 202 606 006		2 104 101 201
<u>a</u> n	27	Unrestricted net assets			2,283,696,896.	27	2,184,101,281.
Ва	28	Temporarily restricted net assets			652,304,041.	28	622,628,656.
<u>n</u>	29			L	554,952,957.	29	593,676,057.
ŕ		Organizations that do not follow SFAS 117, ch	eck her	e ▶			
10 S		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			2 400 0=2 00:	32	2 400 407 051
_	33	Total net assets or fund balances			3,490,953,894.	33	3,400,405,994.
	34	Total liabilities and net assets/fund balances			5,399,923,355.	34	5,361,647,509.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
		_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,22	3,074	,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,15	8,282	,120.
3	Revenue less expenses. Subtract line 2 from line 1	3	6	4,792	,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,49	0,953	,894.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-15	5,340	,630.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,40	0,405	,994.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		22	1	х
b				Х	
С					
	review, or compilation of its financial statements and selection of an independent accountant?		20	, X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	dit		
	Act and OMB Circular A-133?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	, x	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.			
The orga	anization is not a	a private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)				
1 🗀	7		s, or association of churc								
2 X	7		'0(b)(1)(A)(ii). (Attach Sc								
3	7		tal service organization		in section	170(b)(1)	(A)(iii).				
4	¬ '		operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospital's	name.
•	city, and stat				p.10. 0000			(~)(-)(-)	.,		
5	7		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in	
	-	(b)(1)(A)(iv). (Comple	-	iivoroity o		ociated by	a govern	morntal arm	. 4000110	ou	
6	7		ent or governmental unit	t describe	d in sectio	n 170/h)/	IVAVA				
7	7		eives a substantial part					or from the	general	nublic describ	and in
' _		b)(1)(A)(vi). (Comple		oi its supp	orthonia	governine	intai uniit C	n nom the	general	public describ	ed III
8	7		ection 170(b)(1)(A)(vi).	Complete	Part II \						
9	7					rom contri	hutions m	namharehi	n foos ar	nd aross recei	nte from
<u> </u>	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.										
		509(a)(2). (Complete		.ioii 511 ta	.x) 110111 bu	311103303 6	acquired b	y trie orga	inzation	arter durie 30,	1373.
10 🗆	7		perated exclusively to te	et for nubl	ic safety 9	Soo coctio	n 500(a)(4	1)			
11 🗀	7 · .	-	perated exclusively for the	-	•			-	v out the	nurnoses of o	nne or
	•		ations described in section						•		
			organization and comple				-). 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4)(0). One		u.
	a Type I		¬ ·		e III - Func		egrated		d	Type III - Oth	ner
e 🗀	7		at the organization is not			•	•	r more disc	nualified	, ·	
-		· · · · · · · · · · · · · · · · · · ·	han one or more publicly		•	•	•		-	-	
f		•	ten determination from t		•				<i>γ</i> (α)(1) 01	33311311333(4)	(-).
•		rganization, check th									
g		,	organization accepted ar						sons?		
9			irectly controls, either al							Γ	'es No
			upported organization?								
			n described in (i) above?								\top
			person described in (i) of								$\overline{}$
h			about the supported org							[3(7]	
		3	,		()						
	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S.	ed in the [(vii) Amou suppo	
			above or IRC section (see instructions))			Yes		Yes			
			(SCC IIISTI GCTOTIS))	Yes	No	res	No	res	No		
Fotal											

132021

Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization'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								
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.								
	ction B. Total Support		•	•		.			
_	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	, ,	, ,	, ,		Ì	,		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
_	activities, 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 IV.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instructi	ions)			12			
13									
	organization, check this box and stop	-			•				
Sec	ction C. Computation of Publ						,		
14	Public support percentage for 2011 (I	ine 6, column (f) d	divided by line 11,	column (f))		14	%		
	Public support percentage from 2010					15	%		
	33 1/3% support test - 2011. If the c					more, check this be	ox and		
	stop here. The organization qualifies	as a publicly supp	oorted organization	1		·	ightharpoonup		
b	33 1/3% support test - 2010. If the c								
	and stop here. The organization qual	-							
17a	1 10% -facts-and-circumstances test								
		-							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
r	10% -facts-and-circumstances tes								
	more, and if the organization meets the								
	organization meets the "facts-and-circ		•		• •				
18	Private foundation. If the organization								
		oncon u					or 990-EZ) 2011		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed be Section A. Public Support	now, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(4) 2007	(2) 2000	(6) 2000	(4) 2010	(0) 2011	(i) rotar
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 organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)	_					
13 Total support (Add lines 9, 10c, 11, and 12.)	the ergonization!	l first seemed this	d fourth or fifth t	OV MOOR OO O COST	D 501(a)(2) area:	zotion.
14 First five years. If the Form 990 is for	Ü	, ,	, ,	•	()()	· —
check this box and stop here Section C. Computation of Publi					•••••	
15 Public support percentage for 2011 (li			column (fl)		15	%
16 Public support percentage from 2010					16	
Section D. Computation of Inves					110	70
17 Investment income percentage for 20			ne 13 column (f))		17	%
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2011. If the					L	
more than 33 1/3%, check this box ar	-					
b 33 1/3% support tests - 2010. If the						
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	> L

132023 01-24-12

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		OF PITTSBURGH			25-0965591
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		▶ \$	
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.				
	· ·	ganization is exempt und		<u> </u>	• • • • • • • • • • • • • • • • • • • •
	Enter the amount directly expended				
2	Enter the amount of the filing organ		-	. .	
_	exempt function activities				
3	Total exempt function expenditures				
4	line 17b	1100 DOL for this year?			Yes No
	Did the filing organization file Form Enter the names, addresses and er				
5	made payments. For each organiza				
	contributions received that were pr	·			·
	political action committee (PAC). If			·	99
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(27)	(,	(-,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
				1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011	UNIVERSI	TY OF PI	TTSBURGH		25-09	55591 Page 2
Part II-A Complete if the org	-		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501	(h)).				
A Check 🕨 📖 if the filing organiza	tion belong	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	re of exces	s lobbying	expenditures).			
B Check 🕨 📖 if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
		oying Expe eans amoเ	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uonco nub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl						
d Other exempt purpose expenditure Total exempt purpose expenditure			<i>\</i>			
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a) o	או (ט) וא.		bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00			00 plus 15% of the exc	·		
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc	· · · ·		
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er		, ,,				
h Subtract line 1g from line 1a. If zer	-					
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720	ı	
reporting section 4911 tax for this	•					Yes No
, -	zations tha	t made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2008	(b) 2009	(c) 2010	(d) 2011	(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))						
Crassroots labbuing expanditures						

Schedule C (Form 990 or 990-EZ) 2011

Page 3

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 to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.		Yes	No	Amo	ount
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:				
а	Volunteers?	Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	Х			1,200.
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		T10 160
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			718,462.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			25,229.
i	Other activities?	Х			20,047.
	Total. Add lines 1c through 1i		77		764,938.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(a)	(5) or so	otion	
Fai	501(c)(6).	311 30 1(C)	(3), 01 56	Cuon	
				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		
Paı	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		-
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4					
	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)				
_	t IV Supplemental Information		•		
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A; and	Part II-B, lir	ne 1. Also, o	complete
his į	part for any additional information.				
PAR	II-B, LINE 1, LOBBYING ACTIVITIES:				
JINI	E A: VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO				
ADVO	CATE FOR STATE SUPPORT FOR THE UNIVERSITY, THROUGH LETTER WRITING,				
EMA	LS AND VISITS TO LEGISLATORS AND STATE OFFICIALS.				
-					
INI	B: STAFF MEMBERS- THE UNIVERSITY GOVERNMENTAL RELATIONS OFFICE				

132043 01-27-12

Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		•
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		_
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
_	for charitable purposes and not for the benefit of the donor or co		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		<u> </u>
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat	· —	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it he		
6	Staff and volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and en		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of A	Art Historical Transuras or O	thor Similar Assots
Га	Complete if the organization answered "Yes" to Form 99		tilei Siilliai Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC		mont and balance shoot works of art
Ia	historical treasures, or other similar assets held for public exhib	•	*
	the text of the footnote to its financial statements that describe		ince of public service, provide, in rait xiv,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	sation, or research in further affect of pu	bile service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$65,659.
			44 005 504
2	If the organization received or held works of art, historical treasu		
_	the following amounts required to be reported under SFAS 116		
а	Revenues included in Form 990, Part VIII, line 1		> \$
			. .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

25-	0965	591	Page 2
-	-	_	

Pa	rt III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simila	ır Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant u	se of its	collection	n items	 3
	(check all that apply):								
а	Y Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further tl	ne organization's exe	empt purpo	se in Par	XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	Х	No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		_		
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
							Amount		
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			L	Yes		No
	If "Yes," explain the arrangement in Part XIV.								
Pa	irt V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	years t	oack
1a	Beginning of year balance	2,545,092,295.	2,048,023,903.	1,868,203,535.	2,392,35	59,008.			
b	Contributions	150,002,000.	76,578,000.	36,816,000.	69,74	45,726.			
С	Net investment earnings, gains, and losses	45,818,000.	489,200,000.	235,092,000.	-499,82	20,344.			
d	Grants or scholarships	11,088,373.	10,777,284.	11,003,066.	10,59	92,846.			
е	Other expenditures for facilities								
	and programs	85,749,068.	49,816,797.	73,734,421.	75,44	40,142.			
f	Administrative expenses	8,588,023.				47,867.			
g	End of year balance	2,635,486,831.	2,545,092,295.	2,048,023,903.	1,868,20	03,535.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	ı)) held as:					
а	Board designated or quasi-endowment	56.30	%						
b		%	_						
С	Temporarily restricted endowment	<u>.</u> 60 %							
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organiza	ation			
	by:	-			-			Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations								Х
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	ccumulated	d	(d) Book	c value	,
		basis (investn	nent) basis	(other) de	preciation				
1a	Land	51,25	5,266.				51,	255,	266.
	Buildings		4,791.	1,	286,603,4	169.	1,230,	951,	322.
	Leasehold improvements								
	Equipment		4,150.		424,769,6	588.	222,	264,	462.
	Other	440 65	6,247.		201,415,9	949.	211,	260,	298.
	al. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0(c).)		•	1,715,		

	Investments - Other Securities. See						
(a) Description of security or category	(b) Book value			` '	nod of va	
	(including name of security)	(b) Book value		Cos	st or end-	-of-year m	narket value
(1) Financi	ial derivatives						
(2) Closely	r-held equity interests						
(3) Other							
	IVATE INVESTMENTS	992,422,9		F-YEAR			
	MMINGLED INVESTMENTS IN PUBLIC SEC.	598,592,4		F-YEAR			
(0)	SURANCE CSV & INSURANCE SURPLUS	1,651,0	081. END-0	F-YEAR	MARKET	VALUE	
(D)							
<u>(E)</u>							
(F)							
(G)							
<u>(H)</u>							
(I)	h) must equal Form 000 Port V and (P) line 10)	1 500 666	112				
	b) must equal Form 990, Part X, col (B) line 12.)	1,592,666,4					
Part VIII	I Investments - Program Related. Se	e Form 990, Part X, I	ine 13.		(a) Moth	and of va	luation
	(a) Description of investment type	(b) Book value		Cos		nod of val -of-vear m	narket value
					2. 2. 3.14	, , , , , , , , , , , , , , , , , , ,	
(1)							
(2)							
(4)							
(5)							
(6)							
(7)							
(8)			l l				
(8)							
(9)							
(9) (10)	b) must equal Form 990. Part X. col.(B) line 13.)						
(9) (10) Total . (Col (l	b) must equal Form 990, Part X, col (B) line 13.) Other Assets. See Form 990. Part X. line	15.					
(9) (10)	Other Assets. See Form 990, Part X, line	15. Description					(b) Book value
(9) (10) Total. (Col (I Part IX	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (t Part IX	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (I Part IX	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (I Part IX (1) (2) (3)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (I Part IX (1) (2) (3) (4)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (I Part IX (1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (I Part IX (1) (2) (3) (4)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (I Part IX (1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line						(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a) [Description 15.)					(b) Book value
(9) (10) Total. (Col (total (t	Other Assets. See Form 990, Part X, line (a) [Description 15.)					(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columna (C	Other Assets. See Form 990, Part X, line (a) [Description 15.)	(b) Book va	alue			(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colt Part X 1. (1) Fec	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes	Description 15.) ine 25.	. ,				(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colt Part X 1. (1) Fec (2) REI	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS	Description 15.) ine 25.	32,5	59,204.			(b) Book value
(9) (10) Total. (Col (II Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colt. Part X 1. (1) Fec (2) REJ (3) PRJ	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM	Description 15.) ine 25.	32,5 8,9	59,204. 99,075.			(b) Book value
(9) (10) Total. (Col (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (Col	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES	15.) ine 25.	32,5 8,9 3,7	59,204. 99,075. 41,967.			(b) Book value
(9) (10) Total. (Col (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (Col	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NOITIONAL ASSET REMEDIATION OBLIGATI	15.) ine 25.	32,5 8,9 3,7 40,9	59,204. 99,075. 41,967. 45,913.			(b) Book value
(9) (10) Total. (Col (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Coll. Part X 1. (1) Fec (2) REI (3) PRI (4) OTI (5) COI (6) INT	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NDITIONAL ASSET REMEDIATION OBLIGATI TEREST RATE SWAP	15.) ine 25.	32,5 8,9 3,7 40,9 109,1	59,204. 99,075. 41,967. 45,913. 26,621.			(b) Book value
(9) (10) Total. (Col (II) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colt. Part X 1. (1) Fec (2) REI (3) PRI (4) OTI (5) COI (6) INI (7) AM	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NDITIONAL ASSET REMEDIATION OBLIGATI TEREST RATE SWAP OUNTS HELD IN CUSTODY	15.)ine 25.	32,5 8,9 3,7 40,9 109,1 8,8	59,204. 99,075. 41,967. 45,913. 26,621. 49,641.			(b) Book value
(9) (10) Total. (Col (II) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colt. Part X 1. (1) Fec (2) REI (3) PRI (4) OTI (5) COI (6) INI (7) AMO	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NDITIONAL ASSET REMEDIATION OBLIGATI TEREST RATE SWAP	15.)ine 25.	32,5 8,9 3,7 40,9 109,1 8,8	59,204. 99,075. 41,967. 45,913. 26,621.			(b) Book value
(9) (10) Total. (Col (total total to	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NDITIONAL ASSET REMEDIATION OBLIGATI TEREST RATE SWAP OUNTS HELD IN CUSTODY	15.)ine 25.	32,5 8,9 3,7 40,9 109,1 8,8	59,204. 99,075. 41,967. 45,913. 26,621. 49,641.			(b) Book value
(9) (10) Total. (Col (to Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colt. Part X 1. (1) Fec (2) REJ (3) PRJ (4) OTJ (5) COJ (6) INT (7) AM (8) LEJ	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NDITIONAL ASSET REMEDIATION OBLIGATI TEREST RATE SWAP OUNTS HELD IN CUSTODY	15.)ine 25.	32,5 8,9 3,7 40,9 109,1 8,8	59,204. 99,075. 41,967. 45,913. 26,621. 49,641.			(b) Book value
(9) (10) Total. (Col (I) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (Col	Other Assets. See Form 990, Part X, line (a) [umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X, I (a) Description of liability deral income taxes FUNDABLE US GOVERNMENT STUDENT LOANS ESENT VALUE OF SPLIT INTEREST AGREEM HER LIABILITIES NDITIONAL ASSET REMEDIATION OBLIGATI TEREST RATE SWAP OUNTS HELD IN CUSTODY	15.) ine 25. EENT ON	32,5 8,9 3,7 40,9 109,1 8,8 10,2	59,204. 99,075. 41,967. 45,913. 26,621. 49,641. 37,862.			

132053

25-0965591

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financial S	tate	ment	S
1	Total r	revenue (Form 990, Part VIII, column (A), line 12)		1			2,223,074,850.
2	Total 6	expenses (Form 990, Part IX, column (A), line 25)		2			2,158,282,120.
3		s or (deficit) for the year. Subtract line 2 from line 1					64,792,730.
4		nrealized gains (losses) on investments					-155,340,630.
5		ed services and use of facilities					· · · · · · · · · · · · · · · · · · ·
6		ment expenses					
7		period adjustments					
8		(Describe in Part XIV.)					
9	Total	adjustments (net). Add lines 4 through 8		9			-155,340,630.
10		s or (deficit) for the year per audited financial statements. Combine lines 3 ar					-90,547,900.
		Reconciliation of Revenue per Audited Financial Statemen			er R	eturn	
1	Total r	revenue, gains, and other support per audited financial statements				1	2,065,672,993.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			···· [
а		nrealized gains on investments	2a				
b		ed services and use of facilities					
c		reries of prior year grants					
d		(Describe in Part XIV.)		20,757,	700.		
						20	20,757,700.
_		•			г	2e 3	2,044,915,293.
3		act line 2e from line 1			·····	3	2,044,515,255.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	20 601	ا ء د		
a		ment expenses not included on Form 990, Part VIII, line 7b		20,691,0			
b		(Describe in Part XIV.)	4b	157,467,9	931.		150 150 555
		nes 4a and 4b				4c	178,159,557.
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	\A	ith Evenence		5	2,223,074,850.
		Reconciliation of Expenses per Audited Financial Statem			_		
1		expenses and losses per audited financial statements				1	2,000,880,263.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1				
а		ed services and use of facilities					
b		rear adjustments					
С		losses					
d	Other	(Describe in Part XIV.)	2d	20,757,	700.		
е	Add lii	nes 2a through 2d				2e	20,757,700.
3	Subtra	act line 2e from line 1			[3	1,980,122,563.
4		nts included on Form 990, Part IX, line 25, but not on line 1:					
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	20,691,	626.		
b	Other	(Describe in Part XIV.)	4b	157,467,	931.		
С	Add lii	nes 4a and 4b				4c	178,159,557.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	2,158,282,120.
Pa	rt XIV	Supplemental Information					
Com	plete th	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a	a and 4; Part IV, lir	nes 1b	and 2	b; Part V, line 4; Part
X, lin	e 2; Paı	t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this	part to provide an	y add	litional i	nformation.
PART	· III,	LINE 4: THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL					
TRE	SURES	, AND OTHER SIMILAR ASSETS INCLUDE A VARIETY OF PAINTINGS	,				
SCUI	PTURE	S, PHOTOGRAPHS, ANTIQUES, AND FURNISHINGS AS WELL AS SCHO	LARLY				
חאח	יות אות	D ADGUTTURG MURGE THEMS ARE HAUGED IN VARIOUS RASTITUTES	3 DOILIND				
FAFI	MA CAE	D ARCHIVES. THESE ITEMS ARE HOUSED IN VARIOUS FACILITIES	AKOUND				
CAME	US IN	CLUDING THE FRICK FINE ARTS BUILDING, THE HILLMAN LIBRARY	, AND				
THE	NATIO	NALITY ROOMS. THE WORKS OF ART, HISTORICAL TREASURES, AN	D OTHER				
SIM	LAR A	SSETS ARE USED FOR PUBLIC EXHIBITION AND THE PRESERVATION	OF				
ART	FACTS	AND ANTIQUES FOR THE BENEFIT OF FUTURE GENERATIONS. THE					
					,	Schedu	ile D (Form 990) 2011

132055 01-23-12 Schedule D (Form 990) 2011

TOTAL TO SCHEDULE D, PART XIII, LINE 2D

20,757,700.

Schedule D (Form 990) 2011 UNIVERSITY OF PITTSBURGH	25-0965591	Page 5
Schedule D (Form 990) 2011 UNIVERSITY OF PITTSBURGH Part XIV Supplemental Information (continued)		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
RECLASS OF TUITION DISCOUNTS TO FINANCIAL AID EXPENSE 157,467,931.		
· ·		

132055 01-23-12

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

Pa	rt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		х	
0	other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	1		
2	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
3	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	х	
	OUR NONDISCRIMINATION POLICY STATEMENT WAS PUBLISHED IN THE			
	UNIVERSITY TIMES ON SEPTEMBER 15, 2011.			
	· · · · · · · · · · · · · · · · · · ·			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
f	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		17	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) (2011)

Schedule E (Form 990 or 990-EZ) (2011) UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part II Supplemental Information. Complete this part to provide the explanations required by Para as applicable. Also complete this part to provide any other additional information.	rt I, lines 3, 4d, 5h, 6b, and 7,	·
SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
AS AN INSTRUMENTALITY OF THE COMMONWEALTH OF PENNSYLVANIA, THE UNIVERSITY		
OF PITTSBURGH RECEIVES FUNDS FROM THE COMMONWEALTH. IN ADDITION, THE		
UNIVERSITY RECEIVES FEDERAL PELL GRANTS AND COMMONWEALTH PHEAA GRANTS THAT		
ARE APPLIED TO STUDENTS' ACCOUNTS.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 25 0065501 INTUEDCIMY OF DIMMODIDCH

UNIVERSITY OF PITTSBURG	3N			25-0905591	
Part I General Informula to Form 990, Par		ctivities Ou	tside the United States. Compl	lete if the organization answered "	Yes"
		maintain racer	do to substantiate the amount of its av	anta and other assistance	
=	-		ds to substantiate the amount of its gr the selection criteria used to award the		Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
	he following Part	· L line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region		(c) Number of employees, agents, and independent contractors in 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
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	204,056.
EAST ASIA AND THE			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	1,600,103.
EUROPE	1	3	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	9,666,760.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	128,661.
NORTH AMERICA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	2,359,814.
RUSSIA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	114,995.
SOUTH AMERICA	1	3	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	1,711,143.
SOUTH ASIA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	251,203.
3 a Sub-total	2	6			16,036,735.
b Total from continuation sheets to Part I	0	0			20,680,713.
c Totals (add lines 3a and 3b)	2	6			36,717,448.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Grants and Other	er Assistance to Org	ganizations or Entities	Outside the United States. C	complete if the o	rganization answered	d "Yes" to Form 9	90, Part IV, line 15, fo	r any
recipient who red	ceived more than \$5,	,000. Check this box if n	o one recipient received more	than \$5,000				▶ □
Part II can be du	plicated 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)
		EAST ASIA AND THE PACIFIC	RESEARCH SUBCONTRACT.	483,436.	WIRE/CHECK	0.		
		EUROPE	RESEARCH SUBCONTRACT.	2,733,324.	WIRE/CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBCONTRACT.	25,889.	WIRE/CHECK	0.		
		NORTH AMERICA	RESEARCH SUBCONTRACT.	899,318.	WIRE/CHECK	0.		
		SOUTH AMERICA	RESEARCH SUBCONTRACT.	252,697.	WIRE/CHECK	0.		
		SOUTH ASIA	RESEARCH SUBCONTRACT.		WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	RESEARCH SUBCONTRACT	43,914.	WIRE/CHECK	0.		
			recognized as charities by the	-	-	•		
			n 501(c)(3) equivalency letter					50
3 Enter total number of	other organizations	or entities				>		

Page 2

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. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) Number of (d) Amount of (e) Manner of (f) Amount of (b) Region (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance CENTRAL AMERICA RESEARCH SUBCONTRACT AND THE CARIBBEAN 0 127,639.WIRE/CHECK 0 SCHOLARSHIPS EUROPE 0 125,175. TUITION REFUND 0 SCHOLARSHIPS SOUTH AMERICA 0 123,325. TUITION REFUND 0

Page 3

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)	X 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 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	X 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)	X 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)	X 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)	_ X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Part V Supplemental Information
Complete this part to 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.
SCHEDULE F, PART I, LINE 2: THE INITIAL DETERMINATION OF ELIGIBILITY AND
APPROPRIATENESS OF THE ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL
INVESTIGATOR (PI)/DEPARTMENT AND THE OFFICE OF RESEARCH. THE
PI/DEPARTMENT IDENTIFIES THE ENTITY USUALLY BASED UPON THE UNIQUE NEEDS
OF THE PI EVIDENCED IN THE SCOPE OF WORK. DOCUMENTATION IS OBTAINED FROM
THE ENTITY WHICH IS REVIEWED. UPON SUBMISSION, THE OFFICE OF RESEARCH
LOOKS FOR THIS DOCUMENTATION SO THAT IT MEETS SPONSOR AND UNIVERSITY
REQUIREMENTS. IF AND WHEN THE PROJECT IS FUNDED, THE DEPARTMENT
INITIATES A SUBCONTRACT REQUEST. THE SUBCONTRACT TERMS INCLUDE PROVISIONS
FOR REGULAR WRITTEN PROGRESS REPORTS AS WELL AS INVOICING.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2011

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

Open To Public Inspection

Name of the organization	Attach to Form 990 or Form 990-	EZ. 🖊 :	see s	eparate instructions	Employer ide	ntification number
	• Complete if the organization answ	/ered "\	es" to	o Form 990, Part IV,	25-0965591 line 17. Form 990-E2	Z filers are not
required to complete this par	rt.					
 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g X Specia or oral agreement with any individual Part VII) or entity in connection with lividuals or entities (fundraisers) pure	ation of ation of al fundra al (inclui profess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, tru fundraising services	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
GRIZZARD COMMUNICATIONS	DIRECT MAIL SOLICITATION	Yes	No			
GROUP, INC 229 PEACHTREE	AND CONSULTING		Х	85,280.	29,939.	55,341.
GRENZEBACH GLIER & ASSOCIATES, INC 401 N.	CONSULTING-SEE PART IV		х	0.	189,763.	-189,763.
			<u> </u>	85,280.	219,702.	-134,422.
List all states in which the organization or licensing.					d it is exempt from r	egistration
AL, AK, AZ, AR, CO, CT, DE, FL, GA, ID, I NV, NH, NM, NC, ND, OH, OK, PA, RI, SC, T		ΔΙ, MN,	MS,M	O,MT,NE		

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

132081 01-23-12

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

						ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
- 1			CAMEOS OF CARING	HILLMAN GALA		(add col. (a) through
			DINNER	PARTNERS IN DISCOV	20	col. (c))
a			(event type)	(event type)	(total number)	001. (0))
Revenue						
Š	1	Gross receipts	305,840.	135,000.	750,507.	1,191,347.
-						
	2	Less: Charitable contributions	212,650.	121,250.	607,236.	941,136.
\Box	3	Gross income (line 1 minus line 2)	93,190.	13,750.	143,271.	250,211.
	4	Cash prizes	0.	0.	905.	905.
န္တ	5	Noncash prizes	0.	0.	18,200.	18,200.
Su:						
×pe	6	Rent/facility costs	11,460.	0.	34,001.	45,461.
Direct Expenses						
je	7	Food and beverages	81,590.	13,750.	131,891.	227,231.
	8	Entertainment	3,000.	0.	28,028.	
	9	Other direct expenses	69,966.	0.	33,638.	,
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	(426,429)
	11	Net income summary. Combine line 3, colum				-176,218.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	•			
			(a) Bingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
<u>o</u>				1	(C) Other damind	
enne			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue			(a) Dirigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Billigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Revenue	1		(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
	1	Gross revenue	(a) Billigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
		Cash prizes	(a) Binge	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
			(a) Binge	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c)
	3	Cash prizes Noncash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c)
	3	Cash prizes	(a) Bingo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Direct Expenses Revenue	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	bingo/progressive bingo	(c) Other gailing	col. (a) through col. (c)
	3	Cash prizes Noncash prizes				col. (a) through col. (c)
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%		col. (a) through col. (c)
	3 4 5	Cash prizes Noncash prizes Rent/facility costs				col. (a) through col. (c)
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	Yes%		col. (a) through col. (c)
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	Yes%		col. (a) through col. (c)
Direct Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d)	Yes%	Yes% No	col. (a) through col. (c)
Direct Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	Yes%	Yes% No	col. (a) through col. (c)
Direct Expenses	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No h 5 in column (d) 1, column d, and line 7	Yes%	Yes% No	col. (a) through col. (c)
6 Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the state(s) in which the organization operation	Yes% No h 5 in column (d) 1, column d, and line 7 ttes gaming activities:	Yes%No	Yes% No	()
a b b b a	3 4 5 6 7 8 Entited to the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the treatment of the organization operate the organization licensed to operate gaming active organization licensed organization licensed organization licensed organization lice	Yes % No h 5 in column (d) 1, column d, and line 7 tites gaming activities: ctivities in each of these	Yes% No	Yes% No	()
a b b b a	3 4 5 6 7 8 Entited to the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the state(s) in which the organization operation	Yes % No h 5 in column (d) 1, column d, and line 7 tites gaming activities: ctivities in each of these	Yes% No	Yes% No	()
a b b b a	3 4 5 6 7 8 Entited to the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the treatment of the organization operate the organization licensed to operate gaming active organization licensed organization licensed organization licensed organization lice	Yes % No h 5 in column (d) 1, column d, and line 7 tites gaming activities: ctivities in each of these	Yes% No	Yes% No	()
d b c Direct Expenses	3 4 5 6 7 8 Entitle If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line interest the state(s) in which the organization operate organization licensed to operate gaming action, explain:	Yes% No h 5 in column (d) 1, column d, and line 7 Ites gaming activities: ctivities in each of these s	Yes% No	Yes% No	()
9 a b	3 4 5 6 7 8 Entitle If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the organization operate the organization licensed to operate gaming act the organization. The organization licensed to operate gaming act the organization operate gaming act the organization. The organization licensed to operate gaming act the organization operate gaming act the organization licensed to operate gaming act the organization operate gami	Yes % No h 5 in column (d) 1, column d, and line 7 Ites gaming activities: ctivities in each of these services.	Yes% No states?	Yes% No No	()
9 a b	3 4 5 6 7 8 Entitle If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line interest the state(s) in which the organization operate organization licensed to operate gaming action, explain:	Yes % No h 5 in column (d) 1, column d, and line 7 Ites gaming activities: ctivities in each of these services.	Yes% No states?	Yes% No No	()
9 a b	3 4 5 6 7 8 Entitle If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line of the organization operate the organization licensed to operate gaming act the organization. The organization licensed to operate gaming act the organization operate gaming act the organization. The organization licensed to operate gaming act the organization operate gaming act the organization licensed to operate gaming act the organization operate gami	Yes % No h 5 in column (d) 1, column d, and line 7 Ites gaming activities: ctivities in each of these services.	Yes% No states?	Yes% No No	()

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 UNIVERSITY OF PITTSBURGH	09055	91		Page 3
11	Does the organization operate gaming activities with nonmembers?		\	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?		\neg	'es	☐ No
12	Indicate the percentage of gaming activity operated in:	···	Ξï	-	
		4	<u>,</u>		0.4
	The organization's facility				<u>%</u>
	An outside facility	13	3b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address >				
		_	_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	\ \	es/	└── No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party \$\bigs\\$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address ►				
	Address				
16	Coming manager information				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?			'es	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year > \$	C			
Da		/:::\ a.a	۱،۸		David III
Га		` '	٠,	•	,
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ition (s	ee in	struc	tions).
aat	TRULE C. DADE T. LIVE OD LICE OF MEN HICHERE DAID BUNDDATCEDS				
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:				
(I)	NAME OF FUNDRAISER: GRIZZARD COMMUNICATIONS GROUP, INC.				
(I)	ADDRESS OF FUNDRAISER:				
229	PEACHTREE STREET NE STE 1400, ATLANTA, GA 30303				
/ T \	NAME OF FINDDATCED. CDFN7FRACH CLIFD : ACCOCTATES TWO				
(1)	NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES, INC.				
, - ·	ADDREGG OF TUNIDDATGED				
_	ADDRESS OF FUNDRAISER:				
401	N. MICHIGAN AVE SUITE 2800, CHICAGO, IL 60611				

132083 01-23-12

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2011

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

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization							Employer identification number
UNIVERSITY OF							25-0965591
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records				-			
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro-							
Grants and Other Assistance to		-					
recipient that received more than					can be duplicated if a (f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GARANGGIE MULLON INVIVIRGIEMY							
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE							
PITTSBURGH, PA 15213	25-0969449	501(C)(3)	5,659,085.	0.			RESEARCH-SUBCONTRACT
TITISBONGII, TA 13213	25 0505445	501(0)(3)	3,033,003.	٥.			REBEARCH BUBCONTRACT
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA - 1111 FRANKLIN ST 10	04 3067700	E01/G1/31	4 460 673	0			DEGEN DAY GUDGONEDA GE
FL - OAKLAND, CA 94607	94-3067788	DUI(C)(3)	4,460,673.	0.			RESEARCH-SUBCONTRACT
NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET 20TH FLOOR							
CHICAGO, IL 60603	36-2167808	501(C)(3)	2,413,918.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF WASHINGTON							
GERBERDING HALL G80	01 6001537	E01/G1/31	2 227 545	0			DEGEN DAY GUDGONEDA GE
SEATTLE, WA 98195	91-6001537	501(C)(3)	2,327,545.	0.			RESEARCH-SUBCONTRACT
JOHNS HOPKINS UNIVERSITY							
1101 EAST 33RD ST							
BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,984,942.	0.			RESEARCH-SUBCONTRACT
WVU RESEARCH CORPORATION PO BOX 6005							
MORGANTOWN, WV 26506	55-0665758	501(C)(3)	1,804,859.	0.			RESEARCH-SUBCONTRACT
· · · · · · · · · · · · · · · · · · ·	l .					1	L
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							44.
• Enter total number of other organization	s iisteu iit tite ilhe	1 table					

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF MARYLAND 1201 TURNER HALL COLLEGE PARK, MD 20742 52-6002033 501(C)(3) 1,772,105 0 RESEARCH-SUBCONTRACT MAGEE WOMENS RESEARCH INSTITUTE 3339 WARD STREET 501(C)(3) 1,677,070 0 PITTSBURGH, PA 15213 25-1462312 RESEARCH-SUBCONTRACT CONSORTIUM FOR PUBLIC EDUCATION 410 9TH STREET 25-1533592 0 MCKEESPORT, PA 15132 501(C)(3) 1,654,386 RESEARCH-SUBCONTRACT VANDERBILT UNIVERSITY MEDICAL CENTER - VU STATION B BOX 356310 NASHVILLE, TN 37235 62-0476822 501(C)(3) 1,281,751 0 RESEARCH-SUBCONTRACT REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET -ANN ARBOR, MI 48109 38-6006309 501(C)(3) 1,108,365 0 RESEARCH-SUBCONTRACT PRINCETON UNIVERSITY WASHINGTON ROAD 21-0634501 501(C)(3) 1,022,840 0 RESEARCH-SUBCONTRACT PRINCETON, NJ 08544 COMMUNITY HUMAN SERVICES CORP. 374 LAWN STREET 25-1219610 501(C)(3) 984,755 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15213 LAUNCHPOINT TECHNOLOGIES 5735 HOLLISTER AVE SUITE B ACCOUNTS RECEIVABLE - GOLETA, CA 93117 86-1154993 N/A 975,477 0 RESEARCH-SUBCONTRACT UNIVERSITY OF VIRGINIA BOX 4001953 CHARLOTTESVILLE, VA 22904 54-6001786 501(C)(3) 854,329 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) GEORGETOWN UNIVERSITY 37TH O STREETS NW SUITE 400 WASHINGTON, DC 20057 53-0196603 501(C)(3) 807,649 0 RESEARCH-SUBCONTRACT DUKE UNIVERSITY 324 BLACKWELL STREET 56-0532129 501(C)(3) 800,953 0 DURHAM, NC 27708 RESEARCH-SUBCONTRACT BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 700 REGENT STREET, SUITE 301 - MADISON, WI 53715 745,961 0 39-6006492 501(C)(3) RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON, MA 02115 04 - 2774441501(C)(3) 732,663 0 RESEARCH-SUBCONTRACT ILLUMINA INC 12864 COLLECTIONS CENTER DR CHICAGO, IL 60693 33-0804655 N/A 728,271 0 RESEARCH-SUBCONTRACT VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEHIGH STREET RICHMOND, VA 23219 54-6001758 501(C)(3) 654,129 0 RESEARCH-SUBCONTRACT WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH WEST CAMPUS ONE BROOK 43-0653611 501(C)(3) 645,274 0 RESEARCH-SUBCONTRACT CLAYTON, MO 63105 WORLD HEART CORPORATION 4750 WILEY POST WAY STE 120 SALT LAKE CITY, UT 84116-7622 52-2250843 N/A 610,501 0 RESEARCH-SUBCONTRACT PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802 24-6000376 501(C)(3) 586,621 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST 04 - 2312909501(C)(3) 576,306 0 RESEARCH-SUBCONTRACT BOSTON, MA 02115 TULANE UNIVERSITY 6823 ST CHARLES AVENUE 72-0432889 555,811 0 NEW ORLEANS, LA 70118 501(C)(3) RESEARCH-SUBCONTRACT REGENTS OF THE UNIVERSITY OF CALIFORNIA AT BERKELEY - 2223 540,585 0 FULTON STREET - BERKELEY, CA 94720 94-6002123 501(C)(3) RESEARCH-SUBCONTRACT BETH ISRAEL DEACONESS MEDICAL CENTER - 300 BROOKLINE AVE -BOSTON, MA 02215 04-2103881 501(C)(3) 529,023 0 RESEARCH-SUBCONTRACT FOCUS ON RENEWAL 701 CHARTIERS AVENUE MCKEES ROCKS, PA 15136 23-7181440 501(C)(3) 504,236 0 RESEARCH-SUBCONTRACT UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE -31-4379427 501(C)(3) 478,921 0 RESEARCH-SUBCONTRACT CHAPEL HILL, NC 27599 OHIO STATE UNIVERSITY 154 WEST 12TH AVENUE 31-6025986 501(C)(3) 466,796 0 RESEARCH-SUBCONTRACT COLUMBUS, OH 43210 ALLEGHENY SINGER RESEARCH INSTITUTE - C/O TAX DEPT TWO ALLEGHENY CENTER - PITTSBURGH, PA 15212 25-1320493 501(C)(3) 458,480 0 RESEARCH-SUBCONTRACT RUTGERS, STATE UNIVERSITY OF NEW JERSEY - 3 RUTGERS PLAZA - NEW BRUNSWICK, NJ 08901 22-6001086 501(C)(3) 455,519 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD 56-0532138 501(C)(3) 445,944 0 RESEARCH-SUBCONTRACT WINSTON SALEM, NC 27106 REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSTITY AVE 439,002 0 SE - MINNEAPOLIS, MN 55414 41-6007513 501(C)(3) RESEARCH-SUBCONTRACT OREGON HEALTH & SCIENCE UNIVERSITY 1121 SW SALMON ST 0 PORTLAND, OR 97205 23-7083114 501(C)(3) 438,376 RESEARCH-SUBCONTRACT JACKSON LABORATORY 600 MAIN STREET PO BOX 9741 BAR HARBOR, ME 04609 01-0211513 501(C)(3) 417,205 0 RESEARCH-SUBCONTRACT UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 301 PETERSON SERVICE BUILDING - LEXINGTON, KY 40506 61-6033693 501(C)(3) 412,782 0 RESEARCH-SUBCONTRACT NORTHWESTERN UNIVERSITY 619 CLARK ST RM 217 EVANSTON, IL 60208 36-2167817 501(C)(3) 394,883 0 RESEARCH-SUBCONTRACT YALE UNIVERSITY 47 COLLEGE ST STE 203 06-0646973 501(C)(3) 387,561 0 RESEARCH-SUBCONTRACT NEW HAVEN, CT 06520 HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET SUITE 801 23-2244355 501(C)(3) 383,537 0 RESEARCH-SUBCONTRACT PHILADELPHIA, PA 19107 COLUMBIA UNIVERSITY 615 WEST 131ST ST MC 8741 NEW YORK, NY 10027 13-5598093 501(C)(3) 376,294 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) TURTLE CREEK VALLEY MH/MR INC 723 BRADDOCK AVENUE 25-1250510 501(C)(3) 364,980 0 RESEARCH-SUBCONTRACT BRADDOCK, PA 15104 UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DRIVE -358,336 0 SAN ANTONIO, TX 78284 74-1586031 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF LOUISVILLE OFFICE OF THE CONTROLLER 223 SERVICE COMPLEX - LOUISVILLE, KY 40292 355,863 0 61-1014882 501(C)(3) RESEARCH-SUBCONTRACT KUAKINI MEDICAL CENTER 347 NORTH KUAKINI STREET HONOLULU, HI 96817 99-0074139 501(C)(3) 355,631 0 RESEARCH-SUBCONTRACT UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45221 31-6000989 501(C)(3) 346,301 0 RESEARCH-SUBCONTRACT UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN ST 04-3167352 501(C)(3) 344,567 0 RESEARCH-SUBCONTRACT BOSTON, MA 02110 UNIVERSITY OF ILLINOIS 1901 S FIRST ST 37-6000511 501(C)(3) 342,038 0 RESEARCH-SUBCONTRACT CHAMPAIGN, IL 61820 CHILDRENS MEMORIAL HOSPITAL 2300 CHILDRENS PLAZA CHICAGO, IL 60614 36-2170833 501(C)(3) 303,006 0 RESEARCH-SUBCONTRACT HOWARD UNIVERSITY 576 W ST NW WASHINGTON, DC 20059 53-0204707 501(C)(3) 299,663. 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH INSTITUTE AT NATIONWIDE							
CHILDREN'S HOSPITAL - PO BOX							
715245 - COLUMBUS, OH 43271	31-6056230	501(C)(3)	297,267.	0.			RESEARCH-SUBCONTRACT
·			,				
UNIVERSITY OF MIAMI							
PO BOX 016960 SPONSORED PROGRAMS							
MIAMI, FL 33101-5405	59-0624458	501(C)(3)	291,419.	0.			RESEARCH-SUBCONTRACT
TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3451 WALNUT STREET	22 1252605	E01/G)/3)	205 616	0			DEGEADOU GUDGOMBAGE
- PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	285,616.	0.			RESEARCH-SUBCONTRACT
CHRISTIANA CARE HEALTH SERVICES							
PO BOX 2653							
WILMINGTON, DE 19805	51-0103684	501(C)(3)	284,053.	0.			RESEARCH-SUBCONTRACT
,			,				
MOUNT SINAI SCHOOL OF MEDICINE							
ONE GUSTAVE LEVY PLACE							
NEW YORK, NY 10029	13-6171197	501(C)(3)	274,000.	0.			RESEARCH-SUBCONTRACT
RESEARCH FOUNDATION OF STATE							
UNIVERSITY OF NEW YORK - PO BOX 9	1	504 (5) (2)	050 105				
- ALBANY, NY 12201	14-1368361	501(C)(3)	268,186.	0.			RESEARCH-SUBCONTRACT
IRETA							
425 SIXTH AVENUE							
PITTSBURGH, PA 15219	25-1857820	501(C)(3)	265,517.	0.			RESEARCH-SUBCONTRACT
				- •			
BAYLOR COLLEGE OF MEDICINE							
ONE BAYLOR PLAZA NO T100							
HOUSTON, TX 77030	74-1613878	501(C)(3)	265,168.	0.			RESEARCH-SUBCONTRACT
EAST CAROLINA UNIVERSITY							
C/O ATHANASUIS A ANAGNOSTOU							
HEMATOLOGY/ONCOLOGY - GREENVILLE,							
NC 27858	56-6000403	501(C)(3)	258,851.	0.			RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PONCE SCHOOL OF MEDICINE PO BOX 7004 66-0379122 501(C)(3) 253,837 0 RESEARCH-SUBCONTRACT PONCE, PR 007327004 INOVA JUNPIER PROGRAM 2832 JUNIPER STREET STE 104 54-0620889 0 501(C)(3) 252,744 RESEARCH-SUBCONTRACT FAIRFAX, VA 22031 UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 52-6002036 250,943 0 BALTIMORE, MD 21203-6248 501(C)(3) RESEARCH-SUBCONTRACT CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106 34-1018992 501(C)(3) 246,993 0 RESEARCH-SUBCONTRACT CORNELL UNIVERSITY 341 PINE STREET 15-0532082 501(C)(3) 243,819 0 RESEARCH-SUBCONTRACT ITHACA, NY 14850 GEORGIA TECH RESEARCH GROUP 550 TENTH STREET NW 58-0603146 501(C)(3) 241,950 0 RESEARCH-SUBCONTRACT ATLANTA, GA 30332 ALBERT EINSTEIN COLLEGE OF MEDICINE - 500 WEST 185TH STREET 23-7075620 501(C)(3) 237,456 0 RESEARCH-SUBCONTRACT NEW YORK, NY 10033 UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816 59-2924021 501(C)(3) 234,959 0 RESEARCH-SUBCONTRACT GENEVA FOUNDATION 917 PACIFIC AVENUE SUITE 600 TACOMA, WA 98402 91-1593913 501(C)(3) 229,086, 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) SRI INTERNATIONAL 333 RAVENSWOOD AVENUE 94-1160950 501(C)(3) 226,928 0 RESEARCH-SUBCONTRACT MENLO PARK, CA 94025 MOSS REHAB HOSPITAL 60 E. TOWNSHIP LINE ROAD 22-2290323 225,489 0 ELKINS PARK, PA 19027 N/A RESEARCH-SUBCONTRACT TEMPLE UNIVERSITY 1805 NORTH BROAD ST 11 FL WASCHMAN HALL RM 1108 - PHILADELPHIA, PA 0 19122 23-1365971 501(C)(3) 222,414 RESEARCH-SUBCONTRACT DREXEL UNIVERSITY 3201 ARCH STREET NO. 420 PHILADELPHIA, PA 19104-2875 23-1352630 501(C)(3) 220,552 0 RESEARCH-SUBCONTRACT UNIVERSITY OF IOWA 201 GILMORE HALL IOWA CITY, IA 52242 42-6004813 501(C)(3) 220,097 0 RESEARCH-SUBCONTRACT MIRAVISTA DIAGNOSTICS 4444 DECATUR BLVD SUITE 300 INDIANAPOLIS, IN 46241 30-0038743 N/A 215,215 0 RESEARCH-SUBCONTRACT CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE 31-0833936 501(C)(3) 213,895 0 RESEARCH-SUBCONTRACT CINCINNATI, OH 45229 HEALTHPOINT BIOTHERAPEUTICS PO BOX 910733 DALLAS, TX 75391-0733 74-2802346 N/A 212,132, 0 RESEARCH-SUBCONTRACT BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE - PO BOX 25027 - LOS ANGELES, CA 90025 95-4183712 501(C)(3) 209,052, 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE 36-2177139 501(C)(3) 198,875 0 RESEARCH-SUBCONTRACT CHICAGO, IL 60637 RAND CORPORATION 1776 MAIN STREET 95-1958142 198,774 0 SANTA MONICA, CA 90407 501(C)(3) RESEARCH-SUBCONTRACT SEATTLE CHILDREN'S RESEARCH HOSPITAL - PO BOX 5371 MISC RC -0 SEATTLE, WA 98145 91-0564748 501(C)(3) 198,142 RESEARCH-SUBCONTRACT UNIVERSITY OF SOUTH FLORIDA PO BOX 917590 ORLANDO, FL 32891 59-6001874 501(C)(3) 195,091 0 RESEARCH-SUBCONTRACT BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE 4TH FLOOR 04-2103547 501(C)(3) 189,648 0 RESEARCH-SUBCONTRACT BOSTON, MA 02215 DUQUENSE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE -25-1035663 501(C)(3) 183,061 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15282 GATEWAY REHABILITATION CENTER MOFFETT RUN ROAD 25-1204418 501(C)(3) 182,838 0 RESEARCH-SUBCONTRACT ALIQUIPPA, PA 15001 MAGEE-WOMENS HOSPITAL OF UPMC 300 HALKET STREET PITTSBURGH, PA 15213 25-0965420 501(C)(3) 181,130 0 RESEARCH-SUBCONTRACT MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 04-1564655 501(C)(3) 176,167. 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) REVIVICOR INC. 1700 KRAFT DR SUITE 2400 81-0604263 169,358 0 RESEARCH-SUBCONTRACT BLACKSBURG, VA 24060 N/A WAKE FOREST UNIVERSITY HEALTH SERVICES - MEDICAL CENTER BLVD -22-3849199 164,732 0 WINSTON SALEM, NC 27157 501(C)(3) RESEARCH-SUBCONTRACT BPSI INC 645 BALTIMORE-ANNAPOLIS BLVD 163,077 0 SEVERNA PARK, MD 21146 52-2016004 N/A RESEARCH-SUBCONTRACT FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306 59-6001138 501(C)(3) 162,061 0 RESEARCH-SUBCONTRACT SOUTHERN RESEARCH INSTITUTE 2000 NORTH AVENUE SOUTH BIRMINGHAM, AL 35255 63-0288868 501(C)(3) 158,039 0 RESEARCH-SUBCONTRACT BROWN UNIVERSITY 164 ANGELL ST PROVIDENCE, RI 02912 05-0258809 501(C)(3) 156,820 0 RESEARCH-SUBCONTRACT MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE 04-2103594 501(C)(3) 156,157 0 RESEARCH-SUBCONTRACT NE 49-3131 - CAMBRIDGE, MA 02139 SUMMA HEALTH SYSTEM 525 EAST MARKET STREET AKRON, OH 44309 34-1887844 501(C)(3) 153,598 0 RESEARCH-SUBCONTRACT UNIVERSITY OF OREGON CASHIER PO BOX 3237 EUGENE, OR 97403 93-6001786 501(C)(3) 152,235, 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERMOUNTAIN HEALTHCARE CME							
36 S STATE ST STE 2200							
SALT LAKE CITY, UT 84111	94-2853320	501(C)(3)	150,147.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ALABAMA AT							
BIRMINGHAM - 1530 3RD AVENUE SOUTH							
- BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	146,905.	0.			RESEARCH-SUBCONTRACT
HENRY M. JACKSON FOUNDATION FOR				- •			
THE ADVANCEMENT OF MILITARY							
MEDICINE INC - 1401 ROCKVILLE PIKE							
- ROCKVILLE, MD 20852	52-1313011	501(C)(3)	142,743.	0.			RESEARCH-SUBCONTRACT
BANYAN BIOMARKERS INC.							
12085 RESEARCH DR							
ALACHUA, FL 32615	20-1449566	N/A	134,661.	0.			RESEARCH-SUBCONTRACT
UPMC							
600 GRANT STREET 58TH FLOOR C/O							
CORPORATE TAX DEPARTMENT -	20 0205721	E01/G)/2)	121 001	0			DEGENDAL GUDGONEDNAGE
PITTSBURGH, PA 15	20-8295721	501(C)(3)	131,001.	0.			RESEARCH-SUBCONTRACT
TUFTS UNIVERSITY							
169 HOLLAND ST ATTN TAX DEPT							
SOMERVILLE, MA 02144	04-2103634	501(C)(3)	130,375.	0.			RESEARCH-SUBCONTRACT
,			,				
BAYSTATE MEDICAL CENTER							
759 CHESTNUT ST							
SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	129,862.	0.			RESEARCH-SUBCONTRACT
EMORY UNIVERSITY							
201 DOWAN DRIVE							
ATLANTA, GA 30322	58-0566256	501(C)(3)	126,004.	0.			RESEARCH-SUBCONTRACT
WEGE ATEGINES INTEREST							
WEST VIRGINIA UNIVERSITY							
PO BOX 6002 MORGANTOWN, WV 26506	21-5920034	501(C)(3)	124,551.	0.			RESEARCH-SUBCONTRACT
HOROTHIONIN, WV 20000	21 3720034	Po=(C/(3/	124,331.	٠.			MIDDINGII BODCONINACI

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL OF PHILADELPHIA							
3615 CIVIC CENTER BLVD							
PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	122,724.	0.			RESEARCH-SUBCONTRACT
			,,	- •			
PITTSBURGH TISSUE ENGINEERING							
INITIATIVE - 450 TECHNOLOGY DRIVE							
- PITTSBURGH, PA 15219	25-1789285	501(C)(3)	121,498.	0.			RESEARCH-SUBCONTRACT
STANFORD UNIVERSITY							
3145 PORTER DRIVE							
PALO ALTO, CA 94304	94-1156365	501(C)(3)	119,162.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF DELAWARE							
OFFICE OF THE VP FOR FINANCE	54 600000	504 (5) (2)	440 504				L
NEWARK, DE 19716	51-6000297	501(C)(3)	118,504.	0.			RESEARCH-SUBCONTRACT
CONEMAUGH HEALTH SYSTEM							
1086 FRANKLIN STREET							
JOHNSTOWN, PA 15905	23-2801799	501(C)(3)	117,504.	0.			RESEARCH-SUBCONTRACT
	23 2001733	501(0)(3)	117,304.	• • •			KEDERIKCH BOBCONTKHCI
UNIVERSITY OF COLORADO							
3100 MARINE ST RM 479							
BOULDER, CO 80309	39-1481425	501(C)(3)	116,513.	0.			RESEARCH-SUBCONTRACT
			,				
UNIVERSITY OF WISCONSIN							
600 HIGHLAND AVE							
MADISON, WI 53792	39-1805963	501(C)(3)	116,391.	0.			RESEARCH-SUBCONTRACT
ARIZONA STATE UNIVERSITY							
UNIVERSITY BOX 873503							
TEMPE, AZ 85287	86-0196696	501(C)(3)	113,302.	0.			RESEARCH-SUBCONTRACT
CINCINNATI CHILDREN'S HOSPITAL							
3333 BURNET AVENUE	21 0527120	E01/G)/3)	111 013	2			DHGHADGU GUDGONEDAGE
CINCINNATI, OH 45229	31-0537130	Dot(C)(3)	111,013.	0.			RESEARCH-SUBCONTRACT

Page 1

Schedule I (Form 990) UNIVERSITY OF Part II Continuation of Grants and Other		overnments and Orga	nizations in the LI	nited States (Sab	adula I (Earm 200) Da		5-0965591 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 OKLAHOMA 1700 ASP AVE ROOM B-1 NORMAN, OK 73072	73-6017987	501(C)(3)	110,911.	0.			RESEARCH-SUBCONTRACT
COLORADO STATE UNIVERSITY CASHIER'S OFFICE FORT COLLINS, CO 80523	84-6000545	501(C)(3)	110,681.	0.			RESEARCH-SUBCONTRACT
CENTER FOR ORGAN RECOVERY AND EDUCATION - 204 SIGMA DRIVE - PITTSBURGH, PA 15238	25-1332885	501(C)(3)	108,781.	0.			RESEARCH-SUBCONTRACT
TEXAS TECH UNIVERSITY BOX 41023 LUBBOCK, TX 79409-1023	75-6002622	501(C)(3)	107,259.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF MEMPHIS 3720 ALUMNI AVENUE MEMPHIS, TN 38152	62-0648618	501(C)(3)	107,237.	0.			RESEARCH-SUBCONTRACT
SAN DIEGO STATE UNIVERSITY FOUNDATION - 5250 CAMPANILE DR - SAN DIEGO, CA 92182	95-6042721	501(C)(3)	106,618.	0.			RESEARCH-SUBCONTRACT
IMMUNETRICS 100 TECHNOLOGY DRIVE SUITE 400 PITTSBURGH, PA 15219	25-1895963	N/A	105,628.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU, HI 96822	99-6000354	501(C)(3)	104,695.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4930 - HOUSTON, TX 77210-4390	74-6001118	501(C)(3)	103,245.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PURDUE UNIVERSITY 610 PURDUE MALL WEST LAFAYETTE, IN 47907 35-6002041 501(C)(3) 103,214 0 RESEARCH-SUBCONTRACT NEMOURS 10140 CENTURION PARKWAY NORTH 59-0634433 501(C)(3) 100,044 0 JACKSONVILLE, FL 32256 RESEARCH-SUBCONTRACT UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE 87-6000525 98,814 0 SALT LAKE CITY, UT 84112 501(C)(3) RESEARCH-SUBCONTRACT 3-C INSTITUTE FOR SOCIAL DEVELOPMENT - 21901 N HARRISON AVENUE STE 200 - CARY, NC 27513 56-2237463 N/A 95,930 0 RESEARCH-SUBCONTRACT TRUSTEES OF DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD HANOVER, NH 03755 02-0222111 501(C)(3) 95,120 0 RESEARCH-SUBCONTRACT RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903 05-0258954 501(C)(3) 94,573 0 RESEARCH-SUBCONTRACT INDIANA UNIVERSITY S INDIANA AVENUE 35-6001673 501(C)(3) 93,685 0 RESEARCH-SUBCONTRACT BLOOMINGTON, IN 47405 EADVANTAGE INC 9812 FALLS RD 114-163 POTOMAC, MD 20854 20-1082288 N/A 90,780 0 RESEARCH-SUBCONTRACT UNIVERSITY OF TEXAS MEDICAL BRANCH OFFICE OF SPONSORED PROGRAMS PO BOX 4786-750 - HOUSTON, TX 74-6000949 77210-4786 501(C)(3) 88,002, 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Schedule I (Form 990) UNIVERSITY OF							5-0965591 Pag
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U ⊺	nited States (Scho	edule I (Form 990), Pa I	rt II.) T	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY							
1020 WALNUT STREET							
PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	87,561.	0.			RESEARCH-SUBCONTRACT
MAYO CLINIC ROCHESTER							
200 FIRST ST SW	44 6044 700	504 (5) (2)	0.5.004				
ROCHESTER, MN 55905	41-6011702	501(C)(3)	86,324.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF VERMONT							
85 SO. PROSPECT STREET							
BURLINGTON, VT 05405	03-0179440	501(C)(3)	83,794.	0.			RESEARCH-SUBCONTRACT
·			,				
WEST HARLEM ENVIRONMENTAL ACTION,							
INC - 1854 AMSTERDAM AVENUE 2ND							
FLOOR - NEW YORK, NY 10031	13-3800068	501(C)(3)	82,892.	0.			RESEARCH-SUBCONTRACT
NYU SCHOOL OF MEDICINE							
PO BOX 415026							
BOSTON, MA 02241	13-5562309	501(C)(3)	82,432.	0.			RESEARCH-SUBCONTRACT
HORIZON RESEARCH INC							
326 CLOISTER COURT							
CHAPEL HILL, NC 27514	56-1550276	N/A	82,112.	0.			RESEARCH-SUBCONTRACT
			,	-			
WEILL MEDICAL COLLEGE							
1300 YORK AVENUE, BOX 9							
NEW YORK, NY 10065-4805	13-1623978	501(C)(3)	81,133.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ARIZONA							
PO BOX 3607	F4 0650600	501/31/31	01.066				
TUCSON, AZ 85722-3607	74-2652689	501(C)(3)	81,066.	0.			RESEARCH-SUBCONTRACT
MICHIGAN STATE UNIVERSITY							
301 ADMIN BLDG							
EAST LANSING, MI 48824	38-6005984	501(C)(3)	75,302.	0.			RESEARCH-SUBCONTRACT
,		, . , , . ,	1,.,,,,	·	l .	1	Sahadula I (Farm 0

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL NATIONAL							
MEDICAL CENTER - 111 MICHIGAN							
AVENUE - WASHINGTON, DC 20010	52-1640402	501(C)(3)	73,337.	0.			RESEARCH-SUBCONTRACT
West with the second	32 1010102	301(0)(3)	73,337.	••			REPERMENT POPEONITATE
JT-BATTELLE LLC							
201 OAK RIDGE TURNPIKE							
DAK RIDGE, TN 37830	62-1788235	N/A	72,000.	0.			RESEARCH-SUBCONTRACT
-							
PENNSYLVANIA FAMILIES INCORPORATED							
431 DEVER HOLLOW RD							
TEMPLETON, PA 16259	26-3237097	501(C)(3)	71,279.	0.			RESEARCH-SUBCONTRACT
A BIOMEDICAL RESEARCH INSTITUTE							
1124 W CARSON STREET BLDG N-14	05 04 004 04	504 (5) (2)	50.000				
TORRANCE, CA 90502	95-2138184	501(C)(3)	70,203.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF MICHIGAN							
207 FLETCHER STREET							
ANN ARBOR, MI 48109	38-6006309	501(C)(3)	70,188.	0.			RESEARCH-SUBCONTRACT
			72,222	- •			
MEDSTAR RESEARCH INSTITUTE							
5565 STERRETT PLACE 5TH FLOOR							
COLUMBIA, MD 21044	52-6056274	501(C)(3)	70,179.	0.			RESEARCH-SUBCONTRACT
CHESTER COUNTY DEPT OF HUMAN							
SERVICES - 601 WESTTOWN ROAD SUITE							
330 PO BOX 2747 - WEST CHESTER, PA							
19380-0990	23-6003040	N/A	68,435.	0.			RESEARCH-SUBCONTRACT
CHILDREN'S RESEARCH INSTITUTE							
9000 W WISCONSIN AVE PO BOX 1997	20 2122645	E01/G)/3	60.005	2			DHGHADGU GUDGOVEDAGE
MILWAUKEE, WI 53201	20-2180646	501(C)(3)	68,285.	0.			RESEARCH-SUBCONTRACT
STEVENS INSTITUTE OF TECHNOLOGY							
CASTLE POINT ON HUDSON							
HOBOKEN, NJ 07030	22-1487354	501(C)(3)	67,992.	0.			RESEARCH-SUBCONTRACT
	1		0,,552.	٠.	I		

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF FLORIDA PO BOX 115500 59-6002052 501(C)(3) 66,955 0 RESEARCH-SUBCONTRACT GAINESVILLE, FL 32611 SOUTHWEST PA AHEC LEXINGTON TECHNOLOGY PARK 400 N LEXINGTON AVE - PITTSBURGH, PA 15208 501(C)(3) 66,815 0 25-1791450 RESEARCH-SUBCONTRACT BRONX VETERANS MEDICAL RESEARCH FOUNDATION - 130 W KINGSBRIDGE RD 13-3699250 66,780 0 - BRONX, NY 10468 501(C)(3) RESEARCH-SUBCONTRACT MOGIME, INC MOGIME INC PO BOX 10783 PITTSBURGH, PA 15203 27-0493699 N/A 65,650 0 RESEARCH-SUBCONTRACT NATIONAL JEWISH MEDICAL & RESEARCH CENTER - 1400 JACKSON STREET -DENVER, CO 80206 74-2044647 501(C)(3) 63,884 0 RESEARCH-SUBCONTRACT UNIVERSITY OF ALASKA 3700 SHARON GAGNON LANE 92-6000147 501(C)(3) 61,946 0 RESEARCH-SUBCONTRACT ANCHORAGE, AK 99508 CLEVELAND CLINIC HEALTH SYSTEM 9500 EUCLID AVE H-18 34-0714585 501(C)(3) 60,309 0 RESEARCH-SUBCONTRACT CLEVELAND, OH 44195 AT SCIENCES, LLC 160 N CRAIG ST SUITE 117 PITTSBURGH, PA 15213 11-3655805 N/A 59,658 0 RESEARCH-SUBCONTRACT HARVARD UNIVERSITY 1033 MASS AVE STE 3 CAMBRIDGE, MA 02138 04-2103580 501(C)(3) 59,523 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Schedule I (Form 990) UNIVERSITY OF							5-0965591 Pag
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA DAVIS							
ONE SHIELDS AVE							
DAVIS, CA 95616	94-6036494	501(C)(3)	59,376.	0.			RESEARCH-SUBCONTRACT
22, 0 30020	71 0000171		02,070				
GEORGIA STATE UNIVERSITY							
РО ВОХ 3999							
ATLANTA, GA 30302	58-1845423	501(C)(3)	59,109.	0.			RESEARCH-SUBCONTRACT
PONTIFICIA UNIVERSIDAD JAVERIANA							
666 5TH AVENUE 6TH FLOOR							
NEW YORK, NY 10103		501(C)(3)	58,320.	0.			RESEARCH-SUBCONTRACT
MONTEFIORE MEDICAL CENTER							
111 EAST 210TH ST ATTN CONTROLLERS							
BRONX, NY 10467	13-1740114	501(C)(3)	57,448.	0.			RESEARCH-SUBCONTRACT
BROWN, NI 10407	13 1740114	501(0)(3)	37,440.	· ·			KIDDIMEN DODCONTMET
INTEGRIS BAPTIST MEDICAL CENTER							
TOTAL - 3330 NW EXPRESSWAY BLDG C							
STE 806 - OKLAHOMA CITY, OK 73112	73-1427611	501(C)(3)	56,400.	0.			RESEARCH-SUBCONTRACT
GEORGE WASHINGTON UNIVERSITY							
TAX DEPT ROME HALL 801 22ND ST NW							
WASHINGTON, DC 20052	53-0196584	501(C)(3)	56,348.	0.			RESEARCH-SUBCONTRACT
TEXAS ENGINEERING EXPERIMENT							
STATION - 1470 WILLIAM D FITCH							
PARKWAY - COLLEGE STATION, TX							
77845	74-1974733	501(C)(3)	55,805.	0.			RESEARCH-SUBCONTRACT
ADVOCATE CHRIST MEDICAL CENTER							
2025 WINDSOR DR							
OAK BROOK, IL 60523	36-2169147	501(C)(3)	53,972.	0.			RESEARCH-SUBCONTRACT
	33 2103147	551(5)(5)	33,372.	0.			MEDELINCII BODCONINACI
WAYNE STATE UNIVERSITY							
5700 CASS AVENUE							
DETROIT, MI 48202	38-3555142	501(C)(3)	53,872.	0.			RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) TUFTS NEW ENGLAND MEDICAL CENTER 750 WASHINGTON STREET NEMC #231 04-3400617 501(C)(3) 53,224 0 RESEARCH-SUBCONTRACT BOSTON, MA 02111 REHABILITATION INSTITUTE OF CHICAGO - 345 E SUPERIOR ST -36-2256036 52,511 0 CHICAGO, IL 60611 501(C)(3) RESEARCH-SUBCONTRACT HEALTH SCIENCES LIBRARY ASSOCIATION OF NEW JERSEY - PO BOX 7908 C/O HEALTH CARE RESEARCH -52,500 0 PRINCETON, NJ 08543 22-2405226 501(C)(3) RESEARCH-SUBCONTRACT CARE NEW ENGLAND HEALTHCARE SYSTEM 345 BLACKSTONE BLVD 214 POTTER BUI PROVIDENCE, RI 02906 05-0258937 501(C)(3) 51,116 0 RESEARCH-SUBCONTRACT UNIVERSEITY OF GEORGIA 424 BROAD ST ATHENS, GA 30602 58-6001998 501(C)(3) 50,392 0 RESEARCH-SUBCONTRACT DILLARD RESEARCH ASSOCIATES 32534 DILLARD ROAD 50,000 EUGENE, OR 97495 20-0336911 N/A 0 RESEARCH-SUBCONTRACT MARICOPA INTEGRATED HEALTH SYSTEMS 2619 E PIERCE STREET 1ST FLOOR 86-0830701 501(C)(3) 49,046 0 RESEARCH-SUBCONTRACT PHOENIX, AZ 85008 PSYCHOLOGY SOFTWARE TOOLS INC 311 23RD STREET EXTENSION SUITE 20 PITTSBURGH, PA 15215 25-1551170 N/A 48,750 0 RESEARCH-SUBCONTRACT CONSOL ENERGY INC. PO BOX 643355 RESEARCH & DEVELOPME PITTSBURGH, PA 15264 51-0337383 N/A 48,427 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL LOS ANGELES							
4650 SUNSET BLVD							
LOS ANGELES, CA 90027	95-1690977	501(C)(3)	48,412.	0.			RESEARCH-SUBCONTRACT
,			,				
UNIVERSITY OF TENNESSEE							
201 ANDY HOLT TOWER							
KNOXVILLE, TN 37996	62-6001636	501(C)(3)	46,913.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF PUERTO RICO							
MEDICAL SCIENCES CAMPUS GPO BOX 36	66 0422762	7.73	46 647	0			DEGENDAL GUDGONEDNAM
SAN JUAN, PR 00956	66-0433762	N/A	46,647.	0.			RESEARCH-SUBCONTRACT
ALLEGHENY COUNTY TREASURER							
436 GRANT STREET ROOM 108							
PITTSBURGH, PA 15219	25-6001007	N/A	45,405.	0.			RESEARCH-SUBCONTRACT
		.,		- •			
NEW YORK UNIVERSITY							
726 BROADWAY- 9TH FLOOR							
NEW YORK, NY 10003	13-5562308	501(C)(3)	45,185.	0.			RESEARCH-SUBCONTRACT
KENTUCKY PEDIATRIC/ADULT RESEARCH							
201 SOUTH 5TH STREET							
BARDSTOWN, KY 40004	61-1206931	501(C)(3)	44,967.	0.			RESEARCH-SUBCONTRACT
WODGDIDGE INGELENER FOR REGINER							
MORGRIDGE INSTITUTE FOR RESEARCH,							
INC PO BOX 7365 - MADISON, WI 53707	20-8325570	E01/C)/2)	42 227	0.			RESEARCH-SUBCONTRACT
53707	20-6325570	501(C)(3)	43,327.	0.			RESEARCH-SUBCONTRACT
AURITEC PHARMACEUTICALS							
15 BRAEBURN ROAD							
HYDE PARK, MA 02136	84-1629188	N/A	42,986.	0.			RESEARCH-SUBCONTRACT
.,							
UC PHYSICIANS							
2830 VICTORY PARKWAY							
CINCINNATI, OH 45206	31-1405915	501(C)(3)	42,000.	0.			RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) FLORIDA INSTITUTE FOR HUMAN & MACHINE COGNITION, INC. - 40 S ALCANIZ ST - PENSACOLA, FL 32502 20-0760849 38,500 0 RESEARCH-SUBCONTRACT N/A MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 64-6000814 501(C)(3) 36,692 0 MISSISSIPPI ST, MS 39762 RESEARCH-SUBCONTRACT FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW ROAD 35,132 0 5TH FLOOR - WESTBURY, NY 11590 11-2673595 501(C)(3) RESEARCH-SUBCONTRACT MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK NY 10065 91-2154267 501(C)(3) 34,750 0 RESEARCH-SUBCONTRACT ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD PHILADELPHIA, PA 19141 23-1396794 501(C)(3) 33,656 0 RESEARCH-SUBCONTRACT MARSHFIELD LABS 1000 NORTH OAK AVENUE MARSHFIELD, WI 54449-5795 39-6498144 N/A 33,586 0 RESEARCH-SUBCONTRACT CAMPOS, INC 216 BLVD OF THE ALLIES 23-2941940 33,520 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15222 N/A GENOCEA BIOSCIENCES 161 FIRST STREET CAMBRIDGE, MA 02142 51-0596811 N/A 33,327 0 RESEARCH-SUBCONTRACT CLINICAL TRIALS & SURVEYS CORP. 10065 RED RUN BLVD. SUITE 250 OWING MILLS, MD 21117 52-1632209 N/A 33,118, 0 RESEARCH-SUBCONTRACT

Page 1

Schedule I (Form 990) UNIVERSITY OF							5-0965591 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U ⊺	nited States (Scho	edule I (Form 990), Pa I	rt II.) T	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 NEBRASKA MEDICAL CENTER - 42ND AND EMILE - OMAHA, NE 68198	47-0049123	501(C)(3)	33,033.	0.			RESEARCH-SUBCONTRACT
CHILDREN'S HOSPITAL 200 HENRY CLAY AVE NEW ORLEANS, LA 70118	72-0467503	501(C)(3)	32,909.	0.			RESEARCH-SUBCONTRACT
HOUSE OF RUTH- MARYLAND 2201 ARGONNE DRIVE			,				
BALTIMORE, MD 21218	52-1100236	501(C)(3)	32,757.	0.			RESEARCH-SUBCONTRACT
UPMC MERCY 1400 LOCUST STREET PITTSBURGH, PA 15219	25-0965429	501(C)(3)	31,769.	0.			RESEARCH-SUBCONTRACT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	30,828.	0.			RESEARCH-SUBCONTRACT
IHC HEALTH SERVICES 36 S STATE ST STE 1000 SALT LAKE CITY, UT 84111	94-2854057	501(C)(3)	30,534.	0.			RESEARCH-SUBCONTRACT
BANK OF AMERICA PO BOX 16319 AUSTIN, TX 78761	04-2551124	N/A	29,709.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF HOUSTON 141 SCIENCE & RESEARCH BLDG 2 HOUSTON, TX 77204-5000	74-6001399	501(C)(3)	29,573.	0.			RESEARCH-SUBCONTRACT
TUSKEGEE UNIVERSITY KRESGE CENTER 112 TUSKEGEE , AL 36088	63-0288878	501(C)(3)	29,238.	0.			RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BRIGHAM YOUNG UNIVERSITY PO BOX 21128 PROVO, UT 84602 87-0217280 501(C)(3) 28,862 0 RESEARCH-SUBCONTRACT CONEMAUGH MEMORIAL HOSPITAL 1086 FRANKLIN STREET 25-0965307 501(C)(3) 28,662 0 JOHNSTOWN, PA 15905 RESEARCH-SUBCONTRACT PPD DEVELOPMENT LP 26361 NETWORK PLACE 28,623 0 CHICAGO, IL 60693-1263 74-2325267 N/A RESEARCH-SUBCONTRACT UNIVERSITY OF MISSOURI 15 JESSE HALL COLUMBIA, MO 65211 43-6003859 501(C)(3) 28,283 0 RESEARCH-SUBCONTRACT URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD STREET PITTSBURGH, PA 15222 25-0965592 501(C)(3) 27,883 0 RESEARCH-SUBCONTRACT UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249 74-1717115 501(C)(3) 27,759 0 RESEARCH-SUBCONTRACT HEALTH RESEARCH ASSOCIATION INC ROSWELL PARK DIVISION - EMPIRE STATE PLAZA PO BOX 509 - ALBANY, NY 12201 95-1683862 501(C)(3) 26,617 0 RESEARCH-SUBCONTRACT FLORIDA INTERNATIONAL UNIVERSITY GREEN LIBRARY ROOM 273 MIAMI, FL 33199 65-0177616 N/A 25,932, 0 RESEARCH-SUBCONTRACT UNIVERSITY OF NORTH DAKOTA 4201 JAMES RAY DR GRAND FORKS, ND 58202 20-3332779 501(C)(3) 25,714. 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSLATIONAL ONCOLOGY RESEARCH							
1033 GAYLEY AVE STE 207							
LOS ANGELES, CA 90024	20-0132719	501(C)(3)	25,000.	0.			RESEARCH-SUBCONTRACT
				- •			
WEAVE, INC.							
1900 K STREET							
SACRAMENTO, CA 95811	94-2493158	N/A	24,923.	0.			RESEARCH-SUBCONTRACT
KAISER FOUNDATION RESEARCH							
INSTITUTE - 2000 BROADWAY -							
OAKLAND, CA 94612	94-1105628	N/A	24,398.	0.			RESEARCH-SUBCONTRACT
LOUIGIANA GEAUGI INVIVIDATEN							
LOUISIANA STATE UNIVERSITY							
117D DAVID BOYD HALL	70 6000040	E01/G)/3)	22.000	0			DEGENDAU GUDGOUEDNAE
BATON ROUGE, LA 70803	72-6000848	501(C)(3)	23,800.	0.			RESEARCH-SUBCONTRACT
MONTGOMERY COUNTY							
1430 DEKABL STREET							
NORRISTOWN, PA 19404	23-6003126	N/A	23,397.	0.			RESEARCH-SUBCONTRACT
MONRISIONN, IN 19404	23 0003120	17.11	25,557.	• • •			REBERREIT BOBCONTRICT
DUBOIS REGIONAL MEDICAL CENTER							
PO BOX 447							
DUBOIS, PA 15801	25-1490707	501(C)(3)	23,316.	0.			RESEARCH-SUBCONTRACT
JOSLIN DIABETES CENTER							
ONE JOSLIN PLACE							
BOSTON, MA 02215-5306	04-2203836	501(C)(3)	22,838.	0.			RESEARCH-SUBCONTRACT
RESEARCH FOUNDATION OF CUNY							
230 WEST 41ST STREET							
NEW YORK, NY 10036	13-1988190	501(C)(3)	22,193.	0.			RESEARCH-SUBCONTRACT
CENTRAL CONNECTICUT STATE							
UNIVERSITY - 1615 STANLEY ST							
MARCUS WHITE HALL ROOM 311 - NEW							
BRITAIN, CT 06020	06-1303381	501(C)(3)	22,078.	0.			RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) YOUNGSTOWN STATE UNIVERSITY ONE UNIVERSITY PLACE 34-1011998 501(C)(3) 21,679 0 RESEARCH-SUBCONTRACT YOUNGSTOWN, OH 44555 UNIVERSITY OF CONNECTICUT 263 FARMINGTON AVE 06-0772160 501(C)(3) 21,561 0 FARMINGTON, CT 06030 RESEARCH-SUBCONTRACT FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE NORTH 21,485 0 SEATTLE, WA 98109 23-7156071 501(C)(3) RESEARCH-SUBCONTRACT DANA-FARBER CANCER INSTITUTE 44 BINNER ST STE BP600 BOSTON, MA 02115 04-2263040 501(C)(3) 21,318 0 RESEARCH-SUBCONTRACT UNIVERSITY OF CALIFRNIA, SAN FRANCISCO - UCSF BOV 0248 - SAN FRANCISCO, CA 94143 94-6036493 501(C)(3) 20,567 0 RESEARCH-SUBCONTRACT IUP STUDENT COOP ASSOC. 660 SOUTH 11TH STREET MEMORIAL FIELD HOUSE - INDIANA, PA 15705-1077 25-1470695 501(C)(3) 19,986 0 RESEARCH-SUBCONTRACT CENTER FOR SPIRITUALITY 7119 HAMILTON AVE 25-1608735 501(C)(3) 19,249 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15208 INSTITUTE FOR MEDICAL RESEARCH 508 FULTON STREET DURHAM, NC 27705 56-1655431 501(C)(3) 18,236 0 RESEARCH-SUBCONTRACT BECK RADIOLOGICAL INNOVATIONS INC 922 RAMBLING DR 17,432. CATONSVILLE, MD 21228 45-2276816 N/A 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) HEALTH RESEARCH INC. 150 BROADWAY SUITE 560 14-1402155 501(C)(3) 17,310 0 RESEARCH-SUBCONTRACT MENANDS, NY 12204 WASHINGTON STATE UNIVERSITY CASHIER SPONSORED PROGRAMS SERVICES POB 641039 - PULLMAN, WA 99164-1039 91-6001108 16,795 0 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF MEDICINE AND DENISTRY OF NEW JERSEY - 195 LITTLE ALBANY STREET - NEW 16,792 0 BRUNSWICK, NJ 08901 22-1775306 501(C)(3) RESEARCH-SUBCONTRACT MARSHFIELD CLINICAL RESEARCH FOUNDATION - 1000 N OAK AVE -MARSHFIELD, WI 54449 39-0452970 501(C)(3) 16,658 0 RESEARCH-SUBCONTRACT ST. JOSEPH'S HOSPITAL AMALIA DRIVE BUCKHANNON, WV 26201 55-0356996 501(C)(3) 16,500 0 RESEARCH-SUBCONTRACT HUGO MOSER RESEARCH INSTITUTE 707 N BROADWAY BALTIMORE, MD 21205 52-1524967 501(C)(3) 16,290 0 RESEARCH-SUBCONTRACT DEPAUL UNIVERSITY 1 E JACKSON BLVD CHICAGO, IL 60604 36-2167048 501(C)(3) 16,227 0 RESEARCH-SUBCONTRACT CARNEGIE MUSEUMS OF PITTSBURGH 4400 FOBRES AVENUE PITTSBURGH, PA 15213 25-0965280 501(C)(3) 15,273 0 RESEARCH-SUBCONTRACT NORTHSHORE UNIVERSITY HEALTH SYSTEM - 1301 CENTRAL STREET -EVANSTON, IL 60201 36-2167060 501(C)(3) 15,250 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) SOUTHWEST BEHAVIORAL HEALTHCARE INC - 3131 SANGUINET STREET - FORT 75-2625595 501(C)(3) 15,197 0 RESEARCH-SUBCONTRACT WORTH, TX 76107 TRANS ASSOCIATES 4955 STEUBENVILLE PIKE 25-1634385 15,000 0 PITTSBURGH, PA 15205 N/A RESEARCH-SUBCONTRACT METHODIST RESEARCH INSTITUTE 950 N MERIDIAN ST STE 800 14,697 0 INDIANAPOLIS, IN 46204 35-2023710 501(C)(3) RESEARCH-SUBCONTRACT HOUSE OF THE CROSSROADS 2012 CENTRE AVENUE PITTSBURGH, PA 15230 25-1206373 501(C)(3) 14,498 0 RESEARCH-SUBCONTRACT MEDICAL UNIVERSITY OF SOUTH CAROLINA - 17 ASHLEY AVENUE -57-6007222 501(C)(3) 14,402 0 RESEARCH-SUBCONTRACT CHARLESTON, SC 29403 NORWALK HOSPITAL 24 STEVENS ST ACCOUNTING DEPT 2ND NORWALK, CT 06856 06-6068853 501(C)(3) 14,238 0 RESEARCH-SUBCONTRACT RUSH UNIVERSITY HOSPITAL 1700 W VAN BUREN ROOM 150 36-2174823 501(C)(3) 13,919 0 RESEARCH-SUBCONTRACT CHICAGO, IL 60612 ATLANTA RESEARCH & EDUCATION FOUNDATION - 1670 CLAIRMONT RD NO. 151F - DECATUR, GA 30033 58-1857346 501(C)(3) 13,389 0 RESEARCH-SUBCONTRACT SOUTH FLORIDA VA FOUNDATION FOR RESEARCH - 1201 NW 16TH STREET RM 2A103C - MIAMI, FL 33125 65-0207903 501(C)(3) 13,370 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906 05-0258905 501(C)(3) 13,140 0 RESEARCH-SUBCONTRACT SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD 33-0435954 501(C)(3) 12,581 0 LA JOLLA, CA 92037 RESEARCH-SUBCONTRACT MERIDIAN SERVICES, INC. 527 MERIDIAN ROAD 12,577 0 YOUNGSTOWN, OH 44509 34-1138485 501(C)(3) RESEARCH-SUBCONTRACT INSTITUTE FOR CLINICAL RESEARCH INC - PO BOX 29545 - WASHINGTON, DC 20017 52-1336656 501(C)(3) 12,508 0 RESEARCH-SUBCONTRACT UNIVERSITY OF ROCHESTER 910 GENNESSE STREET 16-0743209 501(C)(3) 12,032 0 RESEARCH-SUBCONTRACT ROCHESTER, NY 14611 GEISINGER CLINIC N ACADEMY AVE 23-6291113 501(C)(3) 11,632 0 RESEARCH-SUBCONTRACT DANVILLE, PA 17822 UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES 75-6002868 501(C)(3) 11,001 0 RESEARCH-SUBCONTRACT BLVD - DALLAS, TX 75390 MAYO CLINIC JACKSONVILLE 4500 SAN PABLO RD S JACKSONVILLE, FL 32224 59-3337028 501(C)(3) 10,582 0 RESEARCH-SUBCONTRACT UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM -LITTLE ROCK, AR 72205 71-6046242 501(C)(3) 10,532, 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) SOUTHEASTERN NY LIBRARY RESOURCES COUNCIL - 21 S ELTING CORNERS RD 14-1498159 501(C)(3) 10,000 0 RESEARCH-SUBCONTRACT HIGHLAND, NY 12528 ROBERT MORRIS UNIVERSITY 6001 UNIVERSITY BLVD 25-1120678 501(C)(3) 9,981 0 MOON TOWNSHIP, PA 15108 RESEARCH-SUBCONTRACT HOFSTRA UNIVERSITY 205 HOFSTRA UNIVERSITY 9.951 0 HEMPSTEAD, NY 11549 11-1630906 501(C)(3) RESEARCH-SUBCONTRACT ROCHESTER REGIONAL LIBRARY COUNCIL 390 PACKETT'S LANDING FAIRPORT, NY 14450 16-0926628 501(C)(3) 9,948 0 RESEARCH-SUBCONTRACT INSTITUTE FOR FAMILY HEALTH 19 W 21ST ST RM 504 NEW YORK, NY 10010 13-3273402 501(C)(3) 9,517 0 RESEARCH-SUBCONTRACT IDEA LEAGUE LLC PO BOX 797 DEALE, MD 20751 20-4760085 501(C)(3) 9,210 0 RESEARCH-SUBCONTRACT WJE CONSULTING LTD 6724 ALDO LEOPOLD WAY 39-1903129 9,025 0 RESEARCH-SUBCONTRACT MIDDLETON, WI 53562 N/A JAMES MADISON UNIVERSITY MSC 5715 HARRISONBURG, VA 22807 54-6001756 501(C)(3) 8,951 0 RESEARCH-SUBCONTRACT KOESTER PERFORMANCE RESEARCH 2408 ANTIETAM ANN ARBOR, MI 48105 10-1362391 N/A 8,700 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) HOLY NAME MEDICAL CENTER 718 TEANECK RD TEANECK, NJ 07666 22-1487322 501(C)(3) 8,640 0 RESEARCH-SUBCONTRACT COMMONWEALTH MEDICAL COLLEGE 525 PINE ST 26-0812968 501(C)(3) 8,563 0 SCRANTON, PA 18509 RESEARCH-SUBCONTRACT UNIVERSITY OF NOTRE DAME 511 MAIN BUILDING 8.460 0 NOTRE DAME, IN 46556 35-0868188 501(C)(3) RESEARCH-SUBCONTRACT HEALTH OFFICERS ASSOCIATION OF CALIFORNIA - 100 11TH STREET SUITE 323 - SACRAMENTO, CA 95814 23-7103860 N/A 8,333 0 RESEARCH-SUBCONTRACT ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER - DIGNITY HEALTH 350 WEST THOMAS ROAD - PHOENIX, AZ 85013 86-0096787 501(C)(3) 8,293 0 RESEARCH-SUBCONTRACT JERSEY SHORE UNIVERSITY MEDICAL CENTER FOUNDATION - 1345 CAMPUS PARKWAY SUITE A2 - NEPTUNE, NJ 07753 22-3471515 501(C)(3) 8,248 0 RESEARCH-SUBCONTRACT YMCA 420 FORT DUQUESNE BLVD. STE. 625 25-0969497 501(C)(3) 8,201 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15222 CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH, PA 15232 25-0717890 501(C)(3) 8,140 0 RESEARCH-SUBCONTRACT SAMARITAN MEDICAL CENTER 830 WASHINGTON ST 15-0533577 WATERTOWN, NY 13601 501(C)(3) 8,075 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 SOUTH COLUMBIAN WAY - SEATTLE, WA 91808 91-1452438 501(C)(3) 7,871 0 RESEARCH-SUBCONTRACT OREGON RESEARCH INSTITUTE 1715 FRANKLIN BLVD 93-0495655 7,852 0 EUGENE, OR 97403 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF KENTUCKY 130 LEADER AVE 7,819 0 LEXINGTON, KY 40506 61-6001218 501(C)(3) RESEARCH-SUBCONTRACT OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD -COLUMBUS, OH 43210 31-6401599 501(C)(3) 7,673 0 RESEARCH-SUBCONTRACT EMMES FOUNDATION INC. 11325 SEVEN LOCKS ROAD SUITE 214 POTOMAC, MD 20854 26-1622663 501(C)(3) 7,653 0 RESEARCH-SUBCONTRACT PACIFIC COLLEGE OF ORIENTAL MEDICINE NEW YORK - 915 BROADWAY PCOM NY LIBRARY MANAGER - NEW 26-3794496 N/A 7,427 0 RESEARCH-SUBCONTRACT YORK, NY 10010 SAINT BARNABAS MEDICAL CENTER FOUNDATION - 94 OLD SHORT HILLS RD 22-2378422 501(C)(3) 7,292 0 RESEARCH-SUBCONTRACT - LINVGSTON, NJ 07039 TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N 5TH ST STE 600 PHOENIX, AZ 85004 75-3065445 501(C)(3) 7,110 0 RESEARCH-SUBCONTRACT LONG BEACH MEDICAL CENTER 455 E BAY DR LONG BEACH, NY 11561 11-1635084 501(C)(3) 6,763. 0 RESEARCH-SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ST. ELIZABETH MEDICAL CENTER 2209 GENESEE ST UTICA, NY 13501 15-0532245 501(C)(3) 6,662 0 RESEARCH-SUBCONTRACT DEKA INTEGRATED SOLUTIONS 340 COMMERCIAL STREET ACCOUNTS REC 20-5085384 6,534 0 MACHESTER, NH 03101 N/A RESEARCH-SUBCONTRACT STATE UNIVERSITY OF NEW YORK 450 CLARKSON AVE 6,532 0 BROOKLYN, NY 11203 11-2418771 501(C)(3) RESEARCH-SUBCONTRACT PENNSYLVANIA HOSPITAL DEVELOPMENT- 2 PINE EAST 800 SPRUCE STREET - PHILADELPHIA, PA 19107 31-1538725 501(C)(3) 6,183 0 RESEARCH-SUBCONTRACT UNIVERSITY OF NEW MEXICO 900 CAMINO DE SALUD NE ALBUQUERQUE, NM 87131 85-6000642 501(C)(3) 6,153 0 RESEARCH-SUBCONTRACT DATABANOUE 8150 PERRY HWY SUITE 102 25-1670935 N/A 6,041 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15237 SYOSSET PUBLIC LIBRARY 225 S OYSTER BAY RD 01-0830976 501(C)(3) 6,041 0 RESEARCH-SUBCONTRACT SYOSSET, NY 11791 NUMERITICS 5907 PENN AVENUE SUITE 213 PITTSBURGH, PA 15206 26-3139888 N/A 6,000 0 RESEARCH-SUBCONTRACT CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL - 6493 RIDINGS ROAD -SYRACUSE, NY 13206 16-0957462 501(C)(3) 5,974 0 RESEARCH-SUBCONTRACT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ALLEGHENY GENERAL HOSPITAL 320 E NORTH AVE 23-1322626 501(C)(3) 5,665 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15212 UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE - 92001 UNIVERSITY CITY 56-0791228 5,500 0 BLVD - CHARLOTTE, NC 28223 501(C)(3) RESEARCH-SUBCONTRACT NEVADA CANCER INSTITUTE ONE BREAKTHROUGH WAY 04 - 36325535.468 0 LAS VEGAS, NV 89135 501(C)(3) RESEARCH-SUBCONTRACT GREENE COUNTY HUMAN SERVICES 19 SOUTH WASHINGTON ST 3RD FLOOR FORT JACKSON BLDG - WAYNESBURG, PA 15370 25-6001034 N/A 5,125 0 RESEARCH-SUBCONTRACT AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES - 1629 K STREET NW SUITE 950 - WASHINGTON, DC 20006 52-1930174 501(C)(3) 5,000 0 RESEARCH-SUBCONTRACT UPMC 600 GRANT ST FL 58 C/O CORPORATE T 20-8295721 501(C)(3) 2,541,505 0 SPONSORSHIP PITTSBURGH, PA 15219 PITTSBURGH FOUNDATION FIVE PPG PLACE NO. 250 25-0965466 501(C)(3) 1,501,125 0 SPONSORSHIP PITTSBURGH, PA 15222 NEGRO EDUCATIONAL EMERGENCY DRIVE WARNER CENTER 332 FIFTH AVENUE PITTSBURGH, PA 15222 25-6070821 501(C)(3) 163,900 0 SPONSORSHIP ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE -PITTSBURGH, PA 15219 25-0965213 501(C)(3) 82,500 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CIVIC LIGHT OPERA ASSOCIATION OF PITTSBURGH - 719 LIBERTY AVENUE -25-6000890 501(C)(3) 40,000 0 SPONSORSHIP PITTSBURGH, PA 15222 PITTSBURGH FILMMAKERS 477 MELWOOD AVENUE 501(C)(3) 40,000 0 PITTSBURGH, PA 15213 25-1229210 SPONSORSHIP OAKLAND BUSINESS IMPROVEMENT DISTRICT - 235 ATWOOD STREET -35,000 0 PITTSBURGH, PA 15213 25-1833743 501(C)(3) SPONSORSHIP SYRACUSE UNIVERSITY (MAXWELL INTERNATIONAL DEAN'S FUND) -MAXWELL IN WASHINGTON 2301 CALVERT STREET NW - WASHINGTON, DC 20008 04-7800152 501(C)(3) 33,280 0 SPONSORSHIP OAKLAND PLANNING AND DEVELOPMENT CORP. - 235 ATWOOD STREET -25-1382510 501(C)(3) 20,000 0 SPONSORSHIP PITTSBURGH, PA 15213 PITTSBURGH PARKS CONSERVANCY 2000 TECHNOLOGY DRIVE NO 300 23-2882145 501(C)(3) 20,000 0 SPONSORSHIP PITTSBURGH, PA 15219 SENATOR JOHN HEINZ PITTSBURGH REGIONAL HISTORY CENTER - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222 25-0965391 501(C)(3) 20,000 0 SPONSORSHIP CARNEGIE MUSEUMS OF PITTSBURGH 4400 FORBES AVENNUE PITTSBURGH, PA 15213 25-0965280 501(C)(3) 19,000 0 SPONSORSHIP GREATER PITTSBURGH COUNCIL BOY SCOUTS OF AMERICA - FLAG PLAZA 1275 BEDFORD AVENUE - PITTSBURGH PA 15219 25-0965214 501(C)(3) 17,770 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) LEADERSHIP PITTSBURGH, INC 535 SMITHFIELD STREET SUITE 1125 25-1767779 501(C)(3) 15,000 0 SPONSORSHIP PITTSBURGH, PA 15222 PG CHARITIES 234 BLVD OF THE ALLIES 23-7216540 15,000 0 PITTSBURGH, PA 15222 501(C)(3) SPONSORSHIP AMERICAN HEART ASSOCIATION 7777 PENN CENTER BOULEVARD 13-5613797 10,000 0 PITTSBURGH, PA 15235 501(C)(3) SPONSORSHIP AMERICAN NATIONAL RED CROSS 225 BOULEVARD OF THE ALLIES PITTSBURGH, PA 15222 53-0196605 501(C)(3) 10,000 0 SPONSORSHIP PITTSBURGH AREA MIDDLE EAST INSTITUTE, INC. - 5 VON LENT PLACE - PITTSBURGH, PA 15232 26-3562819 501(C)(3) 10,000 0 SPONSORSHIP PITTSBURGH SYMPHONY, INC. 600 PENN AVENUE 25-0986052 501(C)(3) 10,000 0 SPONSORSHIP PITTSBURGH, PA 15222 UNITED WAY OF ALLEGHENY COUNTY 1250 PENN AVENUE PO BOX 735 25-1043578 501(C)(3) 10,000 0 SPONSORSHIP PITTSBURGH, PA 15230 COMMUNITY HUMAN SERVICES CORP. 374 LAWN STREET PITTSBURGH, PA 15213 25-1219610 501(C)(3) 8,500 0 SPONSORSHIP JUNIOR ACHIEVEMENT ONE ALLEGHENY CENTER SUITE 430 PITTSBURGH, PA 15212 25-0983059 501(C)(3) 8,350 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) KUNTU REPERTORY THEATRE 230 SOUTH BOUQUET STREET, WESLEY P 25-1844608 501(C)(3) 7,745 0 SPONSORSHIP PITTSBURGH, PA 15260 AMERICAN IRELAND FUND 211 CONGRESS STREET 10TH FLOOR 25-1306992 501(C)(3) 7,500 0 BOSTON, MA 02110 SPONSORSHIP WOMENS AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA - 100 WEST STATION SQUARE DRIVE - PITTSBURGH PA 15219 74-3055311 7,250 0 501(C)(3) SPONSORSHIP PITTSBURGH CULTURAL TRUST 803 LIBERTY AVENUE PITTSBURGH, PA 15222 25-1469002 501(C)(3) 7,230 0 SPONSORSHIP CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 -25-1865744 501(C)(3) 6,867 0 SPONSORSHIP PITTSBURGH, PA 15224 HILL HOUSE ASSOCIATION 1835 CENTER AVENUE 25-1752971 501(C)(3) 6,500 0 SPONSORSHIP PITTSBURGH, PA 15219 IMANI CHRISTIAN ACADEMY 2150 EAST HILLS DRIVE 25-1816131 501(C)(3) 6,000 0 SPONSORSHIP PITTSBURGH, PA 15221 YWCA 305 WOOD ST 25-0965639 501(C)(3) 6,000 0 SPONSORSHIP PITTSBURGH, PA 15222-1982 AMERICAN CANCER SOCIETY, INC. 5555 FRANTZ ROAD DUBLIN, OH 43017 34-0726080 501(C)(3) 5,000 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) GIRL SCOUTS OF WESTERN PA 30 ISABELLA STREET SUITE 107 25-1126094 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH, PA 15212 HILLEL JEWISH UNIVERSITY CENTER 4607 FORBES AVENUE 5,000 25-6065236 501(C)(3) 0 PITTSBURGH, PA 15213 SPONSORSHIP NAACP- PITTSBURGH BRANCH 2203 WYLIE AVENUE 5.000 0 PITTSBURGH, PA 15219 25-6086867 501(C)(3) SPONSORSHIP NATIONAL ASSOCATION OF COUNTIES 25 MASS AVE NW STE 500 WASHINGTON, DC 20001 53-0190321 501(C)(3) 5,000 0 SPONSORSHIP NEW PITTSBURGH COURIER 315 EAST CARSON STREET 25-1181398 N/A 5,000 0 SPONSORSHIP PITTSBURGH, PA 15219 PITTSBURGH PUBLIC THEATER 621 PENN AVE 23-7398683 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH, PA 15222 PITTSBURGH VINTAGE GRAND PRIX ASSOCIATION - 1008 MANOR COMPLEX 564 FORBES AVENUE - PITTSBURGH, PA 15219 25-1427238 501(C)(3) 5,000 0 SPONSORSHIP SOLDIERS AND SAILORS MEMORIAL HALL AND MUSEUM - 4141 FIFTH AVENUE -PITTSBURGH, PA 15213-7920 25-1821862 501(C)(3) 5,000 0 SPONSORSHIP VETERANS LEADERSHIP PROGRAM OF WESTERN PENNSYLVANIA INC - 2417 EAST CARSON STREET - PITTSBURGH, PA 15203 25-1434643 501(C)(3) 5,000 0 SPONSORSHIP

Page 1

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESTERN PENNSYLVANIA CONSERVANCY							
ITTSBURGH, PA 15222	25-1053485	501(C)(3)	5,000.	0.			SPONSORSHIP

 Schedule I (Form 990) (2011)
 UNIVERSITY OF PITTSBURGH
 25-0965591
 Page 2

(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
INSTITUTIONAL AID TO STUDENTS	15132	161,718,174.	0.		
TUITION REMISSION	2315	20,818,682.	0.		
TUITION REMISSION- STUDENTS ATTENDING OTHER UNIVERSITIES	517	8,139,951.	. 0.		
Part IV Supplemental Information. Complete this part to prov	ride the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES	PART II: GRAN'	TS AND			
ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE	UNITED STATE	S:			
THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCED	URES FOR FINA	NCIAL			
AFFAIRS. RESPONSIBILITY CENTER HEADS WITHIN THE U	NIVERSITY ARE	RESPONSIBLE			
FOR MONITORING THE GENERAL USE OF UNIVERSITY FUNDS	FOR APPROVED	USES.			
DISBURSEMENT REQUESTS FOR GRANT FUNDS MUST BE APPR	OVED BY THE F	INANCIAL			

THE RESPONSIBILITY CENTER. WHEN THE REQUESTOR IS ALSO THE FAIS ACCOUNT

Part IV Supplemental Information
ADMINISTRATOR OR THE HEAD OF THE RESPONSIBILITY CENTER, THE GRANT FUNDING
REQUEST MUST BE SIGNED BY THE NEXT HIGHER LEVEL ADMINISTRATOR. THE
UNIVERSITY'S DISBURSEMENT PROCESS IDENTIFIES AND RECORDS PAYMENTS TO BOTH
U.S. AND FOREIGN INDIVIDUALS/ENTITIES. THE UNIVERSITY EMPLOYS APPROPRIATE
MEASURES TO REDUCE THE RISK THAT ANY GRANT FUNDING PROVIDED IS NOT USED FOR
NON-CHARITABLE PURPOSES OR EXPLOITATION BY TERRORIST ORGANIZATIONS,
INCLUDING, BUT NOT LIMITED TO, UNIVERSITY ATTENDANCE AND/OR PARTICIPATION
AT SPONSORED EVENTS AND ONGOING REVIEWS OF THE SPECIALLY DESIGNATED
NATIONALS LIST PUBLISHED BY THE US DEPARTMENT OF THE TREASURY.
FOR RESEARCH SUBCONTRACTS, THE INITIAL DETERMINATION OF ELIGIBILITY AND
APPROPRIATENESS OF THE ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL
IVESTIGATOR (PI)/DEPARTMENT AND THE OFFICE OF RESEARCH. THE PI/DEPARTMENT
IDENTIFIES THE ENTITY USUALLY BASED UPON THE UNIQUE NEEDS OF THE PI
EVIDENCED IN THE SCOPE OF WORK. DOCUMENTATION IS OBTAINED FROM THE ENTITY
WHICH IS REVIEWED. UPON SUBMISSION, THE OFFICE OF RESEARCH LOOKS FOR THIS
DOCUMENTATION SO THAT IT MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND
WHEN THE PROJECT IS FUNDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST.
SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES PART III GRANTS AND OTHER
ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES:
THE INSTITUTION DOES MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS
OR ASSISTANCE. THE RECORDS, ELIGIBILITY AND SELECTION CRITERIA ARE
MAINTAINED BY EITHER THE OFFICE OF ADMISSIONS AND FINANCIAL AID, THE
STUDENTS' SCHOOL DEPARTMENT, THE BENEFITS SECTION OF HUMAN RESOURCES, OR
THE FACULTY RECORDS OFFICE.

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" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 X Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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. Explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in 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? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? Х **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

a The organization?

b Any related organization?

not described in lines 5 and 6? If "Yes," describe in Part III

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

6a

7

contingent on the net earnings of:

Regulations section 53.4958-6(c)?

If "Yes" to line 6a or 6b, describe in Part III.

Х

Х

Х

Х

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 in 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F)	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990	
	(i)	556,588.	38,297.	29,157.	71,976.	68,278.	764,296.	0.	
1 MARK A. NORDENBERG	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	322,370.	0.	24,035.	39,012.	11,216.	396,633.	0.	
2 PATRICIA E. BEESON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	459,362.	25,531.	24,894.	70,759.	12,402.	592,948.	0.	
3 JEROME COCHRAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	197,220.	0.	11,098.	29,364.	13,506.	251,188.	0.	
4 B. JEAN FERKETISH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	743,544.	0.	69,781.	29,402.	4,021.	846,748.	0.	
5 ARTHUR S. LEVINE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	288,873.	0.	2,044.	0.	14,322.	305,239.	0.	
6 JAMES V. MAHER, JR.	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	334,064.	0.	10,915.	35,526.	14,198.	394,703.	0.	
7 AMY KRUEGER MARSH	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	330,860.	25,531.	27,792.	52,268.	13,506.	449,957.	0.	
8 ARTHUR G. RAMICONE	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	1,350,020.	925,862.	25,260.	129,400.	15,140.	2,445,682.	0.	
9 JAMES P. DIXON II	(ii)	0.	0.	0.	0.	0.	0.	0.	
MICHAEL T. GRAHAM (SEE	(i)	1,010,120.	916,399.	18,619.	27,973.	9,682.	1,982,793.	0.	
10 SCH.0)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	14,159.	1,275,600.	2,048.	3,619.	639.	1,296,065.	0.	
11 DAVID R. WANNSTEDT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	500,161.	283,333.	10,674.	35,525.	14,315.	844,008.	0.	
12 STEVEN C. PEDERSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	635,752.	0.	600.	19,600.	5,004.	660,956.	0.	
13 NANCY E. DAVIDSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
_14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2011

RESIDENCE PROVIDED BY THE UNIVERSITY TO MEET WITH AND ENTERTAIN DONORS.

89

1

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

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

 OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization **Employer identification number** UNIVERSITY OF PITTSBURGH 25-0965591 Part I **Bond Issues** (a) Defeased (h) On behalf (c) CUSIP# (i) Pooled (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No A SEE SCHEDULE K, PART VI 25-0965591 91335VHP4 03/31/09 452,532,151. SEE SCHEDULE K, PART VI Х Х Х 25-0965591 91335VFL5 306,735,020. SEE SCHEDULE K, PART VI Х Х B SEE SCHEDULE K, PART VI 12/17/08 Х 44,309,750. SEE SCHEDULE K, PART VI Х C SEE SCHEDULE K, PART VI 25-0965591 91335VFU5 01/27/09 Х Х 25-0965591 07/10/09 401,451,947. SEE SCHEDULE K, PART VI Х Х D SEE SCHEDULE K, PART VI 91335VDH6 Х Part II Proceeds С D Α В 1 Amount of bonds retired 2 Amount of bonds legally defeased 453 185 458 306,735,927 44.316.041 401,460,622. Total proceeds of issue Gross proceeds in reserve funds 1,050,944 Capitalized interest from proceeds 6 Proceeds in refunding escrows 2.375.498 744 124 221,250 1.004.898. Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds 291,946,149 1,792,598 4,111,766 1,234,685. Capital expenditures from proceeds 150,379,000 304,200,000 40.000.000 400,447,049 Other spent proceeds 11 Other unspent proceeds 2013 2008 2008 2009 Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Х Х Х Х Х Has the final allocation of proceeds been made? Х Х Х Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Was the organization a partner in a partnership, or a member of an LLC, Α which owned property financed by tax-exempt bonds? Yes Yes No Yes Yes No No No Х Х Х X 2 Are there any lease arrangements that may result in private business use of Х Х Х Х bond-financed property?

ENTITY

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

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

OMB No. 1545-0047 **2011**Open to Public

Inspection

Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP# (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No Х A SEE SCHEDULE K, PART VI 25-0965591 91335VJK3 06/12/12 122,262,000. SEE SCHEDULE K, PART VI Х Х D Part II Proceeds В С D Α 1 Amount of bonds retired 2 Amount of bonds legally defeased 116,025,249, 3 Total proceeds of issue **4** Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 222.883 7 Issuance costs from proceeds **8** Credit enhancement from proceeds Working capital expenditures from proceeds 32,034,409 Capital expenditures from proceeds 90.000.000 Other spent proceeds 11 Other unspent proceeds 2012 Year of substantial completion Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Х Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use Was the organization a partner in a partnership, or a member of an LLC, В C D Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes No Х 2 Are there any lease arrangements that may result in private business use of Х bond-financed property?

Part III Private Business Use (Continued)

Page 2

			4	I	3	(С	ļ ļ	D	
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No	
	business use of bond-financed property?	Х		X		Х		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?	Х		Х		Х		Х		
С	Are there any research agreements that may result in private business use of bond-financed property?	Х		Х		Х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside									
	counsel to review any research agreements relating to the financed property?	Х		Х		Х		Х		
4	Enter the percentage of financed property used in a private business use by									
	entities other than a section 501(c)(3) organization or a state or local government		3.57 %		.37 %		%		.12	%
5	Enter the percentage of financed property used in a private business use as a result of									
	unrelated trade or business activity carried on by your organization, another									
	section 501(c)(3) organization, or a state or local government		%		%		%			%
6	Total of lines 4 and 5		3.57 %		.37 %		%		.12	%
7	Has the organization adopted management practices and procedures to ensure the									
	post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х		Х		
Par	t IV Arbitrage									
			4	ı	3	(С	<u> </u>	D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No	Yes	No	
	Arbitrage Rebate, been filed with respect to the bond issue?		Х		Х		Х		Х	
2	Is the bond issue a variable rate issue?		Х	Х			Х	Х		
За	Has the organization or the governmental issuer entered into a qualified									
	hedge with respect to the bond issue?		X	X			Х	X		
b	Name of provider	N/A		BARCLAYS I	BANK	N/A		BARCLAYS I	BANK	
С	Term of hedge				26.0000000				32.7500	0000
	Was the hedge superintergrated?		X		Х		Х		Х	
	Was the hedge terminated?		X		Х		X		Х	
40	Ware gross proceeds invested in a guaranteed investment contract (GIC)?		х		х		х		х	

Part V Procedures To Undertake Corrective Action

6 Did the bond issue qualify for an exception to rebate?

d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

5 Were any gross proceeds invested beyond an available temporary period?

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

Yes

Х

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

b Name of providerc Term of GIC

ENTITY

Schedule K (Form 990) 2011 UNIVERSITY OF PITTSBURGH 25-0965591 Page 2 Part III Private Business Use (Continued) В С D **3a** Are there any management or service contracts that may result in private Yes No Yes No Yes No Yes No business use of bond-financed property? ... b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? Х d If "Yes" to line 3c. does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 % 7 Has the organization adopted management practices and procedures to ensure the Х post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage В С D Α 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Yes No Yes No Yes No Yes No Х Arbitrage Rebate, been filed with respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the governmental issuer entered into a qualified Х hedge with respect to the bond issue? N/A **b** Name of provider c Term of hedge Х **d** Was the hedge superintergrated? Х e Was the hedge terminated? 4a Were gross proceeds invested in a guaranteed investment contract (GIC)? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? **5** Were any gross proceeds invested beyond an available temporary period? 6 Did the bond issue qualify for an exception to rebate? Part V Procedures To Undertake Corrective Action Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K PART I BOND ISSUES

COLUMN (F) - DESCRIPTION OF PURPOSE

A-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIVERSITY REFUNDING BONDS, SERIES A OF 2009 AND UNIVERSITY

CAPITAL PROJECT BONDS, SERIES B OF 2009

B-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIV. CAPITAL PROJECT AND REFUNDING BONDS SERIES 2000A,

2002B, 2005ABC; DECEMBER 2008 CONVERSION BONDS

C-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIVERSITY CAPITAL PROJECT AND REFUNDING BONDS, SERIES A OF

2002; JANUARY 2009 CONVERSION BONDS

D-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION-2009 INTEREST RATE MODE CONVERSION BONDS; JULY 2009

CONVERSION BONDS

E-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- PITT ASSET NOTES- TAX-EXEMPT HIGHER EDUCATION REGISTERED

SERIES OF 2012; PANTHERS

SCHEDULE K PART I BOND ISSUES

COLUMN (F) - DESCRIPTION OF PURPOSE

A-FINANCE CAPITAL PROJECTS; REFUNDING OF SERIES 2007 A BONDS ISSUED

3/8/2007

B-UNIV. CAPITAL PROJECT AND REFUNDING BONDS SERIES 2000A, SERIES

2002B, SERIES 2005ABC; 12/17/2008.

PAR: 84,700,000

NAME: SERIES A OF 2000

ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985 C AND 1989 A BONDS

Schedule K (Form 990) 2011 UNIVERSITY OF PITTSBURGH 25-0965591 Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION" PAR: 40,000,000 NAME: SERIES A OF 2002 ORIGINAL PURPOSE: REFUNDED 35% OF THE SERIES 1992 A AND 1992 B BONDS STATUS: REISSUED ON 01/27/09 "UNIVERSITY CAPITAL PROJECT AND REFUNDING BONDS, SERIES A OF 2002" PAR: 29,500,000 NAME: SERIES B OF 2002 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION" PAR: 75,000,000 NAME: SERIES A OF 2005 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION" PAR: 45,000,000 NAME: SERIES B OF 2005 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: N/A

PAR: 30,000,000

NAME: SERIES C OF 2005

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

STATUS: N/A

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

C-INTEREST RATE MODE CHANGE FOR SERIES 2002 A BONDS

D-2009 INTEREST RATE CONVERSION BONDS; 07/10/09.

PAR: 84,700,000

NAME: SERIES A OF 2000

ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985 C AND 1989 A BONDS

PAR: 50,000,000

NAME: SERIES B OF 2000

ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985 C AND 1989 A BONDS

PAR: 50,000,000

NAME: SERIES C OF 2000

ORIGINAL PURPOSE: CAPITAL BOND PROJECTS

PAR: 29,500,000

NAME: SERIES B OF 2002

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

PAR: 75,000,000

NAME: SERIES A OF 2005

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

PAR: 104,621,000

NAME: SERIES B OF 2007

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

E-FINANCE CAPITAL EQUIPMENT

SCHEDULE K PART III, LINE 4 PERCENTAGE OF PROPERTY USED IN A PRIVATE BUSINESS USE PRIVATE BUSINESS USE AT THE UNIVERSITY IS TRACKED BY SERIES.
PERCENTAGE OF PROPERTY USED IN A PRIVATE BUSINESS USE
PRIVATE BUSINESS USE AT THE UNIVERSITY IS TRACKED BY SERIES.
DEBT DESCRIPTION: SERIES 2005 A/B/C BONDS
ISSUED DATE: 3/23/2005
ORIGINAL AMOUNT OF ISSUE: \$150,000,000
AMOUNT OF ISSUE OUTSTANDING:
AS OF JUNE 30, 2012: \$150,000,000
PERCENTAGE OF PRIVATE BUSINESS USE: 0.37%
DEBT DESCRIPTION: SERIES 2007 A/B BONDS
ISSUED DATE:3/8/2007
ORIGINAL AMOUNT OF ISSUE: \$255,000,000
AMOUNT OF ISSUE OUTSTANDING:
AS OF JUNE 30, 2012: \$104,621,000
PERCENTAGE OF PRIVATE BUSINESS USE: 0.12%
SCHEDULE K PART IV, LINE 3B & 3C,
HEDGE PROVIDER AND TERM OF HEDGE
COLUMN B:
SWAPS WERE IDENTIFIED ON 12/17/08; AND REIDENTIFIED ON 07/10/09.
NOTIONAL MATURITY DATE EFFECTIVE DATE COUNTERPARTY
\$7,500,000 9/15/2031 9/15/2013 BARCLAYS BANK

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization UNIVERSITY OF PITTSBURGH 25-0965591 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (a) Name of interested (c) Original principal (d) Balance due (e) In (g) Written by board or person and purpose the organization? amount default? agreement? committee? Yes То From No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
SEE SCH. L PART V	N/A	0	N/A		Х
Part V Supplemental Information					
Complete this part to provide additionate	al information for responses to question	s on Schedule L (see	instructions).		
SCHEDULE L PART IV					
BUSINESS TRANSACTIONS INVOLVING INTERES	STED PERSONS				
(A) NAME OF INTERESTED PERSON: JOSHUA	COCHRAN				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION: FAMILY				
MEMBED OF TEDOME COCUDAN EVECUMINE VII	TE CHANCELLOD				
MEMBER OF JEROME COCHRAN, EXECUTIVE VIO	LE CHANCELLOR				
(C) AMOUNT OF TRANSACTION: \$57,119					
(D) DESCRIPTION OF TRANSACTION: EMPLOY	MENT				
(E) SHARING OF ORGANIZATION'S REVENUES:	? NO				
(A) NAME OF INTERESTED PERSON: ERIN NO	DRDENBERG				
THE ST THEREDIES TERROR. EATH IN	3.021.021.0				
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION: FAMILY	7			
MEMBER OF MARK MORPHWEER GUANGELLOR					
MEMBER OF MARK NORDENBERG, CHANCELLOR					
(C) AMOUNT OF TRANSACTION: \$40,997					
(D) DESCRIPTION OF TRANSACTION: EMPLOY	MENT				
(E) SHARING OF ORGANIZATION'S REVENUES:	? NO				
(A) NAME OF INTERESTED PERSON: ANITA	P. COURCOULAS, MD				
/D/ DELAMIONOUTD DEMUEEN INMEDIEGRED DE	DON AND ODGANIZATION. FAMILY	,			
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION: FAMILY				
MEMBER OF IRA J. GUMBERG, TRUSTEE.					
(C) AMOUNT OF TRANSACTION. 6210 155					
(C) AMOUNT OF TRANSACTION: \$210,165					

132132 01-19-12

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990-EZ) 2011 UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see ins	structions).	
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: MARYJEAN LOVETT		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY		
MEMBER OF ROBERT G. LOVETT, MEMBER OF THE BOARD OF TRUSTEES		
(C) AMOUNT OF TRANSACTION: \$36,148		
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: WERNER TROESKEN		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY		
MEMBER OF PATRICIA E. BEESON, PROVOST AND SENIOR VICE CHANCELLOR.		
(C) AMOUNT OF TRANSACTION: \$170,608		
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: ROBIN MAIER		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY		
MEMBER OF JAMES V. MAHER, JR., A FORMER OFFICER.		
(C) AMOUNT OF TRANSACTION: \$60,654		
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: JOHN MAIER		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY		
MEMBER OF JAMES V. MAHER, JR., A FORMER OFFICER.		

(C) AMOUNT OF TRANSACTION: \$50,000

Schedule L (Form 990 or 990-EZ) 2011 UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see in	nstructions).	
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: BANK OF NEW YORK MELLON		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:		
CHANCELLOR MARK NORDENBERG SERVES ON THE BOARD OF DIRECTORS OF BANK OF		
NEW YORK MELLON		
(C) AMOUNT OF TRANSACTION: \$1,549,758		
(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES (PRIMARILY CUSTODIAL		
ARRANGEMENTS)		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: PEOPLE'S NATURAL GAS COMPANY		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
MORGAN O'BRIEN IS THE CEO AND SERVES ON THE BOARD OF DIRECTORS AT		
PEOPLE'S NATURAL GAS COMPANY.		
(C) AMOUNT OF TRANSACTIONS: \$990,650		
(D) DESCRIPTION OF TRANSACTION: UTILITY SERVICE		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: PARKHURST DINING SERVICES		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
SUZANNE W. BROADHURST SERVES ON THE BOARD OF DIRECTORS OF PARKHURST		
DINING SERVICES.		
(C) AMOUNT OF TRANSACTION: \$544,391		
(D) DESCRIPTION OF TRANSACTION: FOOD SERVICE		

(E) SHARING OF ORGANIZATION'S REVENUES? NO

Schedule L (Form 990 or 990-EZ) 2011 UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see in	nstructions).	
(A) NAME OF INTERESTED PERSON: PNC BANK		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
EVA TANSKY BLUM SERVES AS THE SENIOR VICE PRESIDENT. TRUSTEE CHARLES E.		
BUNCH SERVES AS A DIRECTOR OF PNC. TRUSTEE SY HOLZER SERVES AS		
PRESIDENT OF PNC BANK - PITTSBURGH.TRUSTEE THOMAS H. O'BRIEN SERVES AS		
A DIRECTOR OF BLACKROCK, INC.		
(C) AMOUNT OF TRANSACTION: \$455,970		
(D) DESCRIPTION OF TRANSACTION: BANKING SERVICE		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: BUCHANAN, INGERSOLL, AND ROONEY		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
THOMAS L. VANKIRK IS A SHAREHOLDER AND CHAIRMAN AT BUCHANAN, INGERSOLL,		
AND ROONEY (ENDED 03/09/2012).		
(C) AMOUNT OF TRANSACTION: \$513,014		
(D) DESCRIPTION OF TRANSACTION: LEGAL COUNSEL		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: MORGAN, LEWIS, AND BOCKIUS, LLP		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
MARLEE S. MYERS IS MANAGING PARTNER AT MORGAN, LEWIS, AND BOCKIUS, LLP.		
(C) AMOUNT OF TRANSACTION: \$187,490		
(D) DESCRIPTION OF TRANSACTION: LEGAL COUNSEL		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

25-0965591 UNIVERSITY OF PITTSBURGH Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Х 53,160. WRITTEN APPRAISAL Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 Х 70 1,991,516. MEAN VALUE DATE REC'D Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 680,705. Drugs and medical supplies Х WRITTEN APPRAISAL 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 5.000. (STUDENT HOUSI Х WRITTEN APPRAISAL 25 Other 2,969. DINNER FOR IN Х WRITTEN APPRAISAL Other -26 1 WRITTEN APPRAISAL FOUR GREENS F Х 367. 27 Other FOUR STEELER Х 150. FMV 28 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 1-28 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 Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II.

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

contributions?

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2011)

31

32a

31

33

b If "Yes," describe in Part II.

describe in Part II.

Х

Х

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization **Employer identification number** UNIVERSITY OF PITTSBURGH 25-0965591 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE UNIVERSITY OF PITTSBURGH, FOUNDED IN 1787, IS ONE OF THE OLDEST INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES AND ONE OF THE NATION'S TOP PUBLIC RESEARCH UNIVERSITIES. FOR MORE THAN TWO CENTURIES. THE UNIVERSITY OF PITTSBURGH HAS SERVED THE NEEDS OF ITS HOME REGION, THE COMMONWEALTH OF PENNSYLVANIA, AND THE NATION AS A LEADER IN EDUCATION, A PIONEER IN RESEARCH AND A PARTNER IN COMMUNITY SERVICE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **EXPENSES** GRANTS REVENUE STUDENT SERVICES 125,524,637 SCHOLARSHIPS AND FELLOWSHIPS 157,467,931 157,467,931 AUXILIARY ENTERPRISES 117,010,625 LIBRARIES 46,135,407 PUBLIC SERVICE 98,966,281 4,804,582 EXP. \$ 545,104,881. INCL GRANTS OF \$ 162,272,513. REVENUE \$ 117,107,681. FORM 990, PART VI, SECTION A, LINE 2: ROBERT A. PAUL AND WILLIAM K. LIEBERMAN HAVE A BUSINESS RELATIONSHIP (ONE ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER). EVA TANSKY BLUM, CHARLES E. BUNCH, THOMAS H. O'BRIEN, AND SY HOLZER HAVE A BUSINESS RELATIONSHIP (ALL ARE OFFICERS AND/OR SERVE ON THE SAME BOARD OF DIRECTORS OF AN OUTSIDE ORGANIZATION) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Name of the organization UNIVERSITY OF PITTSBURGH	25-0965591
GEORGE L. MILES, JR., AND MICHAEL A. BRYSON HAVE A BUSINESS RELATIONSHIP	
(BOTH SERVE ON THE SAME BOARD OF DIRECTORS OF AN OUTSIDE ORGANIZATION).	
ROBERT M. HERNANDEZ AND DAWNE S. HICKTON HAVE A BUSINESS RELATIONSHIP (ONE	
ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).	
JOHN J. VERBANAC AND CHARLES R. ZAPPALA HAVE A BUSINESS RELATIONSHIP (BOTH	
HAVE AN OWNERSHIP IN THE SAME BUSINESS).	
WILLIAM K. LIEBERMAN AND HERBERT S. SHEAR HAVE A BUSINESS RELATIONSHIP (ONE	
ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).	
EVA TANSKY BLUM AND BURTON M. TANSKY HAVE A FAMILY RELATIONSIHP.	
FORM 990, PART VI, SECTION A, LINE 7A: YES. UNDER THE COMMONWEALTH ACT OF	
1966 (THE "ACT"), TWELVE OF THE TRUSTEES ARE DESIGNATED AS COMMONWEALTH	
TRUSTEES. FOUR ARE APPOINTED BY THE GOVERNOR, WITH ADVICE AND CONSENT OF	
TWO-THIRDS OF ALL MEMBERS OF THE SENATE. FOUR ARE APPOINTED BY THE	
PRESIDENT PRO TEMPORE OF THE SENATE. FOUR ARE APPOINTED BY THE SPEAKER OF	
THE HOUSE OF REPRESENTATIVES.	
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE MAY 10,2013 MEETING OF	
THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, A COPY OF THE DRAFT IRS FORMS	
990 AND 990-T FOR FISCAL YEAR 2012 WAS DISTRUBUTED TO EACH COMMITTEE	
MEMBER. AT THE MAY 10 MEETING, THE CHIEF FINANCIAL OFFICER OF THE	
UNIVERSITY REVIEWED BOTH FORMS WITH THE AUDIT COMMITTEE. VOTING MEMBERS OF	
THE COMMITTEE INCLUDE OUTSIDE DIRECTORS, WHILE NONVOTING MEMBERS INCLUDE	

Name of the organization UNIVERSITY OF PITTSBURGH	25-0965591
SENIOR UNIVERSITY ADMINISTRATORS AS WELL AS STUDENT, FACULTY, AND STAFF	
REPRESENTATIVES. THE REVIEW INCLUDED A DISCUSSION OF EACH SIGNIFICANT	
SECTION OF THE TWO FORMS, HIGHLIGHTING RELEVANT CHANGES IN REQUIRED	
REPORTING AND ANY SIGNIFICANT VARIATIONS FROM PREVIOUS FILINGS. COMMITTEE	
MEMBERS WERE FREE TO ASK QUESTIONS AND PROVIDE FEEDBACK. SUBSEQUENT TO THE	
AUDIT COMMITTEE'S REVIEW, A COPY OF FORM 990 WAS MADE AVAILABLE TO EACH	
MEMBER OF THE ENTIRE BOARD OF TRUSTEES AND ALSO MADE AVAILABLE FOR PUBLIC	
INSPECTION.	
FORM 990, PART V, LINE 4B	
FOREIGN COUNTRIES	
PER FORM TD F 90-22.1, LINE 14, THE UNIVERSITY HAS AN INTEREST IN, OR	
SIGNATURE OR OTHER AUTHORITY OVER, MORE THAN 25 FINANCIAL ACCOUNTS IN	
FOREIGN COUNTRIES.	
FORM 990, PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF	
INTEREST POLICY FOR TRUSTEES APPLIES TO MEMBERS OF THE UNIVERSITY'S BOARD	
OF TRUSTEES ("BOARD") WHO ARE ENTITLED TO VOTE AT BOARD MEETINGS. SUCH	
MEMBERS OF THE BOARD ARE REQUIRED ANNUALLY TO DISCLOSE AFFILIATIONS THEY	
(OR THEIR SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER HALF OR WHOLE	
BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) HAVE WITH ANY ORGANIZATION WITH	
WHICH THERE IS A REASONABLE POSSIBILITY THE UNIVERSITY MAY HAVE BUSINESS	
DEALINGS. FURTHER, SUCH MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE	
TRANSACTIONS AND PROPOSED TRANSACTIONS (EXCLUSIVE OF TRANSACTIONS BETWEEN	
THE UNIVERSITY AND ITSELF OR A CLOSE AFFILIATE, OR FOR WHICH THE UNIVERSITY 132212 01-23-12 Sc	chedule O (Form 990 or 990-EZ) (2011)
- -	. , , , , , , , , , , , , , , , , , , ,

PITT___1

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
WILL RECEIVE COMPETITIVE BIDS FROM TWO OR MORE COMPANIES, OR THAT INVOLVE	
THE RENDERING OF SERVICES OF A COMMON CARRIER, CONTRACT CARRIER OR PUBLIC	
UTILITY AT RATES/CHARGES FIXED IN CONFORMITY WITH LAW OR GOVERNMENTAL	
AUTHORITY, OR THAT INVOLVE SERVICES OF A BANK DEPOSITARY OF FUNDS, TRANSFER	
AGENT, REGISTRAR OR TRUSTEE UNDER TRUST INDENTURE, OR SIMILAR SERVICES)	
WHEN THEY FIRST RECEIVE KNOWLEDGE OF THE SAME AND AS THEY ARISE BETWEEN THE	
UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE TRUSTEE (OR THEIR	
SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER HALF OR WHOLE	
BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) OR AN ORGANIZATION WITH WHICH THE	
TRUSTEE (OR THEIR SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER HALF OR	
WHOLE BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) IS AFFILIATED WHEN THE AMOUNT	
INVOLVED DOES OR IS LIKELY TO EXCEED \$50,000. IF POSSIBLE, DISCLOSURES ARE	
TO BE MADE PRIOR TO ANY SUCH TRANSACTION.	
THE REQUIRED ANNUAL DISCLOSURES ARE SUBMITTED TO THE UNIVERSITY'S OFFICE OF	
SECRETARY AND FORWARDED TO THE UNIVERSITY'S OFFICE OF GENERAL COUNSEL. THE	
OFFICE OF GENERAL COUNSEL THEN CONDUCTS AN EXTENSIVE REVIEW, WHICH REVIEW	
INCLUDES A SURVEY OF VARIOUS OFFICES OF THE UNIVERSITY, WITH REGARD TO	
RELEVANT BUSINESS RELATIONSHIPS OF THE UNIVERSITY AND THE MEANS BY WHICH	
THOSE RELATIONSHPS WERE FORMULATED AND CONTINUE. THE RESULTS OF THAT	
EXTENSIVE REVIEW ARE SHARED BY THE OFFICE OF SECRETARY WITH THE BOARD'S	
CONFLICT OF INTEREST COMMITTEE. THE BOARD'S CONFLICT OF INTEREST COMMITTEE	
CONSISTS OF THREE MEMBERS OF THE BOARD, AND INCLUDES THE CHAIRPERSON OF THE	
BOARD, THE CHAIRPERSON OF THE BOARD'S BUDGET COMMITTEE AND THE CHAIRPERSON	

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
OF THE BOARD'S AUDIT COMMITTEE.	
THOSE DISCLOSURES OF TRANSACTIONS AND PROPOSED TRANSACTIONS MADE BY BOARD	
MEMBERS, AS THEY ARISE, HAVE BEEN DIRECTED TO THE OFFICE OF SECRETARY. THAT	
OFFICE, IN CONSULTATION WITH OTHER UNIVERSITY OFFICES- INCLUDING THE	
UNIVERSITY'S OFFICE OF GENERAL COUNSEL- AS NECESSARY, HAS REVIEWED THEM FOR	
POTENTIAL CONFLICTS.	
ANY APPLICABLE MEMBER OF THE BOARD WHO IS A PARTY TO, OR IS AFFILIATED WITH	
AN ORGANIZATION THAT IS A PARTY TO, AN APPLICABLE TRANSACTION WITH THE	
UNIVERSITY MAY NOT PARTICIPATE IN ANY CONSIDERATION OR ACTION BY THE BOARD	
RELATING TO THE MATTER, OTHER THAN TO MAKE A BRIEF POSITION STATEMENT AND	
ANSWER PERTINENT QUESTIONS OTHER BOARD MEMBERS MIGHT HAVE. ADDITIONALLY,	
THOSE UNIVERSITY EMPLOYEES WHO ARE RESPONSIBLE FOR ACQUIRING GOODS OR	
SERVICES ON THE UNIVERSITY'S BEHALF - TO THE EXTENT THEY ARE AWARE, AT ALL,	
OF A RELEVANT BOARD MEMBER'S AFFILIATION - DO SO EXCLUSIVELY BASED UPON THE	
UNIVERSITY'S BEST BUSINESS INTERESTS, INCLUDING CONSIDERATION OF SUCH	
FACTORS AS EVALUATION AND RE-EVALUATION OF THE COST AND QUALITY AND	
ARMS-LENTH NEGOTIATION OF THE TERMS.	
THOUGH NOT FORMALLY ADOPTED BY THE BOARD, THE UNIVERSITY HAS SEPARATE	
CONFLICT OF INTEREST POLICIES APPLICABLE TO EMPLOYEES, INCLUDING THOSE WHO	
ARE OFFICERS OF THE UNIVERSITY. ALL UNIVERSITY EMPLOYEES ARE REQUIRED TO	
DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE BETWEEN THE	
UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE EMPLOYEE (OR AN	
IMMEDIATE FAMILY MEMBER OF THE EMPLOYEE) OR AN ORGANIZATION IN WHICH THE	
EMPLOYEE (OR AN IMMEDIATE FAMILY MEMBER OF THE EMPLOYEE) HAS A FINANCIAL	
INTERST, WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED \$500.	

132212 01-23-12 Name of the organization **Employer identification number** UNIVERSITY OF PITTSBURGH 25-0965591 ADDITIONALLY, UNIVERSITY STAFF AND ADMINISTRATORS ABOVE A CERTAIN JOB CLASSIFICATION LEVEL - WHICH, AS A PRACTICAL MATTER, INCLUDES ALL OF THE UNIVERSITY'S EMPLOYEE/OFFICERS - MUST MAKE ADDITIONAL DISCLOSURES. FIRST THOSE INDIVIDUALS MUST DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE EMPLOYEE (OR SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS WELL AS SIBLINGS, PARENT, AND NON-DEPENDENT CHILDREN - INCLUDING STEP AND IN-LAW VARIANTS - IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELATIVE IS LIKELY TO OR WILL BENEFIT) OR AN ORGANIZATION IN WHICH ANY OF THE FOREGOING IS AFFILIATED WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED \$500. FUTHER THOSE EMPLOYEES MUST ANNUALLY DISCLOSE AFFILIATIONS THEY (OR SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS WELL AS SIBLINGS PARENTS, AND NON-DEPENDENT CHILDREN - INCLUDING STEP AND IN-LAW VARIANTS -IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELATIVE IS LIKELY TO OR WILL BENEFIT) HAVE WITH ANY ORGANIZATION WITH WHICH THE UNIVERSITY MAY HAVE HAD BUSINESS DEALINGS IN THE PAST YEAR OR WITH WHICH THERE IS A REASONABLE POSSIBILITY THE UNIVERSITY MAY HAVE BUSINESS DEALINGS IN THE NEXT YEAR. ALL DISCLOSURES REQUIRED OF UNIVERSITY EMPLOYEES ARE TO BE MADE TO THE NEXT HIGHER ADMINISTRATOR IN THE EMPLOYEE'S SUPERVISORY LINE (IN THE CASE OF THE UNIVERSITY'S CHANCELLOR, SUCH DISCLOSURES ARE MADE TO THE UNIVERSITY SECRETARY). THE RECIPIENT OF SUCH INFORMATION REVIEWS SUCH DISCLOSURES FOR REAL, APPARENT OR POTENTIAL CONFLICTS OF INTEREST AND THEN RECOMMENDS AND INITIATES SUCH ACTION AS IS NECESSARY TO RESOLVE THE SAME. ANY RELEVANT EMPLOYEE WHO DISAGREES WITH THE RECOMMENDATION FOR RESOLVING CONFLICTS MADE BY HIS/HER REVIEWING ADMINISTRATOR MAY APPEAL TO THE NEXT HIGHER ADMINISTRATOR IN THE SUPERVISORY LINE. IN ANY EVENT, EMPLOYEES ARE

UNIVERSITY OF PITTSBURGH	25-0965591
PROHIBITED FROM EXERCISING ANY UNIVERSITY DECISION-MAKING AUTHORITY OR FROM	
EXERTING INFLUENCE CONCERNING ANY ORGANIZATION OR TRANSACTION IN WHICH THEY	
OR A FAMILY MEMBER HAVE A PERSONAL INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES, BY	
RESOLUTION OF JUNE 13, 1991 (AMENDED JUNE 19, 1992), ESTABLISHED THE	
COMPENSATION COMMITTEE AS A STANDING COMMITTEE OF THE BOARD. THE	
COMPENSATION COMMITTEE IS AUTHORIZED TO DETERMINE THE CHANCELLOR'S	
COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES. UPON THE	
RECOMMENDATION OF THE CHANCELLOR, THE COMPENSATION COMMITTEE ALSO REVIEWS	
THE COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES, OF THE	
OFFICERS OF THE UNIVERSITY, EXCEPT ASSISTANT TREASURERS AND ASSOCIATE	
SECRETARIES.	
THE COMPENSATION COMMITTEE IS COMPRISED OF THE CHAIRPERSON OF THE BOARD,	
THE CHAIR OF THE BUDGET COMMITTEE OF THE BOARD, AND OTHER TRUSTEES. NO	
TRUSTEE SERVING ON THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST	
WITH RESPECT TO THE CHANCELLOR'S OR OFFICERS' COMPENSATION ARRANGEMENTS.	
TO ASSIST THE COMPENSATION COMMITTEE IN MEETING ITS RESPONSIBILITES, THE	
SERVICES OF A GLOBAL PROFESSIONAL SERVICES FIRM ARE USED FOR COMPENSATION	
CONSULTING AND MARKET RESEARCH. THAT FIRM PROVIDES THE COMPENSATION	
COMMITTEE WITH COMPENSATION DATA FROM A GROUP OF COMPARABLE U.S. RESEARCH	
INSTITUTIONS. THE OFFICERS' COMPENSATION IS BENCHMARKED AGAINST THESE	
INSTITUTIONS.	
MINUTES OF THE COMPENSATION COMMITTEE'S MEETINGS ARE MAINTAINED IN THE	
OPETCE OF MUR CECREMARY OF MUR POARD OF MRICHERS ACCESS NO MINIMES OF ALL	

132212 01-23-12

09110513 785294 PITT

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
PUBLIC MEETINGS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES ARE AVAILABLE	
TO THE PUBLIC.	
FORM 990, PART VI, SECTION C, LINE 19: ALL RELEVANT DOCUMENTS, INCLUDING	
THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE MADE	
AVAILABLE TO THE PUBLIC VIA THE UNIVERSITY'S WEB SITE AND/OR BY REQUEST.	
FORM 990, PART VI, SECTION B, LINE 13 AND 14	
WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY	
THE UNIVERSITY HAS A WHISTLEBLOWER AND DOCUMENT RETENTION AND	
DESTRUCTION POLICY. HOWEVER, THE POLICIES HAVE NOT BEEN ADOPTED BY THE	
BOARD OF TRUSTEES.	
FORM 990, PART VII, SECTION A, LINE 1A AND SCHEDULE J PART II	
\$1,000,000 WAS REIMBURSED BY ARIZONA STATE UNIVERSITY ON BEHALF OF	
MICHAEL T. GRAHAM.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS: -155,340,630.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

2011
Open to Public Inspection

Name of the organization
UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

(a) Name, address, and EIN 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

(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	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL	TO INTEGRATE FUNDRAISING						
AND HEALTH SCIENCES FOUNDATION - 1, 3600	FOR THE UNIVERSITY OF						
FORBES AVE, SUITE 8084 FORBES TOWER,	PITTSBURGH AND UPMC	PENNSYLVANIA	501(C)(3)	11A			х
BRADFORD EDUCATIONAL FOUNDATION - 25-1399653							
300 CAMPUS DRIVE	TO SUPPORT THE UNIVERSITY						
BRADFORD, PA 16701	OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	11C			Х
THE UPG FOUNDATION - 25-1571569	ENHANCE AND IMPROVE THE						
150 FINOLI DRIVE	QUALITY OF THE GREENSBURG						
GREENSBURG, PA 15601	CAMPUS OF THE UNIVERSITY	PENNSYLVANIA	501(C)(3)	11C			х
JOHNSTOWN EDUCATIONAL FOUNDATION -	TO CONTROL FUNDS						
25-1513720, UPJ,266 BLACKINGTON HALL,	EXCLUSIVELY IN CONNECTION						
JOHNSTOWN, PA 15904	WITH JOHNSTOWN CAMPUS	PENNSYLVANIA	501(C)(3)	11C			х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

Schedule R (Form 990) UNIVERSITY OF PITTSBURGH 25-0965591

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
EYE AND EAR FOUNDATION - 25-1439732	ADVANCE EFFORTS OF						
BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST, S	OTOLARYNGOLOGY AND						
PITTSBURGH, PA 15213	OPTHALMOLOGY DEPARTMENTS	PENNSYLVANIA	501(C)(3)	11C			Х
UNIVERSITY OF PITTSBURGH TRUST - 25-1465279	OVERSIGHT OF CERTAIN						
5TH AVE AND BIGELOW	UNIVERSITY AFFILIATED						
PITTSBURGH, PA 15260	ENTITIES AND ASSETS	PENNSYLVANIA	501(C)(3)	11C			х
UNIVERSITY DENTAL HEALTH SERVICES -	TO PROVIDE TEACHING AND						
25-1762396, 3501 TERRACE STREET, PITTSBURGH,	PATIENT CARE IN A TEACHING						
PA 15261	AND RESEARCH SETTING	PENNSYLVANIA	501(C)(3)	3			х
PITTSBURGH SKIN & CANCER FOUNDATION -	SUPPORT OF PROGRAMS,						
25-0965472, 190 LOTHROP STREET STE 145,	RESEARCH, AND EDUCATION						
PITTSBURGH, PA 15213	WITHIN DERMATOLOGY	PENNSYLVANIA	501(C)(3)	7			х
PITTSBURGH TISSUE ENGINEERING INITIATIVE							
INC 25-1789285, 100 TECHNOLOGY DRIVE NO	FOSTER RESEARCH PERTAINING						
200 PITTSBURGH PA 15219	TO TISSUE ENGINEERING	PENNSYLVANIA	501(C)(3)	11A			x
MPC CORPORATION - 25-1128244	RESEARCH ACTIVITIES TO AID						\vdash
5000 FORBES AVENUE	EDUCATIONAL AND ECONOMIC						
PITTSBURGH, PA 15213	DEVELOPMENT IN PA	PENNSYLVANIA	501(C)(3)	11A			x
							
	1						
	1						
							
	1						
	-						
-						<u> </u>	├──
	-						
	4						
							├
	4						
	4						
							<u> </u>
	1						1
	1						1
						ļ	<u> </u>
	_						1
]						1

132222 05-01-11 114

132162 01-23-12

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	l .	portion-	Code V-UBI	Gener	al or F	Percentage ownership
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	assets ate allocations?			partr	ner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										H	_	
	l .		l.	1								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
TSH CORPORATION - 25-1520417							
124 CATHEDRAL OF LEARNING	REPRESENTATIVE						
PITTSBURGH, PA 15260	OFFICE- BEIJING	PA		C CORP			5.00%
FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN							
5TH AVE AND BIGELOW							
PITTSBURGH, PA 15260	DORMANT	PA		C CORP			100.00%
SCHENLEY PARK APARTMENTS COMPANY - EIN UNKNOWN							
5TH AVE AND BIGELOW							
PITTSBURGH, PA 15260	DORMANT	PA		C CORP			100.00%
CARILLO STEAM PRODUCTION ASSOCIATION, LLC -	SERVICE CORPORATION						
27-1073489, 400 EUREKA BUILDING, 3400 FORBES AVENUE,	TO MANAGE THE STEAM						
PITTSBURGH, PA 15260	PLANT	PA		C CORP			75.00%

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	d Loans or loan guarantees to or for related organization(s)				1d	Х	
е	e Loans or loan guarantees by related organization(s)				1e		Х
f	f Sale of assets to related organization(s)				1f		X
g	g Purchase of assets from related organization(s)				1g		X
h	n Exchange of assets with related organization(s)				1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		Х
k	 Performance of services or membership or fundraising solicitations for related organization(s) 				1k		Х
1	Performance of services or membership or fundraising solicitations by related organization(s)				11	Х	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	n Sharing of paid employees with related organization(s)				1n	Х	
o Reimbursement paid to related organization(s) for expenses							
p Reimbursement paid by related organization(s) for expenses							
q	Other transfer of cash or property to related organization(s)				1q		Х
	Other transfer of cash or property from related organization(s)				1r		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	lete th	is line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of other organization Transactio type (a-r)		(c) Amount involved	(d) Method of determining amount involved			
1)							
21							
3)							
4)							
-\							
5)		-+					
6)							
32163	110	6		Schedule R	(Form	990)	2011

Page 3

Х

Х

Yes No

1a

1b

Schedule R (Form 990) 2011 UNIVERSITY OF PITTSBURGH 25-0965591 Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 section 512-514)	Are a partners 501 (c orgs) all s sec.)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr Yes	al or Percent ging er? owners	tage ship

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box		>		
	are filing for an Additional (Not Automatic) 3-Month Ex						
Electron	omplete Part II unless you have already been granted ic filing _(e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	6 months for a corp		
•	to file Form 990-T), or an additional (not automatic) 3-mo		•		· ·		
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers i	Associated With Ce	rtain	
	Benefit Contracts, which must be sent to the IRS in page		(see instructions). For more details o	n the elec	ctronic filing of this t	form,	
	v.irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I							
•	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and o	complete			
	ycorporations (including 1120-C filers), partnerships, REM ome tax returns.				 nsion of time	<u> </u>	
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) o			
File by the	UNIVERSITY OF PITTSBURGH			X	25-0965591		
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 116 ATWOOD STREET, SUITE 201	ee instruc	tions.	Social se	curity number (SSN	l) 	
instructions	City, town or post office, state, and ZIP code. For a for PITTSBURGH, PA 15260-0100	oreign add	ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 7	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
Form 990		01	Form 4720			09	
Form 990		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	O-T (trust other than above)	06	Form 8870			12	
	THURMAN D. WINGROVE	NITNO	DIMMODIDOU DA 15260 6471				
	ooks are in the care of 3015 CATHEDRAL OF LEAF	RNING -					
	hone No. (412)624-6050		FAX No.				
	organization does not have an office or place of business						
	is for a Group Return, enter the organization's four digit						
box >	. If it is for part of the group, check this box				ers the extension is	i TOr.	
1 1 re	equest an automatic 3-month (6 months for a corporation MAY 15, 2013 . to file the exemp				The extension		
ic f	for the organization's return for:	t organiza	tion return for the organization name	d above.	THE EXTENSION		
15 1	□ . · · .						
	calendar year or x tax year beginning JUL 1, 2011	an	d ending JUN 30, 2012				
	tax year beginning	, an	d chaing		— ·		
2 If t	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return I	Final retur	'n		
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
_	nrefundable credits. See instructions.			3a	\$	0.	
	his application is for Form 990-PF, 990-T, 4720, or 6069,	•			l .	=	
_	imated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	If you are going to make an electronic fund withdrawal v						
	For Privacy Act and Paperwork Reduction Act Notice.			001 3-	Form 8868 (R		

123841 01-04-12

Form 886	68 (Rev. 1-2012)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		
	nly complete Part II if you have already been granted an					
	are filing for an Automatic 3-Month Extension, comple					
Part II				al (no c	opies ne	eded).
			··· · · · · · · · · · · · · · · · · ·			see instructions
Type or	Name of exempt organization or other filer, see instru	etions				ion number (EIN) or
print						,
File by the	UNIVERSITY OF PITTSBURGH			х	25-0965	591
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 116 ATWOOD STREET, SUITE 201	ee instruc	tions.	Social se	curity numb	oer (SSN)
instructions.	City, town or post office, state, and ZIP code. For a fire PITTSBURGH, PA 15260-0100	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicati	ion	Return	Application			Return
Applicati Is For	OII	Code	Is For			Code
Form 990		01	is rui பட்டம் நகிய சிரியில் நிறிக்கி நிறிக்கி நிறிக்கி நகியியிருந்த சியில் நக்கு மய்யும் நிறியில் சியில் நகியில் நகியில் நிறியிருந்தி	preserve pri	Jan Karana	
Form 990		02	Form 1041-A	ear Mari	<u> </u>	08
Form 990		02	Form 4720			09
Form 990		04	Form 5227			10
	FT (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	PT (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already granted			ough, file	od Form 99	
3101.0	THURMAN D. WINGROVE	an auton	Hade 3-Hendi extension on a pres	lously life	501 0111 00	50.
B. Thomas	ooks are in the care of > 3015 CATHEDRAL OF LEAF	NTNG _	DITTERNIEGH DA 15260_6471			
	none No. (412) 624-6050	411110	FAX No. ▶			
		مالمالية	· · · · · · · · · · · · · · · · · · ·			
	organization does not have an office or place of business					bale this
. г	s for a Group Return, enter the organization's four digit		· · · · · · · · · · · · · · · · · · ·			
00x ► t		MAY 15	ch a list with the names and EINs of	all memo	ers the exte	ension is tor.
	quest an additional 3-month extension of time until	UL 1, 2		ב לדוד ב	2012	
	,					-
G 11 12	ne tax year entered in line 5 is for less than 12 months, c	neck reas	on: Linitial return L	Final r	etanı	
7 Cto	Under the control of					
	te in detail why you need the extension OTTIONAL TIME IS REQUIRED TO PREPARE A COM	מו פייפי או	ID ACCUSAND DEMUDA			
- ADI	TITIONAL TIME IS REQUIRED TO PREPARE A COM	FLETE AN	D ACCORATE RETURN.		-	
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any			-
non	refundable credits. See instructions.			8a	\$	0.
b If th	iis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1		
tax	payments made. Include any prior year overpayment alle	owed as a	credit and any amount paid	. 961 [
pre	viously with Form 8868.			8 b	\$	0.
c Bala	ance due. Subtract line 8b from line 8a, Include your pa	yment witl	h this form, if required, by using			
EFT	PS (Electronic Federal Tax Payment System). See instru	ictions.		8c	\$	0.
	*		t be completed for Part II o	-		
	alties of perjury, I declare that I have examined this form, includi prrect, and complete, and that I am authorized to prepare this fol		anying schedules and statements, and to	the best of	my knowled	ge and belief,
Signature	Title > C	FO		Date	_i/2	2/13
					Form 8	868 (Rev. 1-2012)

123842 01-06-12

University of Pittsburgh 25 Highest Paid Non-Officers For the Year Ended June 30, 2012 Right-to-Know Disclosure

Ranking	Name	Total Gross
1	Dixon, James P II	\$2,281,656
2	Graham, Michael T	\$1,936,042 *
3	Wannstedt, David R	\$1,290,357
4	Pederson, Steven Charles	\$789,583
5	Davidson, Nancy E	\$637,000
6	Becich, Michael J	\$457,293
7	Berenato, Agnus M	\$440,655
8	Burke, Donald S	\$437,216
9	Braun, Thomas W	\$401,092
10	Kanter, Steven L	\$400,000
11	Trucco, Massimo M	\$396,703
12	Russell, Alan J	\$396,345
13	Taylor, Douglass Lansing	\$368,096
14	Roth, Loren H	\$366,709
15	Richard, Jean-Francois	\$362,595
16	Malandro, Marc Shane	\$361,895
17	Gronenborn, Angela M	\$356,689
18	Gur, David	\$353,309
19	Inman, John Jeffrey	\$352,133
20	Tuan, Rocky Sung Chi	\$348,081
21	Freeman, Bruce A	\$346,801
22	Masnick, Jeffrey L	\$345,000
23	Perfetti, Charles A	\$343,700
24	Sorkin, Alexander Davidovich	\$343,633
25	Huard, Johnny	\$343,321

^{* \$1,000,000} was reimbursed by Arizona State University

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

			,	-1	. I moheemon
Α	For t	ne 2010 calendar year, or tax year beginning UL 1, 2010 and en	nding J	UN 30, 2011	
В	Check	C Name of organization		D Employer identif	ication number
	applica			, -	
	Add char	ess UNIVERSITY OF PITTSBURGH			
	Nam Char	e ge Doing Business As		25-096	55591
	Initia retu	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	<u> </u>
	Term	116 ATWOOD CERET CITTE 201	3111104110	· · · · · · · · · · · · · · · · · · ·	624-6395
		nded		G Gross receipts \$	2,679,450,889.
	App			H(a) Is this a group r	
	pend			for affiliates?	Yes X No
		107 CATHEDRAL OF LEARNING, PGH, PA 15260		H(b) Are all affiliates in	
1	Tay-e	xempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or L	527		list: (see instructions)
		ite: WWW.PITT.EDU	J21		
		of organization: X Corporation Trust Association Other	Voor o	H(c) Group exemption 1787	
	art I		L Teal C	n tormation. 1787	M State of legal domicile; PA
	T		DE UZCU	OUNT TEST	
Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVID EDUCATIONAL SERVICES, RESEARCH, AND COMMUNITY SERVICE.	DE HIGH	QUALITY	
nan					**************************************
Ver	2	Check this box I if the organization discontinued its operations or disposed		1	l .
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			36
త	4	Number of independent voting members of the governing body (Part VI, line 1b)			26
ties	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			27208
Activities &	6	Total number of volunteers (estimate if necessary)		6	480
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			-638,450.
	b	Net unrelated business taxable income from Form 990-T, line 34			-2,602,081.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		290,740,501.	294,711,799.
/en	9	Program service revenue (Part VIII, line 2g)		1,622,090,953.	1,737,570,925.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		119,247,611.	196,545,474.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,157,418.	16,772,282.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,040,236,483.	2,245,600,480.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	202,619,083.	224,193,655.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,043,574,149.	1,075,847,399.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		221,901.	214,285.
χb	b	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		652,623,290.	679,128,484.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,899,038,423.	1,979,383,823.
	19	Revenue less expenses. Subtract line 18 from line 12		141,198,060.	266,216,657.
Vet Assets or und Balances			Beg	inning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		4,926,526,519.	5,399,923,355.
ad B	21	Total liabilities (Part X, line 26)		2,039,842,879.	1,908,969,461.
<u> </u>		Net assets or fund balances. Subtract line 21 from line 20		2,886,683,640.	3,490,953,894.
	ırt II		-		
		lities of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which r	preparer h	as any knowledge.	
		Stotly Ramusia	**************************************		
Sigr	1	Signature of officer		Date	. /
Her	е	ARTHUR G. RAMICONE, CFO		7///	112-
		Type or print name and title		to 1:	TIDIN
_		Print/Type preparer's name Preparer's signature	Da	Te Check L	PTIN
Paid		WILLIAM J. ADAMS	- 14	///// self-employed	
	arer	Firm's name DRISH POPECK & CO., LLC.		Firm's EIN	
Use	Only	Firm's address THREE GATEWAY CENTER SUITE 2400			
		PITTSBURGH, PA 15222-1015		Phone no. 41	
100	the II	26 dinayon this return with the property charge shows (and instructions)			X Von No

Pa	Chack if Schoolule O contains a reapone to any question in this Part III	Х
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	<u>A</u>
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 X 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 X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$648,413,942. including grants of \$72,586,989.) (Revenue \$	831,971,638.)
	TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISSIONED BY AN EXTERNAL AGENCY	
	OR BUDGETED BY A UNIT.	
		_
4b	(Code:) (Expenses \$\frac{462,994,417.}{262,994,417.} including grants of \$\frac{1}{200} \] (Revenue \$\frac{1}{200} \] INSTRUCTION - INCLUDES EXPENDITURES FOR ACTIVITIES OF THE INSTITUTION'S	642,297,999.
	INSTRUCTION PROGRAMS.	
4c		155,363,455.
	ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN SUPPORT OF THE UNIVERSITY'S PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AND PUBLIC SERVICE.	
	INDIRECTION, RESERVED.	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 527,007,942. including grants of \$ 151,606,666.) (Revenue \$ 112,458,228.)	
4e	Total program service expenses ► 1,776,395,905.	5 000 (2242)

032002 12-21-10

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
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	Х	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	,			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	120		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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	17	Х	
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	Х	
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

25-0965591

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
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):		Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Λ	
С	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	х	
20		29	X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
UZ.	Schedule N, Part II	32		х
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		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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			
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

25-0965591

Form 990 (2010) Part V

A			
Statements Regarding	Other IRS	Filings and	Tax Compliance
otatomonto mogarami		. iiiigo aira	rax compnance
Check if Schedule O contains:	a response to	any question in	this Part V

	Check if Schedule O contains a response to any question in this Part V					X
			•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	575	96		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			. 1c	Х	
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	272	0.8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► OTHER COUNTRY					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				<u> </u>	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		•				
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute		U			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set				X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					١
	to file Form 8282?		 I	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of					X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti				<u> </u>	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo				<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, a			?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			_		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ie during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_		
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	
10 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10-	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
-	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114				
b	amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u> </u>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	LIZU	<u> </u>			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
					990	(2010)

Form	990 (2010) UNIVERSITY OF PITTSBURGH	25-0965	591	Р	age 6
Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th		or a "No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instructions.			
	Check if Schedule O contains a response to any question in this Part VI				Х
Sec	tion A. Governing Body and Management				
		l . I	2.6	Yes	No
_	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			х	
•	officer, director, trustee, or key employee?		2	Λ_	_
3	Did the organization delegate control over management duties customarily performed by or under the		3		x
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form S				X
5	Did the organization make any significant changes to its governing documents since the prior Form's Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members of stockholders, or other persons who may elect one or more me				 -
, u	governing body?		7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per		····		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
	by the following:	g ,			
а	The governing body?		8a	х	
	Each committee with authority to act on behalf of the governing body?		۱ ۵۰	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11a	Х	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise		.,	
	to conflicts?		12b	Х	-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If		40-	х	
13	in Schedule O how this is done		12c	Λ	Х
14	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ar by independent			
а	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization			Х	
	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 arranger	nent with a			
	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	anization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avail	able for		
	public inspection. Indicate how you make these available. Check all that apply.				
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest polic	y, and fina	ıncial	
00	statements available to the public.	- dd £ 41			
20	State the name, physical address, and telephone number of the person who possesses the books at THURMAN D. WINGROVE $- (412)624-6050$	nd records of the orga	nization:	_	

3015 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260-6471

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

Check if Schedule O contains a response to any question 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.

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

- List all of the organization's **former** officers, key employees, and 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.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per	(c	heck	Pos all			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
EVA TANSKY BLUM										
TRUSTEE	5.00	Х						0.	0.	0.
SUZANNE W. BROADHURST										
TRUSTEE	5.00	Х						0.	0.	0.
MICHAEL A. BRYSON		l								
TRUSTEE	5.00	Х						0.	0.	0.
CHARLES E. BUNCH		l								
TRUSTEE	5.00	Х						0.	0.	0.
JAY COSTA, JR.	5 00									
TRUSTEE	5.00	Х						0.	0.	0.
DAN B. FRANKEL	F 00	۱,,							0	0
TRUSTEE	5.00	Х						0.	0.	0.
BOBBIE GAUNT TRUSTEE	F 00	۱,,						0.	0.	0
BRIAN GENERALOVICH	5.00	Х						0.	0.	0.
TRUSTEE	5.00	Х						0.	0.	0.
IRA J. GUMBERG	3.00								0.	
TRUSTEE	5.00	х						0.	0.	0.
ROBERT M. HERNANDEZ	1.00									
TRUSTEE	5.00	x						0.	0.	0.
DAWNE S. HICKTON									-	
TRUSTEE	5.00	x						0.	0.	0.
SY HOLZER										
TRUSTEE	5.00	х						0.	0.	0.
JOHN WRIGHT JOYCE										
TRUSTEE	5.00	х						0.	0.	0.
WILLIAM K. LIEBERMAN										
TRUSTEE	5.00	х						0.	0.	0.
ROBERT G. LOVETT										
TRUSTEE	5.00	х	L	L	L	L_	L_	0.	0.	0.
JOHN A. MAHER III										
TRUSTEE	5.00	Х						0.	0.	0.
F. JAMES MCCARL III										
TRUSTEE	5.00	Х						0.	0.	0.

032007 12-21-10

	90 (2010) UNIVERSITY O									25-0965591		Pa	age 8
Part '	Section A. Officers, Directors, Tru	ustees, Key Er	mple	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per week	(c	hecl	Pos all			oly)	Reportable compensation from	Reportable compensation from related		stimate mount of other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	npensa rom the ganizati d relate anizatio	e ion ed
	E L. MILES, JR.												
TRUST		5.00	Х						0.	0.			0.
	A HARTLE MUNSCH												
TRUST		5.00	Х						0.	0.			0.
	E S. MYERS									_			_
TRUSTI		5.00	Х						0.	0.			0.
	A. NORDENBERG	40.00	l		l				550 646			400	
	ELLOR / CEO	40.00	Х		Х	_	-		573,646.	0.		133,	544.
	N K. O'BRIEN		l <u>.</u> .										•
TRUSTI		5.00	Х				-		0.	0.			0.
TRUST	S H. O'BRIEN	5.00	x						0.	0.			0.
	r A. PAUL	3.00	^			┢	-		0.	0.			
TRUST		5.00	X						0.	0.			0.
	r P. RANDALL	- 3.00					 		· ·				
TRUSTI	·	5.00	x						0.	0.			0.
	I J. SALTER												
TRUSTI	EE	5.00	x						0.	0.			0.
1b S	Sub-total					· ·	┢	· ·	573,646.	0.		133,	544.
c T	otal from continuation sheets to Part V	II. Section A					•		7,798,535.	0.		661,	884.
	otal (add lines 1b and 1c)						•		8,372,181.	0.		795,	428.
	otal number of individuals (including but r						e) w	ho r	eceived more than \$100	0,000 in reportable			
	compensation from the organization						•					1	.,579
												Yes	No
3 D	oid the organization list any former officer,	, director or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on			
	ne 1a? If "Yes," complete Schedule J for s										3		Х
4 F	or any individual listed on line 1a, is the su	um of reportab											
	nd related organizations greater than \$15										4	х	
	oid any person listed on line 1a receive or a endered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			ted organization or indiv		5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SODEXO		
PO BOX 536922, ATLANTA, GA 30353-6922	FOOD SERVICE	27,547,551.
PJ DICK INC., 225 NORTH SHORE DRIVE PO BOX		
6774, PITTSBURGH, PA 15212	CONSTRUCTION	26,278,462.
MASCARO CONSTRUCTION CO. LP, 1720		
METROPOLITAN ST, PITTSBURGH, PA 15233-2232	CONSTRUCTION	11,445,346.
BPA II LTD, 1468 WEST NINTH STREET SUITE		
135, CLEVELAND, OH 44113	CONSTRUCTION	10,306,694.
TEDCO CONSTRUCTION CORP.		
1 TEDCO PLACE, CARNEGIE, PA 15106	CONSTRUCTION	9,589,781.
2 Total number of independent contractors (including but not limited to	o those listed above) who received more than	
\$100,000 in compensation from the organization	816	

SEE PART VII, SECTION A CONTINUATION SHEETS

Name and title	x x x x x x	chec	(e Pos	C) sition	ı		(D) Reportable compensation from the organization (W-2/1099-MISC) 0. 0. 0.	(E) Reportable compensation from related organizations (W-2/1099-MISC) 0. 0. 0. 0.	(F) Estimated amount of other compensation from the organization and related organizations
Name and title	x x x x x x		Pos k all	itior that	арр		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC) 0. 0. 0. 0.	Estimated amount of other compensation from the organization and related organizations
Der Week	x x x x x x						from the organization (W-2/1099-MISC) 0. 0. 0.	from related organizations (W-2/1099-MISC) 0. 0. 0. 0.	other compensation from the organization and related organizations
Week Week	x x x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC) 0. 0. 0.	organizations (W-2/1099-MISC) 0. 0. 0. 0. 0.	compensation from the organization and related organizations
TRUSTEE 5.00 CHARLES M. STEINER TRUSTEE 5.00 JOHN A. SWANSON TRUSTEE 5.00 BURTON M. TANSKY TRUSTEE 5.00 STEPHEN R. TRITCH TRUSTEE 5.00 THOMAS L. VANKIRK TRUSTEE 5.00 JOHN J. VERBANAC TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 SAM S. ZACHARIAS TRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	x x x x						0. 0. 0.	0. 0. 0.	(
CHARLES M. STEINER TRUSTEE 5.00 JOHN A. SWANSON TRUSTEE 5.00 BURTON M. TANSKY TRUSTEE 5.00 STEPHEN R. TRITCH TRUSTEE 5.00 THOMAS L. VANKIRK TRUSTEE 5.00 THOMAS L. VANKIRK TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	x x x x						0. 0. 0.	0. 0. 0.	(
### ### ### ### #### #### #### #### ####	x x x						0.	0. 0. 0.	(
JOHN A. SWANSON TRUSTEE	x x x						0.	0. 0. 0.	(
### STRUSTEE	x x x						0.	0. 0.	(
BURTON M. TANSKY TRUSTEE 5.00 STEPHEN R. TRITCH TRUSTEE 5.00 THOMAS L. VANKIRK TRUSTEE 5.00 JOHN J. VERBANAC TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 SAM S. ZACHARIAS TRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PROVOST/SR VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	x x x						0.	0. 0.	(
TRUSTEE 5.00 STEPHEN R. TRITCH TRUSTEE 5.00 THOMAS L. VANKIRK TRUSTEE 5.00 JOHN J. VERBANAC TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 CHARLES R. ZACHARIAS TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	x x						0.	0.	(
### STEPHEN R. TRITCH ### TRUSTEE	x x						0.	0.	(
TRUSTEE 5.00 THOMAS L. VANKIRK TRUSTEE 5.00 JOHN J. VERBANAC TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 SAM S. ZACHARIAS TRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	x							0.	
THOMAS L. VANKIRK TRUSTEE 5.00 JOHN J. VERBANAC TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 SAM S. ZACHARIAS TRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	x							0.	
### TRUSTEE	х						0.		
JOHN J. VERBANAC TRUSTEE 5.00 MARY JO WHITE TRUSTEE 5.00 SAM S. ZACHARIAS FRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	х						0.		
TRUSTEE 5.00 MARY JO WHITE FRUSTEE 5.00 SAM S. ZACHARIAS FRUSTEE 5.00 CHARLES R. ZAPPALA FRUSTEE 5.00 PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH								0	
MARY JO WHITE FRUSTEE 5.00 SAM S. ZACHARIAS FRUSTEE 5.00 CHARLES R. ZAPPALA FRUSTEE 5.00 PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH								n	
FRUSTEE 5.00 FAM S. ZACHARIAS FRUSTEE 5.00 CHARLES R. ZAPPALA FRUSTEE 5.00 PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE FR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	х						0.	υ.	(
SAM S. ZACHARIAS TRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	Х		-						
TRUSTEE 5.00 CHARLES R. ZAPPALA TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH							0.	0.	(
CHARLES R. ZAPPALA TRUSTEE 5.00 PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH									1
PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR EXEC VICE CHANCELLOR B. JEAN FERKETISH SEC BRD OF TRST ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR AMY KRUEGER MARSH	Х						0.	0.	(
PATRICIA E. BEESON PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH									I
PROVOST/SR VICE CHANCELLOR 40.00 JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	Х						0.	0.	(
JEROME COCHRAN EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH									I
EXEC VICE CHANCELLOR 40.00 B. JEAN FERKETISH SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH			Х				256,276.	0.	41,55
B. JEAN FERKETISH SEC BRD OF TRST A0.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR AMY KRUEGER MARSH									I
SEC BRD OF TRST 40.00 ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH		_	Х				472,327.	0.	77,664
ARTHUR S. LEVINE SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH									1
SR VC, HEALTH SCI/DEAN 40.00 JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	_	_	Х				200,758.	0.	41,582
JAMES V. MAHER, JR. PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH			l_						44 00
PROVOST/SR VICE CHANCELLOR 40.00 AMY KRUEGER MARSH	-	+	Х				787,737.	0.	41,838
AMY KRUEGER MARSH							460 550	0	11 00:
	-	+	Х	-			460,550.	0.	11,89
			,				225 056	0	40.33
FREASURER 40.00 ARTHUR G. RAMICONE	+	+	Х				335,856.	0.	49,329
V.CHAN BUDGET/CONTROLLER 40.00			x				346 865	0.	60 56
DAVID R. WANNSTEDT	-	+	<u> </u>	-			346,865.	0.	60,56
HEAD FOOTBALL COACH 40.00	1				x		1 811 310	0.	ል ዩ በፍ
JAMES P. DIXON II		+	+	\vdash	Α	\vdash	1,811,310.	0.	48,06
HEAD BASKETBALL COACH 40.00					x		1,686,027.	0.	144 14
STEVEN C. PEDERSON			1	+	_^		1 1,000,02/.	0.	144,14
ATHLETIC DIRECTOR 40.00							, , , = 1		

Form 990 (2010) UNIVERSITY OF									25-096559	1
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	All	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL J. BECICH	40.00									62.20
CHAIR BIOMEDICAL INFORMATICS	40.00					Х		442,024.	0.	63,30
MASSIMO M. TRUCCO DIRECTOR, DIVISION OF IMMUNOGENETICS	40.00					х		438,028.	0.	46,12
JOHN H. PELUSI JR										
TRUSTEE- VOTING TERM ENDED 06/24/11 LEE B. FOSTER II	5.00	Х						0.	0.	
TRUSTEE- END OF TERM 06/24/11	5.00	х						0.	0.	
WILLIAM E. STRICKLAND, JR.										
TRUSTEE- VOTING TERM ENDED 06/24/11	5.00	Х						0.	0.	
Fotal to Part VII, Section A, line 1c								7,798,535.		661,88

	1 990 (2		III OF FIIIS	BURGH			23-0903391	Page 3
Pal	rt VIII	Statement of Rever	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
our	b	Membership dues	1b					
s, g	С	Fundraising events	1c	387,031.				
a ait	d	Related organizations						
ns,	е	Government grants (contribut	tions) 1e	218,421,044.				
er s	f	All other contributions, gifts, gran						
퉏		similar amounts not included abo	ve 1f	75,903,724.				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines	s 1a-1f: \$	8,443,662.				
a C	h	Total. Add lines 1a-1f			294,711,799.			
				Business Code				
<u>ic</u>	2 a	GRANTS/CONTRACTS		541700	831,971,638.			831,971,638.
Program Service Revenue	b	TUITION		611710	642,297,999.	642,297,999.		
n S	С	SALES-EDUCATIONAL		711300	149,835,106.	149,021,504.	813,602.	
Rev Rev	d	SALES-AUXILIARY		900004	112,458,228.	111,661,278.	796,950.	
<u>5</u> _[е	UNIVERSITY PRESS		511130	1,007,954.			1,007,954
<u>-</u>		All other program service reve						
\rightarrow		Total. Add lines 2a-2f			1,737,570,925.			
	3	Investment income (including						
		other similar amounts)			57,444,244.			57,444,244.
	4	Income from investment of ta		190,457.			190,457.	
	5	Royalties			6,165,067.			6,165,067.
			(i) Real	(ii) Personal				
		Gross Rents						
		Less: rental expenses	10,840,548.					
		Rental income or (loss)			T 602 F00			F 602 F00
		Net rental income or (loss)			7,683,782.			7,683,782.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	549,214,019.					
	b	Less: cost or other basis	410 202 246					
			410,303,246. 138,910,773.					
		, ,			120 010 772			120 010 772
		Net gain or (loss)		>	138,910,773.			138,910,773.
ne	8 a	Gross income from fundraisin						
Other Revenue			,031. of					
Be		contributions reported on line	•	1 000 220				
her		Part IV, line 18		1,099,238. 447,198.				
₹		Less: direct expenses			652 040			652 040
- 1		Net income or (loss) from fund	-		652,040.			652,040.
	э а	Gross income from gaming ac						
	1.	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		······				
	iv a	Gross sales of inventory, less		17,468,000.				
	h	and allowances		12,259,417.				
		Less: cost of goods sold			5,208,583.	4,520,395.	688,188.	
H	С	Net income or (loss) from sale Miscellaneous Revenu		Business Code	3,200,303.	1,520,555.	333,103.	
ŀ	11 -	PARTNERSHIP GAIN(LOSS)	ie	523000	-2,937,190.		-2,937,190.	
				323000	2,337,130.		2,331,130.	
	b							
	C C	All other revenue						
1		All other revenue			-2,937,190.			
	е	Total. Add lines 11a-11d		🖊				
	12	Total revenue. See instructions.			2,245,600,480.	907,501,176.	-638,450.	1044025955.

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	68,507,639.	68,507,639.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	150,843,048.	150,843,048.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	4,842,968.	4,842,968.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,145,688.	581,536.	3,307,563.	256,589.
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	835,969,270.	745,862,003.	80,831,156.	9,276,111.
8	Pension plan contributions (include section 401(k)	EC 005 455	#2 =0= 00 :	1 500 500	050 050
	and section 403(b) employer contributions)	76,226,103.	73,797,391.	1,569,739.	858,973.
9	Other employee benefits	101,622,258.	98,145,199.	2,136,070.	1,340,989.
10	Payroll taxes	57,884,080.	55,832,984.	1,404,847.	646,249.
11	Fees for services (non-employees):	364 -65		26: 562	
	Management	364,763.		364,763.	
	Legal	5,451,757.		5,451,757.	
	Accounting	840,542.	E1 E 201	832,828.	7,714.
	Lobbying	715,321.	715,321.		214 205
	Professional fundraising services. See Part IV, line 17	214,285.		17 220 725	214,285.
f	Investment management fees	17,338,735.	142 026 247	17,338,735.	104 453
	Other	147,508,336.	142,026,347.	5,357,536.	124,453. 175.
12	Advertising and promotion	2,592,859.	2,592,684.	10 101 517	814,804.
13	Office expenses	103,289,565. 26,917,071.	90,343,244.	12,131,517. 295,573.	
14	Information technology	20,917,071.	20,403,973.	295,575.	157,525.
15	Royalties	128,287,525.	111,555,361.	16,096,374.	635,790.
16	Occupancy	49,784,870.	45,021,040.	4,223,401.	540,429.
17	Travel	45,704,070.	45,021,040.	4,223,401.	340,423.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	3,576,568.	3,527,092.		49,476.
19	Conferences, conventions, and meetings	45,891,772.	38,144,512.	7,747,260.	45,470.
20	Interest	235,000.	235,000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
21	Payments to affiliates	133,123,048.	109,139,530.	23,983,518.	
22	. · · · · · · · · · · · · · · · · · · ·	5,148,830.	1,230,052.	3,918,778.	
23 24	Other expenses. Itemize expenses not covered	3,110,030.	1,230,032.	5,525,775.	
24	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	LIBRARY	4,594,153.	4,594,153.		
b	DUES AND FEES	3,467,769.	2,394,828.	1,035,937.	37,004.
С					
d					
е					
f	All other expenses				
25	Total functional expenses . Add lines 1 through 24f	1,979,383,823.	1,776,395,905.	188,027,352.	14,960,566.
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				Farra 990 (0010)

032010 12-21-10 Form **990** (2010)

25-0965591

Part X | Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 421,067,294, 810,515,612. 2 2 Pledges and grants receivable, net 146,513,509 143,293,646. 3 3 78,227,721. 16,098,309. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 6 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) 6 47,716,189. Notes and loans receivable, net 94,155,380. 7 7 6.061.046 5.536.527. Inventories for sale or use 8 8 37,906,078. 17,301,365. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 1,788,142,494. b Less: accumulated depreciation 10b 1,581,432,840 10c 1,674,756,693. 1.217,526,032. Investments - publicly traded securities 1,015,420,758. 11 11 Investments - other securities. See Part IV, line 11 1,263,076,722. 1,529,671,235. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 126,999,088 93,173,830. Other assets. See Part IV, line 11 15 15 4.926.526.519 5,399,923,355. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 452,417,531. 470,732,599. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 119,830,145. 116,708,561, 19 Deferred revenue 19 943,273,054. 916,582,401. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 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 23 237,927,329 116,015,394. 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities. Complete Part X of Schedule D 289,516,404, 285,808,922. 25 25 1,908,969,461. 2,039,842,879. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,874,399,421 2,283,696,896. Unrestricted net assets 27 27 Temporarily restricted net assets 474,589,576. 652,304,041. 28 554 952 957. 537,694,643. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 3,490,953,894. Total net assets or fund balances 2,886,683,640. 33 33 4,926,526,519, 5,399,923,355. 34 34 Total liabilities and net assets/fund balances

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
	· /·					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,245	,600	,480.	
2					,823.	
3					,657.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,886	,683	,640.	
5	220.05				,597.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 3, 490, 953,					
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				Ш	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	х		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			UNIVERSITY	OF PITTSBURGH						25-	-0965591	L	
Pa	rt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1		A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	X	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization		in section	170(b)(1)	(A)(iii).					
4		•		operated in conjunction			,		(b)(1)(A)(ii	i). Enter th	he hospita	al's nam	ne.
•		city, and stat							(-/(-/(-/(-/(-/(-/(-/(-/(-/(-/(.,			,
5				benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
Ŭ		_	(b)(1)(A)(iv). (Comple	_			, , , , ,	a goro			· · ·		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	一	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
•			b)(1)(A)(vi). (Comple		or no oupp		govorimi	orrical drine c	,, ,, ,,,,,	gonorar	Jabile acc	0110001	••
8				section 170(b)(1)(A)(vi).	(Complete	Part II)							
9	一			eives: (1) more than 33 1			rom contri	hutions n	nemhershi	n fees an	nd aross re	eceints	from
Ŭ				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete			n, irom ba	011100000	aoquirou b	y the orga	i iizatioi i a	artor ourio	00, 101	0.
10				perated exclusively to te	st for publ	ic safety 9	See sec tio	n 509(a)(4	1\				
11	一			perated exclusively for the						v out the	nurnoses	of one	or
••		_	-	ations described in section						•			Oi
				organization and comple				-). 000 00 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	u)(0). 0110		X triat	
		a Type I	·	¬ ·	Typ			tegrated		ч	Type III -	Other	
е				at the organization is not	• •		•	-	r more disc	gualified r	• •		ın
Ū				han one or more publicly									
f				ten determination from t						σ(α)(1) στ c	30011011 00	σ(α)(<u>-</u>).	
•			rganization, check th										
g				organization accepted ar						sons?			. —
9				lirectly controls, either al								Yes	No
				upported organization?							11g(i)	_	
				n described in (i) above?									
				person described in (i) of									
h				about the supported or							[119(<i>,</i> ,	
				and an and cappoint and on,	ga <u>-</u> a	(=).							
/i)	Mama	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	rganization	(v) Did voi	u notify the	(vi) ls	the	/vii\ A	mount o	
(1)		anization	(11) LIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	lorganization	on in col.		pport	1
	0.90			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?		ppon	
				(see instructions))	Yes	No	Yes	No	Yes	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	,	. ,	, ,	` ′		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the or	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			▶□
b	33 1/3% support test - 2009. If the or	rganization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2010. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances test	t - 2009. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
	<u> </u>	-	<u> </u>		Coh	dule A (Form 990	o:: 000 E7\ 0040

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

quality under the tests listed be Section A. Public Support	low, piease comp	piete Part II.)						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
1 Gifts, grants, contributions, and	(a) 2000	(5) 2007	(6) 2000	(4) 2000	(6) 2010	(i) Total		
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								
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5 The value of services or facilities furnished by a governmental unit to the organization without charge								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6.)								
Section B. Total Support								
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)								
13 Total support (Add lines 9, 10c, 11, and 12.)	de e e e e e e e e e e e e e e e e e e				[504/-\/2\			
14 First five years. If the Form 990 is for t	ŭ		*	•	. , . ,	· —		
check this box and stop here Section C. Computation of Public						P		
15 Public support percentage for 2010 (lir			column (fl)		15	%		
16 Public support percentage for 2019 (iii					16			
Section D. Computation of Invest					ן יט ן			
17 Investment income percentage for 201			ne 13 column (f))		17	%		
					18			
	8 Investment income percentage from 2009 Schedule A, Part III, line 17							
more than 33 1/3%, check this box and								
b 33 1/3% support tests - 2009. If the co								
line 18 is not more than 33 1/3%, chec	•			•	•			
20 Private foundation. If the organization								

032023 12-21-10

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Inspection

See separate instructions.

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

	11 50 1(C)(4), (5), 01 (6) 01ganiza	itions. Complete Part III.		Te			
name or o	rganization			Empl	Employer identification number		
D 1 1 4		OF PITTSBURGH	-l	\	25-0965591		
Part I-A	Complete if the org	ganization is exempt un	der section 501(c	or is a section 527 of	rganization.		
2 Politic	cal expenditures	zation's direct and indirect polit		▶\$			
Part I-E	Complete if the ord	ganization is exempt un	der section 501(c	\(3)			
		incurred by the organization ur					
2 Entor	the amount of any excise tax	incurred by the organization mana	gars under section 495	ν Σ			
		on 4955 tax, did it file Form 472					
					Yes No		
Part I-(s," describe in Part IV.	ganization is exempt un	der section 501/c	except section 501/	c)(3)		
		-		· · · · · · · · · · · · · · · · · · ·	***		
		d by the filing organization for s					
		nization's funds contributed to o	-				
	exempt function activities \$\simes \$\gequiv \text{\$\gequiv \text{\$\geq \q \text{\$\geq \endoty \$\geq \endoty \endoty \$\geq \text{\$\geq \endoty \$\geq \endoty \endoty \$\geq \endoty \$\						
line 1	7b			► \$			
		1120-POL for this year?					
made contr	e payments. For each organization payments properties that were properties that were properties to the properties of the	mployer identification number (E ation listed, enter the amount pa romptly and directly delivered to	aid from the filing organ o a separate political or	ization's funds. Also enter th ganization, such as a separa	e amount of political		
politio	cal action committee (PAC). If	additional space is needed, pro	ovide information in Par	t 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		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010			TTTSBURGH		25-096	5591 Page 2
Part II-A Complete if the org			mpt under sectio	on 501(c)(3) and fil	led Form 5768	
(election under sec	tion 501	(h)).				
A Check 🚩 🖳 if the filing organiza	tion belong	gs to an affi	liated group.			
B Check 🕨 📖 if the filing organiza	tion check	ed box A a	nd "limited control" pr	ovisions apply.	1	
		oying Expe eans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a leç	jislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1	d)(k			
f Lobbying nontaxable amount. Enter	er the amo	unt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount 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.				cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of	f line 1f)				
h Subtract line 1g from line 1a. If zero or less, enter -0-						
i Subtract line 1f from line 1c. If zero or less, enter -0-						
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	year?				L	Yes No
	ations tha	t made a s		· Section 501(h) n do not have to com es 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2007	(b) 2008	(c) 2009	(d) 2010	(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						

Schedule C (Form 990 or 990-EZ) 2010

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

	(a)		(b)				
	Yes	No	Amour	nt			
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?	Х						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х						
c Media advertisements?		Х					
d Mailings to members, legislators, or the public?	Х			2,795.			
e Publications, or published or broadcast statements?		Х					
f Grants to other organizations for lobbying purposes?		Х					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			37,356.			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		2	25,170.			
i Other activities? If "Yes," describe in Part IV		Х					
j Total. Add lines 1c through 1i			71	5,321.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х					
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), sect 501(c)(6).	ion 501(c))(5), or se	ection				
			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?							
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3					
Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part IIII-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-							
"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 expenditures)	ical						
expenses for which the section 527(f) tax was paid).							
a Current year		2a					
b Carryover from last year		2b					
c Total							
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 ex							
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political						
expenditure next year?							
5 Taxable amount of lobbying and political expenditures (see instructions)		5					
Part IV Supplemental Information							
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	, line 1i. Also	o, complete th	is part			
for any additional information. PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:							
AN INSUBSTANTIAL PART OF THE UNIVERSITY'S ACTIVITIES WERE EXPENDED							
TTEMPTING TO INFLUENCE STATE AND FEDERAL LEGISLATION BENEFICIAL TO THE							
UNIVERSITY AND ITS STUDENTS.							

Schedule C (Form 990 or 990-EZ) 2010

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization **Employer identification number** UNIVERSITY OF PITTSBURGH 25-0965591

Par	t I Organizations Maintaining Donor Advised	d Funds or	Other Similar Fund	s or Acc	ounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line				
		(a) Don	or advised funds	(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the	assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's e	exclusive legal	control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writir	ng that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	donor adviso	r, or for any other purpose	conferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the orga	anization ansv	vered "Yes" to Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizatio	on (check all th	nat apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation)	Preservation of an hi	storically im	portant land area
	Protection of natural habitat		Preservation of a cer	tified histori	ic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation	on contribution in the form	of a conse	rvation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	1
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic structure	cture included	d in (a)	20	;
d	Number of conservation easements included in (c) acquired af	fter 8/17/06, a	and not on a historic struct	ture	
	listed in the National Register			20	1
3	Number of conservation easements modified, transferred, rele	eased, extingu	ished, or terminated by th	e organizat	ion during the tax
	year				
4	Number of states where property subject to conservation ease	ement is locat	red >		
5	Does the organization have a written policy regarding the period	odic monitorin	ng, inspection, handling of		
	violations, and enforcement of the conservation easements it \boldsymbol{I}	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing	conservation easements of	during the y	ear 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing cons	ervation easements during	g the year 🕨	> \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the re	equirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIV, describe how the organization reports conservatio	n easements	in its revenue and expens	e statemen	t, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial	statements that describes	the organiz	zation's accounting for
	conservation easements.				
Par	t III Organizations Maintaining Collections of			ther Sim	nilar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, lir	ne 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC		· ·		
	historical treasures, or other similar assets held for public exhib	ibition, educat	tion, or research in further	ance of pub	lic service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	es these item	S.		
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to repo	ort in its revenue statemer	nt and balan	ice sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or res	search in furtherance of pu	ublic service	e, provide the following amounts
	relating to these items:				
	(i) Revenues included in Form 990, Part VIII, line 1				\$102,517.
					\$14,770,075.
2	If the organization received or held works of art, historical treas	sures, or othe	r similar assets for financi	al gain, prov	vide
	the following amounts required to be reported under SFAS 11				
а	Revenues included in Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				· \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

965591	Page 2
J 0 J J J I	raut •

_		OF PITTSBURGH	rt Historiaal Tr	occurso or Oth	25-09		Page Z		
	t III Organizations Maintaining C					•			
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are a	significant use of	its collection it	tems		
	(check all that apply):								
а	Y Public exhibition	C		hange programs					
b	Scholarly research	е	e L Other						
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be m						X No		
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ns or other assets no	ot included				
	on Form 990, Part X?					Yes	No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
						Amount			
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Yes	No		
b	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Yes" to Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four ye	ars back		
1a	Beginning of year balance	2,048,023,903.	1,868,203,535.	2,392,359,008.					
b	Contributions	76,578,000.	36,816,000.	69,745,726.					
	Net investment earnings, gains, and losses	489,200,000.	235,092,000.	-499,820,344.					
d	Grants or scholarships	10,777,284.	11,003,066.	10,592,846.					
	Other expenditures for facilities								
	and programs	49,816,797.	73,734,421.	75,440,142.					
f	Administrative expenses	8,115,527.	7,350,145.	8,047,867.					
	End of year balance	2,545,092,295.	2,048,023,903.	1,868,203,535.					
2	Provide the estimated percentage of the year	ar end balance held a	as:	•	•				
а	Board designated or quasi-endowment	54.70	%						
	Permanent endowment 44.60	 %	_						
									
	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organization				
	by:	· ·			J	Ye	es No		
	(i) unrelated organizations					3a(i) X			
	(III) and a total and a second and the second					3a(ii)	х		
b	If "Yes" to 3a(ii), are the related organization								
4	Describe in Part XIV the intended uses of the								
Par									
	Description of investment	(a) Cost or o	· í	or other (c)	Accumulated	(d) Book v	alue		
	Decempation of investment	basis (investr			epreciation	(a) Boo k v	aido		
	Land	<u> </u>	5,266.			51,25	55,266.		
	Buildings			1	196,205,829.	1,170,14			
	Leasehold improvements		<u>'</u>		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , -	<u>, , , , , , , , , , , , , , , , , , , </u>		
			0 712.		401,354,002.	221 63	36,710.		
	Equipment Other				190,582,663.		17,951.		
	Add lines 1a through 1e (Column (d) must e		-			1 674 75			

(a) Description of security or category (notificing rame of security) (b) Book value (c) Method of valuation: Cost of end-of-year market value Cost of end-of-year market value (d) Costly refer to the value of value of the	Part VII	Investments - Other Securities. See	Form 990, Part X, I	line 12.				
(I) Francisci devine views (2) Closely held equity interests (3) Other (4) PRIVATE INVESTMENTS (5) COMMINICATE INVESTMENTS (6) COMMINICATE INVESTMENTS (7) FRIVATE INVESTMENTS (8) COMMINICATE INVESTMENTS (9) COMMINICATE INVESTMENTS (10) INSURANCE CSV & INSURANCE SURFLUS (11) For a comminicate of the comminicate investment in the comminicate in the comminicat	(a	a) Description of security or category	(b) Rook value			(c) Meti	hod of valu	ation:
		(including name of security)	(b) book value	, l	Co	st or end	-of-year ma	arket value
	(1) Financia	al derivatives						
(3) Other (A) PRIVATE INVESTMENTS 907,419,701, END-OF-YEAR MARKET VALUE (B) COMMISCIDE INVESTMENTS IN PUBLIC SEC, 520,334,013, END OF YEAR MARKET VALUE (C) INSURANCE CSV & INSURANCE SURFLUS 1,917,521, END OF YEAR MARKET VALUE (D) (E) ((2) Closely-							
(g) COMMINCED INVESTMENTS IN PUBLIC SEC. 620, 334, 013. BND-OF-YEAR MARKET VALUE (C) INSURANCE COV 4 INSURANCE SURPLUS (D)		. ,						
(G) COMMINGED INVESTMENTS IN PUBLIC SEC. 620,334,013. RRD-OF-YEAR MARKET VALUE (C) INSURANCE CSV & INSURANCE SURPLUS (D) (E) (F) (G) (G) (H) (D) (G) (H) (D) (G) (H) (D) (G) (H) (D) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	` '	IVATE INVESTMENTS	907,419	,701.	END-OF-YEAR	MARKET	VALUE	
(C) INSURANCE CSV 4 INSURANCE SURPLUS (D) (D) (E) (F) (G) (G) (G) (G) (G) (G) (G	(B) COM	MINGLED INVESTMENTS IN PUBLIC SEC.			END-OF-YEAR	MARKET	VALUE	
(b) (c) (c) (d) (d) (e) (f) (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(C) INS	SURANCE CSV & INSURANCE SURPLUS			END-OF-YEAR	MARKET	VALUE	
(G) (G) (G) (G) (G) (G) (H) (D) (D) (G) (G) (H) (D) (G) (H) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(-)		, ,					
(G)								
(G) (Pf) (Pf) (Pf) (Pf) (Pf) (Pf) (Pf) (Pf								
(b) Total. (Col (b) must equal form 990, Part X, col (B) line 12.) ▶ 1, 529, 671, 235. Part VIII Investments - Program Related. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end of-year market value								
Total. (Col to must equal form 990, Part X, col (8) line 12.)								
Total. (Col(b) must equal form 990, Part X, col (8) line 12.)								
Part VIII Investments - Program Related. See Form 990, Part X, line 13.		a) must equal Form 000 Part V col (R) line 12)	1 529 671	235				
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10								
(a) Description of investment type (b) Book value Cost or end-of-year market value (i) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col(1b) must equal Form 990, Part X, col (8) line 13.) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (8) line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (8) line 15.) Part X	rait VIII	investinents - Program Related. Se	e Form 990, Part X,	line 13.		(a) Moti	had of valu	untion:
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10		(a) Description of investment type	(b) Book value	,	Co	` '		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32, 258, 543, 23, 258, 543, 23, 258, 543, 23, 258, 543, 258, 258, 258, 258, 258, 258, 258, 258				-		31 01 0110	or year rine	TINCE VAIGE
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Col/(b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNENT STUDENT LOANS 32, 258, 543. (3) UTILITY ACCRUALS 4, 000, 000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9, 358, 478. (5) ACCRUED BOND INTEREST (6) OTHER LIABILITIES 2, 735, 299. (7) RENTAL REVENUE 6, SCHEMELIATION OBLIGATION 42, 859, 333. (6) INTEREST SWAP 47, 497, 813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101, 855, 459. (11) DEFERENCE RESEARCH REVENUE 16, 772, 485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ 225, 808, 922. Total. (Column (c) must equal Form 990, Part X, col (B) line 25.) ▶ 225, 808, 922. Total. (Column (c) must equal Form 990, Part X, col (B) line 25.) ▶ 225, 808, 922. Total. (Column (c) must equal Form 990, Part X, col (B) line 25.) ▶ 225, 808, 922.								
(4) (5) (6) (7) (8) (9) (10) Total. (Col (b) must equal form 990, Part X, col (B) line 13.) ▶ Part IX								
(5) (6) (7) (8) (9) (10) Total. (Col (b) must equal form 990, Part X, col (B) line 13.) ▶ Part XX								
(6) (7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX								
(7) (8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10								
(8) (9) (10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX	(6)							
(9) (10) (10) must equal Form 990, Part X, col (8) line 13.) ▶								
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)								
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value	(9)							
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value								
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REPUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.								
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) PRYSTORE STERMEN UNDER SECURITIES LENDING PROGRAM 101,855,459. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 285,808,925. 2	Part IX							1
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X		(a) [Description					(b) Book value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	(1)							
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 285, 808,922. FIN 49,627-761/FORMORE IN Part XX, POWDER the Rext of the formation is impaired statements waterports we are proported and applications under	(2)							
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) PIN 49, KSC, 740 FORMICH, in Part XX, Produce the text of the graphication's internal statements are graphed or understand that positions under the recommendation of the propagation of the graphication's internal statements are graphed or understand that positions under the control of the graphication's internal statements are graphed or understand the propagation of the graphication's internal statements are graphed or understand the propagation's internal statements are graphed or understand the propagation or internal statements are graphed or understand the propagation or internal statements are graphed or understand the propagation of the propagation or internal statements are graphed or understand the propagation of the propagation or internal statements are graphed or understand the propagation of the propagation or internal statements are graphed or understand the propagation of the propag	(3)							
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 25,808,922. Fin 49,657,740/Foonome, in Part XW, provide the rest of the footnote to the organization's financial statements that response the organization's Hability for uncertaint tax positions under	(4)							
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) No security of the control of the organization's manufal statements that retors the organization's liability to uncertain tax positions under the control of the organization's manufal statements that retors the organization's liability to uncertain tax positions under the control of the organization's manufal statements that retors the organization's liability to uncertain tax positions under the control of the organization's manufal statements that retors the organization's liability to uncertain tax positions under the control of the organization's manufal statements that retors the organization's liability to uncertain tax positions under the control of the organization's manufal statements that retors the organization's liability to uncertain tax positions under the organization's manufal statements that retors the organization's statements that r	(5)							
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 (RSC 740) Frootone. In Part X, provide the text of the toxing to the organization's financial statements that reports the organization's innancial statements that	(6)							
(9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 Ros 7-40) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements the organization's liability for uncertain tax positions under	(7)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Piny 48,685,749 Footnote. In Fart XIV, provide the text of the footnote to the organization's financial statements that reports the organization's infaintal statements had reports the organization's infaintal statements that	(8)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 285,808,922. Fin 48,4856,740) Footnote, in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's readility for uncertain tax positions under	(9)							
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 285,808,922. Fin 45 (ASC 740) Foomote, in Part XIV, provide the text of the forganization's financial statements that reports the organization's liability for uncertain tax positions under	(10)							
1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS (3) UTILITY ACCRUALS (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT (5) ACCRUED BOND INTEREST (6) OTHER LIABILITIES (7) RENTAL REVENUE (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 46 (ASC 740) Footnote, in Part XIV, provide the text of the footnote to the organization's financial statements and reports the organization's liability for uncertain tax positions under	Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) line	15.)					
1. (a) Description of liability (b) Amount (1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS (3) UTILITY ACCRUALS (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT (5) ACCRUED BOND INTEREST (6) OTHER LIABILITIES (7) RENTAL REVENUE (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 46 (ASC 740) Footnote, in Part XIV, provide the text of the footnote to the organization's financial statements and reports the organization's liability for uncertain tax positions under	Part X	Other Liabilities. See Form 990, Part X, I	ine 25.					
(1) Federal income taxes (2) REFUNDABLE US GOVERNMENT STUDENT LOANS (3) UTILITY ACCRUALS (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT (5) ACCRUED BOND INTEREST (6) OTHER LIABILITIES (7) RENTAL REVENUE (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE (12) POOR 10 AT 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	1.			((b) Amount			
(2) REFUNDABLE US GOVERNMENT STUDENT LOANS 32,258,543. (3) UTILITY ACCRUALS 4,000,000. (4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)		deral income taxes				1		
3					32,258,543.	.1		
(4) PRESENT VALUE OF SPLIT INTEREST AGREEMENT 9,358,478. (5) ACCRUED BOND INTEREST 15,646,000. (6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 IASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's linancial statements that reports the organization's linanc						-		
(5) ACCRUED BOND INTEREST (6) OTHER LIABILITIES (7) RENTAL REVENUE (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE (12) LIABILITY UNDER SECURITIES LENDING PROGRAM (13) SET 16, 772, 485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) FIN 48 (ASSC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under			ENT			-		
(6) OTHER LIABILITIES 2,735,299. (7) RENTAL REVENUE 3,614,000. (8) CONDITIONAL ASSET REMEDIATION OBLIGATION 42,859,333. (9) INTEREST SWAP 47,497,813. (10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ≥ 285,808,922. FIN 48 (ASSC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's linancial stateme	(')					-		
(7) RENTAL REVENUE (8) CONDITIONAL ASSET REMEDIATION OBLIGATION (9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 (ASSC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under						-		
(8) CONDITIONAL ASSET REMEDIATION OBLIGATION (9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (11) DEFERRED RESEARCH REVENUE (12) LIABILITY UNDER SECURITIES LENDING PROGRAM (13) DEFERRED RESEARCH REVENUE (14) DEFERRED RESEARCH REVENUE (15) LIABILITY UNDER SECURITIES LENDING PROGRAM (16) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) EN 48 (ASSC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under						4		
(9) INTEREST SWAP (10) LIABILITY UNDER SECURITIES LENDING PROGRAM (11) DEFERRED RESEARCH REVENUE (12) DEFERRED RESEARCH REVENUE (13) DEFERRED RESEARCH REVENUE (14) DEFERRED RESEARCH REVENUE (15) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's linancial statements that reports the organization's linability for uncertain tax positions under			ON			4		
(10) LIABILITY UNDER SECURITIES LENDING PROGRAM 101,855,459. (11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's linancial statements that reports the organization's linability for uncertain tax positions under	(0)					-		
(11) DEFERRED RESEARCH REVENUE 16,772,485. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under			CD AM			-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 285,808,922. Fix 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under			GIAN			-		
Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under			25)			-		
	FIN 48 (AS	SC 740) Footnote. In Part XIV, provide the text of the footnote to	the organization's financia	l il statemen	its that reports the organ	nization's liab	ollity for uncert	tain tax positions under

032053

SEE PART XIV FOR CONTINUATIONS

PITT___2

25-0965591 Page **4**

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial S	State	ment	:S
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			2,245,600,480.
2	Total expenses (Form 990, Part IX, column (A), line 25)					1,979,383,823.
3	Excess or (deficit) for the year. Subtract line 2 from line 1					266,216,657.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities					
6	Investment expenses					
7	Prior period adjustments					
8	Other (Describe in Part XIV.)					338,053,597.
9	Total adjustments (net). Add lines 4 through 8					338,053,597.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar					604,270,254.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Witl	h Revenue p	er R	eturn	
1	Total revenue, gains, and other support per audited financial statements				1	2,100,539,197.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	. 2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)		23,099,	965.		
е	Add lines 2a through 2d				2e	23,099,965.
3	Subtract line 2e from line 1				3	2,077,439,232.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	17,338,	735.		
b	Other (Describe in Part XIV.)	. 4b	150,822,	513.		
С	Add lines 4a and 4b				4c	168,161,248.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,245,600,480.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem				Retu	
1	Total expenses and losses per audited financial statements				1	1,834,322,536.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities					
b	Prior year adjustments	. 2b				
С	Other losses					
d	Other (Describe in Part XIV.)	. 2d	23,099,	961.		
е	Add lines 2a through 2d				2e	23,099,961.
3	Subtract line 2e from line 1				3	1,811,222,575.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b		17,338,			
	Other (Describe in Part XIV.)	. 4b	150,822,	513.		
	Add lines 4a and 4b				4c	168,161,248.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1,979,383,823.
	t XIV Supplemental Information					
	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	•	•			
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this p	art to provide ai	ny add	litional	information.
PARI	III, LINE 4: THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL					
TREA	SURES, AND OTHER SIMILAR ASSETS INCLUDE A VARIETY OF PAINTINGS	:				
	bonde, imb official billiam indults include in vincial of financials	<u>' </u>				
SCUI	PTURES, PHOTOGRAPHS, ANTIQUES, AND FURNISHINGS AS WELL AS SCHO	LARLY				
PAPE	RS AND ARCHIVES. THESE ITEMS ARE HOUSED IN VARIOUS FACILITIES	AROUND				
CAME	US INCLUDING THE FRICK FINE ARTS BUILDING, THE HILLMAN LIBRARY	, AND				
THE	NATIONALITY ROOMS. THE WORKS OF ART, HISTORICAL TREASURES, AN	ID OTHER				
	TABLE TO THE TOTAL OF THE TABLE TABL	JIIIIN				
SIMI	LAR ASSETS ARE USED FOR PUBLIC EXHIBITION AND THE PRESERVATION	I OF				
Σρπτ	FACTS AND ANTIQUES FOR THE BENEFIT OF FUTURE GENERATIONS. THE	:				
211/11	THE TABLE THE TABLE TO THE DEADETT OF FOLIAGE GENERALITONS. THE	•			Sched	ule D (Form 990) 2010

Schedule D (Form 990) 2010

TOTAL TO SCHEDULE D, PART XIII, LINE 2D

23,099,961.

032055 12-20-10

Part XIV	Supplemental Information	(continued)

Part X	Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability	(h) Amount
. MOITTE	(a) Description of Hability	(b) Amount
	ELD IN CUSTODY	7,662,512. 1,549,000.
FOOD SERV	ICE AGREEMENTS	1,549,000.
122451		

032451 05-01-10

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

ر (
a	rt I			
			YES	N
l	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	OUR NONDISCRIMINATION POLICY STATEMENT WAS PUBLISHED IN THE			
	UNIVERSITY TIMES ON MAY 12, 2011.			
	Does the organization maintain the following?		v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	\vdash
b	3 , , , , , , , , , , , , , , , , , , ,	4b	^	\vdash
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	١.		
	admissions, programs, and scholarships?	4c	X	_
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	X	
d		4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:	4d	X	
а	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	4d 5a	X	Σ
a b	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5a 5b	X	2
a b c	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5a 5b 5c	X	2
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c 5d	X	2
a b c d	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d 5e	X))
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f	X	2 2 2 2
a b c d e f g	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g	X	2 2 2 2 2
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f	X	2 2 2 2 2
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f 5g		2 2 2 2 2
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h	X	2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h))
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		22 22 22 22 22 22 22 22 22 22 22 22 22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) 2010

Schedule E (Form 990 or 990-EZ) (2010) UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part II Supplemental Information. Complete this part to provide the explanations required by Part as applicable. Also complete this part to provide any other additional information.	I, lines 3, 4d, 5h, 6b, and 7,	<u> </u>
SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
AS AN INSTRUMENTALITY OF THE COMMONWEALTH OF PENNSYLVANIA, THE UNIVERSITY		
OF PITTSBURGH RECEIVES FUNDS FROM THE COMMONWEALTH. IN ADDITION, THE		
UNIVERSITY RECEIVES FEDERAL PELL GRANTS AND COMMONWEALTH PHEEA GRANTS THAT		
ARE APPLIED TO STUDENTS' ACCOUNTS.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization **Employer identification number**

UNIVERSITY OF PITTSBURG	3H			25-0965591	
		ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
to Form 990, Par					
_	•		ds to substantiate the amount of the g selection criteria used to award the gra	· · · · · · · · · · · · · · · · · · ·	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outside the United Sta	tes.
3 Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	1
(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
			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL	
SOUTH AMERICA	1	3		PROGRAMS.	1,257,366.
CENTRAL AMERICA AND				PROGRAM SERVICES IN RELATION TO EDUCATIONAL	
THE CARIBBEAN			PROGRAM SERVICES.	PROGRAMS.	165,156.
EUROPE	1	3	PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	5,350,744.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	1,571,627.
NORTH AMERICA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	1,769,141.
SUB-SAHARAN AFRICA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	200,775.
SOUTH ASIA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	59,522.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	107,974.
	2	6	INCOME DERVICED.	r noothino.	107,374.
b Total from continuation	0	0			
sheets to Part I c Totals (add lines 3a	2	6			23,056,014.
and 3b)	<u>_</u>	<u> </u>			1 20,000,010.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990)	UNIVERSITY C			25-09655	91 Page 1
Part I Continuation	n of Activitie	s per Regio	1. (Schedule F (Form 990), Part I, line	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA			PROGRAM SERVICES.	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	38,174.
EUROPE			INVESTMENTS.		13,087,439.
NORTH AMERICA			INVESTMENTS.		6,874,846.
EAST ASIA AND THE PACIFIC			INVESTMENTS.		3 055 555
FACIFIC			INVESTMENTS.		3,055,555.
Totals					23,056,014.

Schedule F (Form 990) 201	O UNIVERS	ITY OF PITTSBURGH			25-0965	591		Page 2
Part II Grants and Oth	er Assistance to Or	ganizations or Entities	Outside the United States. C	omplete if the o	rganization answered	d "Yes" to Form 9	990, Part IV, line 15, for	
recipient who re	ceived more than \$5	,000. Check this box if n	o one recipient received more	than \$5,000				X
Part II can be du	plicated if additional	space is needed.						
1	(b) IRS code section	() 5 .	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
			-	_		assistance	40010141100	appraisal, strict)
							İ	
							İ	
		SOUTH AMERICA	RESEARCH SUBCONTRACT.	224 818	WIRE/CHECK	0.	İ	
		DOUTH MADRICH	REDEFINE BODEON TRUET.	224,010.	WIKE/ CHECK			
							İ	
							İ	
		EUROPE	RESEARCH SUBCONTRACT.	2,052,103.	WIRE/CHECK	0.	İ	
							İ	
		EAST ASIA AND THE					İ	
		PACIFIC	RESEARCH SUBCONTRACT.	783,444.	WIRE/CHECK	0.	<u> </u>	
							İ	
							İ	
		VODEN ANTERIOR	DEGELLOGY GUDGOUMDLOG	1 407 060			İ	
		NORTH AMERICA	RESEARCH SUBCONTRACT.	1,407,069.	WIRE/CHECK	0.		
							İ	
		SUB SAHARAN					İ	
		AFRICA	RESEARCH SUBCONTRACT.	149 268.	WIRE/CHECK	0.	İ	
			•					
							İ	
		MIDDLE EAST AND					İ	
		NORTH AFRICA	RESEARCH SUBCONTRACT.	98,061.	WIRE/CHECK	0.	<u> </u>	
							İ	
		CENTRAL AMERICA					İ	
		AND THE CARIBBEAN	RESEARCH SUBCONTRACT	25,990.	WIRE/CHECK	0.	<u> </u>	
							İ	
							İ	
							İ	
2 Enter total number of	reginient ergenization	no listed shows that are	recognized as charities by the	foreign countrie	roognized so to:	Yomat bu		
			recognized as charities by the n 501(c)(3) equivalency letter					51
3 Enter total number of						······ .		
	c. garn_acrof10 '							

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. (h) Method of (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region valuation (book, FMV, appraisal, other) (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance CENTRAL AMERICA RESEARCH SUBCONTRACT AND THE CARIBBEAN 15 92,615.WIRE/CHECK 0. RESEARCH SUBCONTRACT RESEARCH SUBCONCTRACT SOUTH ASIA 10,000.WIRE/CHECK 0. RESEARCH SUBCONCTRACT 1 SCHOLARSHIPS EUROPE 24,200.WIRE/CHECK 0.SCHOLARSHIPS 4 SCHOLARSHIPS NORTH AMERICA 1 500.WIRE/CHECK 0.SCHOLARSHIPS SCHOLARSHIPS SOUTH AMERICA 8 39,525. TUITION REFUND 0.SCHOLARSHIPS SCHOLARSHIPS EUROPE 7 44,085.TUITION REFUND 0.SCHOLARSHIPS

Page 3

Scriedi	ne ((0 1 1 1 3 3 0) 2 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		raye 1
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 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	X 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,		
	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 file Form 5713, International Boycott Report (see Instructions		

Schedule F (Form 990) 2010

Yes X No

Schedule F (Form 990) 2010 UNIVERSITY OF PITTSBURGH	25-0965591	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line	ne 3, column (f) (account	ing method);
Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated nu		
Also complete this part to provide any additional information.		
SCHEDULE F, PART I, LINE 2: THE INITIAL DETERMINATION OF ELIGIBILITY AND		
APPROPRIATENESS OF THE ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL		
MINORALIZATION OF THE MITTIE PLOT COUNTY DELIVERY THE INTROCUEN		
INVESTIGATOR (PI)/DEPARTMENT AND THE OFFICE OF RESEARCH. THE		
PI/DEPARTMENT IDENTIFIES THE ENTITY USUALLY BASED UPON THE UNIQUE NEEDS		
OF THE PI EVIDENCED IN THE SCOPE OF WORK. DOCUMENTATION IS OBTAINED FROM		
THE ENTITY WHICH IS REVIEWED. UPON SUBMISSION, THE OFFICE OF RESEARCH		
LOOKS FOR THIS DOCUMENTATION SO THAT IT MEETS SPONSOR AND UNIVERSITY		
REQUIREMENTS. IF AND WHEN THE PROJECT IS FUNDED, THE DEPARTMENT		
INITIATES A SUBCONTRACT REQUEST.		
INTITATES A SUBCONTRACT REQUEST.		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations f X Solicitation of government grants g X Special fundraising events Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of organization contributions listed in col. (i) GRIZZARD COMMUNICATIONS DIRECT MAIL SOLICITATION Yes No GROUP, INC. - 229 PEACHTREE AND CONSULTING Х 128,958 103,699 25,259. GRENZEBACH GLIER& ASSOCIATES INC. - 401 N. MICHIGAN AVE CONSULTING-SEE PART IV O Х 110,586 -110,586. 128,958, 214,285 -85.327.Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE NV, NH, NM, NC, ND, OH, OK, PA, RI, SC, TN, TX, UT, VT, VA, WV, WY

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

		(TY OF PITTSBURGH			965591 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	_		· · · · · · · · · · · · · · · · · · ·	
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	Γ
			(4, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	(2) 21 3111 112	(5) 5 11151 5 7 5 1115	(d) Total events
			GOLF OUTING	NURSING DINNER	22	(add col. (a) through
ø)			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	424,373.	261,915.	770,843.	1,457,131.
_						
	2	Less: Charitable contributions	114,645.	89,045.	170,087.	373,777.
		Output line and (line 4 paints of line 0)	200 720	172 070	600 756	1 002 254
_	3	Gross income (line 1 minus line 2)	309,728.	172,870.	600,756.	1,083,354.
	4	Cash prizes			1,377.	1,377.
	•	Oddin ph/200				
S	5	Noncash prizes			10,099.	10,099.
nse					•	
xpe	6	Rent/facility costs		10,597.	38,395.	48,992.
Direct Expenses						
Dire	7	Food and beverages		74,228.	115,615.	189,843.
_	_			2 075	14 075	16 050
	8	Entertainment Other direct conservation		2,875. 81,799.	14,075. 70,760.	16,950. 152,559.
	9	Other direct expenses Direct expense summary. Add lines 4 throug		·		(419,820)
		Net income summary. Combine line 3, column				663,534.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	,
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,g-	bingo/progressive bingo	(-, gg	col. (a) through col. (c))
Вè						
_	1	Gross revenue				
	2	Cash prizes				
Expenses	_	Odon prizes				
per	2					
	•	Noncash prizes				
+		Noncash prizes				
irect	4	Noncash prizes Rent/facility costs				
Direct		Rent/facility costs				
Direct						
Direct	4 5	Rent/facility costs Other direct expenses	Yes%	<u> </u>		
Direct	4 5	Rent/facility costs	Yes % No	Yes% No		
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No No	
Direct	4 5	Rent/facility costs Other direct expenses	No No		No No	()
Direct	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	h 5 in column (d)	No No	No	()
Direct	4 5 6 7	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	No	()
9	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operation	h 5 in column (d) 1, column d, and line 7 ates gaming activities:	No No	No	()
9	4 5 6 7 8 Entities to the state of the state	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming and	h 5 in column (d) 1, column d, and line 7 ates gaming activities:	No No	No	Yes No
9	4 5 6 7 8 Entities to the state of the state	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operation	h 5 in column (d) 1, column d, and line 7 ates gaming activities:	No No	No	()
9	4 5 6 7 8 Entities to the state of the state	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming and	h 5 in column (d) 1, column d, and line 7 ates gaming activities:	No No	No	()
9 a b	4 5 6 7 8 Entitle if "	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming action, "explain:	No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of these s	No No states?	No	
9 a b	4 5 6 7 8 Ent Is t If " We	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Combine line ter the state(s) in which the organization operate organization licensed to operate gaming and	No h 5 in column (d) 1, column d, and line 7 ates gaming activities: ctivities in each of these services.	states?	No	

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 UNIVERSITY OF PITTSBURGH	25-0965591	Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form		
to administer charitable gaming?		☐ No
13 Indicate the percentage of gaming activity operated in:		110
	10-	0.4
a The organization's facility		%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	d records:	
Name ▶		
Address ►	_	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenu	e? Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	ne amount	
of gaming revenue retained by the third party \$\bigs\\$		
c If "Yes," enter name and address of the third party:		
Name ▶		
Addraga		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
organization's own exempt activities during the tax year > \$	Sp 5	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2	b, columns (iii) and (v), and f	Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addition	nal information (see instruct	tions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAISER: GRIZZARD COMMUNICATIONS GROUP, INC.		
(I) ADDRESS OF FUNDRAISER:		
220 DEACHMDER CMDERM NE CME 1400 AMIANMA CA 20202		
229 PEACHTREE STREET NE STE 1400, ATLANTA, GA 30303		
(I) NAME OF FUNDRAISER: GRENZEBACH GLIER& ASSOCIATES, INC.		
(I) ADDRESS OF FUNDRAISER:		
401 N. MICHIGAN AVE SUITE 2800, CHICAGO, IL 60611		
032083 01-13-11 Sch	edule G (Form 990 or 990-	EZ) 2010

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization							Employer identification number
UNIVERSITY OF							25-0965591
Part I General Information on Grants a							
1 Does the organization maintain records		_		-	•		
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro							
Grants and Other Assistance to		-					
recipient that received more than					can be duplicated if a	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARACTE MELLON INTERPRETARY							
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE							
	25-0969449	501(C)(3)	5,880,783.	0.			RESEARCH-SUBCONTRACT
PITTSBURGH , PA 15213	23-0909449	501(0/(3/	3,000,703.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - UCSF BOV 0248 - SAN							
FRANCISCO, CA 94143	94-6036493	501(C)(3)	2,530,663.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF WASHINGTON GERBERDING HALL G80 SEATTLE , WA 98195	91-6001537	501(C)(3)	2,240,757.	0.			RESEARCH-SUBCONTRACT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	1,899,208.	0.			RESEARCH-SUBCONTRACT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,681,204.	0.			RESEARCH-SUBCONTRACT
CONSORTIUM FOR PUBLIC EDUCATION 410 9TH STREET MCKEESPORT, PA 15132	25-1533592	501(C)(3)	1,506,406.	0.			RESEARCH-SUBCONTRACT
2 Enter total number of section 501(c)(3) a	nd government o	rganizations	<u> </u>				288.
3 Enter total number of other organization							35.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD 23-1396794 501(C)(3) 1,305,834 0 RESEARCH-SUBCONTRACT PHILADELPHIA, PA 19141 WVU RESEARCH CORPORATION PO BOX 6005 55-0665758 1,257,690 0 MORGANTOWN, WV 26506 501(C)(3) RESEARCH-SUBCONTRACT COMMUNITY HUMAN SERVICES CORP. 374 LAWN STREET 0 PITTSBURGH, PA 15213 25-1219610 501(C)(3) 1,094,148 RESEARCH-SUBCONTRACT REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ROAD -OAKLAND, CA 94607 94-3067788 501(C)(3) 1,086,007 0 RESEARCH-SUBCONTRACT VANDERBILT UNIVERSITY VU STATION B BOX 356310 62-0476822 501(C)(3) 1,054,345 0 RESEARCH-SUBCONTRACT NASHVILLE, TN 37235 NATIONAL OPINION RESEARCH CENTER 55 E MONROE STREET 20TH FLOOR 36-2167808 501(C)(3) 995,358 0 RESEARCH-SUBCONTRACT CHICAGO, IL 60603 UNIVERSITY OF MARYLAND 1201 TURNER HALL 52-6002033 501(C)(3) 884,974 0 RESEARCH-SUBCONTRACT COLLEGE PARK, MD 20742 MAGEE WOMENS RESEARCH INSTITUTE 3339 WARD STREET PITTSBURGH, PA 15213 25-1462312 501(C)(3) 877,895 0 RESEARCH-SUBCONTRACT YALE UNIVERSITY 47 COLLEGE ST STE 203 NEW HAVEN, CT 06520 06-0646973 501(C)(3) 870,621 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PRINCETON UNIVERSITY WASHINGTON ROAD 21-0634501 501(C)(3) 832,471 0 RESEARCH-SUBCONTRACT PRINCETON, NJ 08544 TULANE UNIVERSITY 6823 ST CHARLES AVENUE 72-0432889 828,547 0 NEW ORLEANS, LA 70118 501(C)(3) RESEARCH-SUBCONTRACT OHIO STATE UNIVERSITY 154 WEST 12TH AVENUE 0 COLUMBUS, OH 43210 31-6025986 501(C)(3) 810,047 RESEARCH-SUBCONTRACT DEPARTMENT OF HEALTH AND HUMAN SERVICES - 200 INDEPENDENCE AVENUE WASHINGTON, DC 20201-0004 53-0196960 N/A 800,000 0 RESEARCH-SUBCONTRACT PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802 24-6000376 501(C)(3) 787,103 0 RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON, MA 02115 04 - 2774441501(C)(3) 729,024 0 RESEARCH-SUBCONTRACT GEORGETOWN UNIVERSITY 37TH O STREETS NW SUITE 400 53-0196603 501(C)(3) 721,344 0 RESEARCH-SUBCONTRACT WASHINGTON, DC 20057 UT-BATTELLE LLC 1201 OAK RIDGE TURNPIKE OAK RIDGE, TN 37830 62-1788235 501(C)(3) 688,404 0 RESEARCH-SUBCONTRACT LAUNCHPOINT TECHNOLOGIES 5735 HOLLISTER AVE SUITE B ACCOUNTS RECEIVABLE - GOLETA, CA 93117 86-1154993 501(C)(3) 686,414 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE -31-4379427 501(C)(3) 686,213 0 CHAPEL HILL, NC 27599 RESEARCH-SUBCONTRACT WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH WEST CAMPUS ONE BROOK 43-0653611 673,862 0 CLAYTON, MO 63105 501(C)(3) RESEARCH-SUBCONTRACT BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS ST 664,382 0 BOSTON, MA 02115 04-2312909 501(C)(3) RESEARCH-SUBCONTRACT NATIONAL INSTITUTES OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892 52-0858115 501(C)(3) 661,601 0 RESEARCH-SUBCONTRACT WORLD HEART 4750 WILEY POST WAY STE 120 SALT LAKE CITY, UT 84116-7622 52-2247240 N/A 621,680 0 RESEARCH-SUBCONTRACT VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEHIGH STREET RICHMOND, VA 23219 54-6001758 501(C)(3) 612,761 0 RESEARCH-SUBCONTRACT BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 700 REGENT STREET, SUITE 301 - MADISON, WI 53715 39-6006492 501(C)(3) 593,774 0 RESEARCH-SUBCONTRACT ARIZONA STATE UNIVERSITY UNIVERSITY BOX 873503 TEMPE, AZ 85287 86-0196696 501(C)(3) 576,076 0 RESEARCH-SUBCONTRACT DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27708 56-0532129 501(C)(3) 568,934 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Schedule I (Form 990) UNIVERSITY OF					1.1.1/5 000\ B		5-0965591 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	535,189.	0.			RESEARCH-SUBCONTRACT
FOCUS ON RENEWAL 701 CHARTIERS AVENUE MCKEES ROCKS, PA 15136	23-7181440	501(C)(3)	503,020.	0.			RESEARCH-SUBCONTRACT
COLUMBIA UNIVERSITY 615 WEST 131ST ST MC 8741 NEW YORK, NY 10027	13-5598093	501(C)(3)	500,378.	0.			RESEARCH-SUBCONTRACT
OREGON HEALTH & SCIENCE UNIVERSITY 1121 SW SALMON ST PORTLAND, OR 97205	23-7083114	501(C)(3)	467,244.	0.			RESEARCH-SUBCONTRACT
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	460,039.	0.			RESEARCH-SUBCONTRACT
REAGENTS OF THE UNIVERSITY OF SANTA BARBARA - CASHIER'S OFFICE SAASB OFFICE ROOM 1212 - SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	459,908.	0.			RESEARCH-SUBCONTRACT
DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE - PITTSBURGH, PA 15282	25-1035663	501(C)(3)	453,368.	0.			RESEARCH-SUBCONTRACT
CORNELL UNIVERSITY 341 PINE STREET ITHACA, NY 14850	15-0532082	501(C)(3)	450,644.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ILLINOIS 1901 S FIRST ST CHAMPAIGN , IL 61820	37-6000511	N/A	443,543.	0.			RESEARCH-SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) RUTGERS, STATE UNIVERSITY OF NEW JERSEY - 3 RUTGERS PLAZA - NEW 22-6001086 501(C)(3) 438,472 0 BRUNSWICK, NJ 08901 RESEARCH-SUBCONTRACT ALBERT EINSTEIN COLLEGE OF MEDICINE - 500 WEST 185TH STREET 23-7075620 434,456 0 NEW YORK, NY 10033 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF VIRGINIA BOX 4001953 409,491 0 CHARLOTTESVILLE, VA 22904 54-6001786 501(C)(3) RESEARCH-SUBCONTRACT WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON SALEM, NC 27106 56-0532138 501(C)(3) 403,682 0 RESEARCH-SUBCONTRACT MOUNT SINAI SCHOOL OF MEDICINE ONE GUSTAVE LEVY PLACE 13-6171197 501(C)(3) 403,024 0 RESEARCH-SUBCONTRACT NEW YORK, NY 10029 TEMPLE UNIVERSITY 1805 NORTH BROAD ST 11 FL WASCHMAN HALL RM 1108 - PHILADELPHIA, PA 19122 23-1365971 501(C)(3) 396,414 0 RESEARCH-SUBCONTRACT ALLEGHENY SINGER RESEARCH INSTITUTE - C/O TAX DEPT TWO ALLEGHENY CENTER - PITTSBURGH, PA 15212 25-1320493 501(C)(3) 391,246 0 RESEARCH-SUBCONTRACT FLORIDA INTERNATIONAL UNIVERSITY GREEN LIBRARY ROOM 273 MIAMI, FL 33199 65-0177616 N/A 379,634 0 RESEARCH-SUBCONTRACT UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD ORLANDO, FL 32816 59-2924021 N/A 361,864 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TURTLE CREEK VALLEY MH/MR INC 723 BRADDOCK AVENUE BRADDOCK, PA 15104	25-1250510	501(C)(3)	361,845.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF COLORADO 3100 MARINE ST RM 479 BOULDER, CO 80309	39-1481425	501(C)(3)	358,216.	0.			RESEARCH-SUBCONTRACT
EMORY UNIVERSITY 201 DOWAN DRIVE ATLANTA, GA 30322	58-0566256	501(C)(3)	345,935.	0.			RESEARCH-SUBCONTRACT
HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET SUITE 801 PHILADELPHIA, PA 19107	23-2244355	501(C)(3)	343,426.	0.			RESEARCH-SUBCONTRACT
INOVA JUNPIER PROGRAM 2832 JUNIPER STREET STE 104 FAIRFAX, VA 22031	54-0620889	501(C)(3)	340,582.	0.			RESEARCH-SUBCONTRACT
NATIONAL JEWISH MEDICAL & RESEARCH CENTER - 1400 JACKSON STREET - DENVER , CO 80206	74-2044647	501(C)(3)	337,220.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF TEXAS 1 UNIVERSITY STATION AUSTIN , TX 78712	74-6001118	501(C)(3)	336,598.	0.			RESEARCH-SUBCONTRACT
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	335,748.	0.			RESEARCH-SUBCONTRACT
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	326,104.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN ST 04-3167352 501(C)(3) 319,463 0 RESEARCH-SUBCONTRACT BOSTON, MA 02110 RAND CORPORATION 1776 MAIN STREET 95-1958142 308,725 0 SANTA MONICA, CA 90407 501(C)(3) RESEARCH-SUBCONTRACT PONCE SCHOOL OF MEDICINE PO BOX 7004 0 PONCE , PR 00732 66-0379122 501(C)(3) 304,171 RESEARCH-SUBCONTRACT CHRISTIANA CARE HEALTH SERVICES PO BOX 2653 WILMINGTON, DE 19805 51-0103684 501(C)(3) 293,026 0 RESEARCH-SUBCONTRACT TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET 23-1352685 501(C)(3) 290,202 0 RESEARCH-SUBCONTRACT - PHILADELPHIA, PA 19104 UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 301 PETERSON SERVICE BUILDING - LEXINGTON, KY 40506 61-6033693 501(C)(3) 285,579 0 RESEARCH-SUBCONTRACT IMMUNETRICS 100 TECHNOLOGY DRIVE SUITE 400 25-1895963 501(C)(3) 285,476 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15219 UNIVERSITY OF SOUTH FLORIDA PO BOX 917590 ORLANDO, FL 32891 59-6001874 501(C)(3) 284,548 0 RESEARCH-SUBCONTRACT MACRO INTERNATIONAL 15294 COLLECTION CENTER DRIVE CHICAGO, IL 60693 52-0955232 501(C)(3) 268,004 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD UNIVERSITY							
576 W ST NW							
WASHINGTON, DC 20059	53-0204707	501(C)(3)	267,300.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE							
CINCINNATI, OH 45221	31-6000989	N/A	259,211.	0.			RESEARCH-SUBCONTRACT
RFS PHARMA LLC 1860 MONTREAL ROAD TUCKER , GA 30084	30-0276653	501(C)(3)	254,442.	0.			RESEARCH-SUBCONTRACT
SAN DIEGO STATE UNIVERSITY FOUNDATION - 5250 CAMPANILE DR - SAN DIEGO, CA 92182	95-6042721	501(C)(3)	251,917.	0.			RESEARCH-SUBCONTRACT
NORTHWESTERN UNIVERSITY 619 CLARK ST RM 217 EVANSTON, IL 60208	36-2167817	501(C)(3)	251,176.	0.			RESEARCH-SUBCONTRACT
COLORADO STATE UNIVERSITY CASHIER'S OFFICE FORT COLLINS, CO 80523	84-6000545	501(C)(3)	234,697.	0.			RESEARCH-SUBCONTRACT
TUFTS UNIVERSITY 169 HOLLAND ST ATTN TAX DEPT SOMERVILLE, MA 02144	04-2103634	501(C)(3)	225,876.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH - BIRMINGHAM, AL 35294		501(C)(3)	214,083.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF PUERTO RICO GPO BOX 365067 SAN JUAN, PR 00956	66-0433762	501(C)(3)	213,133.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEODOTA MEGU DEGEADOU ODOUD							
GEORGIA TECH RESEARCH GROUP							
ATLANTA, GA 30332	58-0603146	501 (C) (3)	212,890.	0.			RESEARCH-SUBCONTRACT
	30 0003110	501(6)(3)	212,030.	· ·			REDEFICE DODGOVILLE
UNIVERSITY OF CHICAGO							
5801 SOUTH ELLIS AVENUE							
CHICAGO, IL 60637	36-2177139	501(C)(3)	211,320.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF IOWA							
201 GILMORE HALL							
IOWA CITY, IA 52242	42-6004813	501(C)(3)	208,030.	0.			RESEARCH-SUBCONTRACT
RESEARCH INSTITUTE AT NATIONWIDE							
CHILDREN'S HOSPITAL - PO BOX							
715245 - COLUMBUS, OH 43271	31-6056230	501(C)(3)	207,177.	0.			RESEARCH-SUBCONTRACT
EAST CAROLINA UNIVERSITY							
C/O ATHANASUIS A ANAGNOSTOU							
HEMATOLOGY/ONCOLOGY - GREENVILLE, NC 27858	56-6000403	501(C)(3)	198,727.	0.			RESEARCH-SUBCONTRACT
NC 27030	30 0000403	501(0)(3)	130,727.	٠.			RESEARCH SOSCONTRACT
SEATTLE CHILDREN'S RESEARCH							
HOSPITAL - PO BOX 5371 MSC RC-506							
- SEATTLE, WA 98145	91-0564748	501(C)(3)	196,503.	0.			RESEARCH-SUBCONTRACT
·			·				
AUBERLE							
1101 HARTMAN ST							
MCKEESPORT, PA 15132	25-1712316	501(C)(3)	195,124.	0.			RESEARCH-SUBCONTRACT
NORTHEASTERN UNIVERSITY							
360 HUNTINGTON AVE							
BOSTON, MA 02115	04-1679980	501(C)(3)	194,181.	0.			RESEARCH-SUBCONTRACT
DEMII TODARI DRAGONEGO MEDICA							
BETH ISRAEL DEACONESS MEDICAL							
CENTER - 300 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	192,233.	0.			RESEARCH-SUBCONTRACT
DODION, FIR UZZIO	1 24 5103001	Pot (C/(3/	134,233.	٠.			ELDEARCH DOBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PITTSBURGH TISSUE ENGINEERING INITIATIVE - 450 TECHNOLOGY DRIVE 25-1789285 501(C)(3) 188,070 0 - PITTSBURGH, PA 15219 RESEARCH-SUBCONTRACT TEXAS ENGINEERING EXPERIMENT STATION - 1470 WILLIAM D FITCH PARKWAY - COLLEGE STATION, TX 0 77845 74-1974733 501(C)(3) 186,744 RESEARCH-SUBCONTRACT REVIVICOR INC. 1700 KRAFT DR SUITE 2400 0 BLACKSBURG, VA 24060 81-0604263 501(C)(3) 178,879 RESEARCH-SUBCONTRACT SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037 33-0435954 501(C)(3) 176,451 0 RESEARCH-SUBCONTRACT CHILDRENS MEMORIAL HOSPITAL 2300 CHILDREN'S PLAZA CHICAGO, IL 60614 36-2170833 501(C)(3) 176,125 0 RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL OF PHILADELPHIA 3615 CIVIC CENTER BLVD 23-1352166 501(C)(3) 172,443 0 RESEARCH-SUBCONTRACT PHILADELPHIA, PA 19104 TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 622 WEST 113TH STREET MAIL CODE 4524 - NEW 13-5598093 501(C)(3) 171,129 0 RESEARCH-SUBCONTRACT YORK, NY 10025 PURDUE UNIVERSITY 610 PURDUE MALL 35-6002041 501(C)(3) 169,823 0 RESEARCH-SUBCONTRACT WEST LAFAYETTE, IN 47907 NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241 13-5562309 501(C)(3) 161,528 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION OF CUNY							
230 WEST 41ST STREET							
NEW YORK, NY 10036	13-1988190	501(C)(3)	159,438.	0.			RESEARCH-SUBCONTRACT
UNITED STEW OF ORDERON							
UNIVERSITY OF OREGON							
CASHIER PO BOX 3237 EUGENE, OR 97403	93-6001786	501(C)(3)	155,877.	0.			RESEARCH-SUBCONTRACT
			,				
UNIVERSITY OF FLORIDA							
PO BOX 115500							
GAINESVILLE, FL 32611	59-6002052	501(C)(3)	155,714.	0.			RESEARCH-SUBCONTRACT
UNITARD GLIMA OF UMAN							
UNIVERSITY OF UTAH							
201 PRESIDENTS CIRCLE	07 6000505	E01/G)/3)	154 010	0			DEGENDAU GUDGONEDNAE
SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	154,212.	0.			RESEARCH-SUBCONTRACT
EADVANTAGE INC							
9812 FALLS RD 114-163							
POTOMAC, MD 20854	20-1082288	N/A	151,470.	0.			RESEARCH-SUBCONTRACT
BANK OF AMERICA							
PO BOX 16319							
AUSTIN, TX 78761	04-2551124	N/A	151,211.	0.			RESEARCH-SUBCONTRACT
DAVOMAME MEDICAL GENMED							
BAYSTATE MEDICAL CENTER 759 CHESTNUT ST							
	04-2790311	E01/C)/2)	140 200	0.			RESEARCH-SUBCONTRACT
SPRINGFIELD , MA 01199 UPMC	04-2790311	501(C)(3)	148,289.	0.			RESEARCH-SUBCONTRACT
600 GRANT STREET 58TH FLOOR C/O							
CORPORATE TAX DEPT PITTSBURGH,							
PA 15219	20-8295721	501(C)(3)	143,521.	0.			RESEARCH-SUBCONTRACT
			213,321.				
TRUSTEES OF DARTMOUTH COLLEGE							
37 DEWEY FIELD ROAD							
HANOVER, NH 03755	02-0222111	501(C)(3)	139,444.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 52-6002036 501(C)(3) 137,898 0 RESEARCH-SUBCONTRACT BALTIMORE, MD 21203-6248 MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 64-6000814 501(C)(3) 136,917 0 MISSISSIPPI ST, MS 39762 RESEARCH-SUBCONTRACT BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE 4TH FLOOR 136,379 0 BOSTON, MA 02215 04-2103547 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER - 7703 FLOYD CURL DRIVE -SAN ANTONIO, TX 78284 74-1586031 501(C)(3) 135,642 0 RESEARCH-SUBCONTRACT ALLEGHENY COUNTY TREASURER 436 GRANT STREET ROOM 108 25-6001007 N/A 135,590 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15219 UNIVERSITY OF NOTRE DAME 511 MAIN BUILDING NOTRE DAME, IN 46556 35-0868188 501(C)(3) 131,186 0 RESEARCH-SUBCONTRACT CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE 31-0833936 501(C)(3) 130,957 0 RESEARCH-SUBCONTRACT CINCINNATI, OH 45229 BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE - PO BOX 25027 - LOS ANGELES, CA 90025 95-4183712 501(C)(3) 130,483 0 RESEARCH-SUBCONTRACT HOLY FAMILY SOCIAL SERVICES 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202 03-0454226 501(C)(3) 129,181 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) AURITEC PHARMACEUTICALS 15 BRAEBURN ROAD 84-1629188 128,745 0 RESEARCH-SUBCONTRACT HYDE PARK, MA 02136 N/A CONEMAUGH HEALTH SYSTEM 1086 FRANKLIN STREET 23-2801799 125,637 0 JOHNSTOWN, PA 15905 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER 0 KNOXVILLE, TN 37996 62-6001636 501(C)(3) 125,042 RESEARCH-SUBCONTRACT UNIVERSITY OF MEMPHIS 3720 ALUMNI AVENUE MEMPHIS, TN 38152 62-0648618 501(C)(3) 124,637 0 RESEARCH-SUBCONTRACT MICRODOSE DEFENSE PRODUCTS, LLC 4262 ROUTE ONE MONMOUTH JCT, NJ 08852 03-0511241 501(C)(3) 124,453 0 RESEARCH-SUBCONTRACT FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE , FL 32306 59-6001138 501(C)(3) 124,228 0 RESEARCH-SUBCONTRACT WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065 13-3017214 501(C)(3) 123,469 0 RESEARCH-SUBCONTRACT REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSTITY AVE SE - MINNEAPOLIS, MN 55414 41-6007513 501(C)(3) 115,793. 0 RESEARCH-SUBCONTRACT HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138 04-2103580 501(C)(3) 115,347 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

organization or government if applicable cash grant no	(g) Description of non-cash assistance (book, FMV, appraisal, other)	(h) Purpose of grant or assistance RESEARCH-SUBCONTRACT
347 KUAKINI STREET HONOLULU, HI 96817 99-0074139 501(C)(3) 114,382. HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5F DETROIT , MI 48202 38-1357020 501(C)(3) 114,315.		RESEARCH-SUBCONTRACT
347 KUAKINI STREET HONOLULU, HI 96817 99-0074139 501(C)(3) 114,382. HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5F DETROIT , MI 48202 38-1357020 501(C)(3) 114,315.		RESEARCH-SUBCONTRACT
HONOLULU, HI 96817 99-0074139 501(C)(3) 114,382. HENRY FORD HEALTH SYSTEM ONE FORD PLACE 5F DETROIT , MI 48202 38-1357020 501(C)(3) 114,315. DREXEL UNIVERSITY		RESEARCH-SUBCONTRACT
ONE FORD PLACE 5F DETROIT , MI 48202 38-1357020 501(C)(3) 114,315. DREXEL UNIVERSITY	0.	
ONE FORD PLACE 5F DETROIT , MI 48202 38-1357020 501(C)(3) 114,315. DREXEL UNIVERSITY	0.	
DETROIT , MI 48202 38-1357020 501(C)(3) 114,315. DREXEL UNIVERSITY	0.	1
		RESEARCH-SUBCONTRACT
SITI CHESINGI SINEEL		
PHILADELPHIA, PA 19104 23-1352630 501(C)(3) 113,658.	0.	RESEARCH-SUBCONTRACT
MEDSTAR RESEARCH INSTITUTE		
5565 STERRETT PLACE 5TH FLOOR		
COLUMBIA, MD 21044 52-6056274 501(C)(3) 110,947.	0.	RESEARCH-SUBCONTRACT
UNIVERSITY OF MIAMI		
PO BOX 248106 CORAL GABLES, FL 33124 59-0624458 501(C)(3) 110,181.	0.	RESEARCH-SUBCONTRACT
59-0024430 DUI(C)(3) 110,101.	0.	RESEARCH-SOBCONTRACT
BROOKINGS INSTITUTION		
1775 MASSACHUSETTS AVENUE		
WASHINGTON, DC 20036 53-0196577 501(C)(3) 106,705.	0.	RESEARCH-SUBCONTRACT
BANYAN BIOMARKERS INC.		
12085 RESEARCH DR ALACHUA, FL 32615 20-1449566 N/A 106,694.	0.	RESEARCH-SUBCONTRACT
Z0 1447300 N/A 100,054.	0.	RESEARCH SOSCONTRACT
THOMAS JEFFERSON UNIVERSITY		
1020 WALNUT STREET		
PHILADELPHIA, PA 19107 23-1352651 501(C)(3) 105,967.	0.	RESEARCH-SUBCONTRACT
INTURPETTY OF DELAWARE		
UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE		
NEWARK, DE 19716 51-6000297 501(C)(3) 104,346.		1

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASS AVE NE 04-2103594 501(C)(3) 103,169 0 RESEARCH-SUBCONTRACT 49-3131 - CAMBRIDGE , MA 02139 CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE 31-0537130 102,235 0 CINCINNATI, OH 45229 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF KENTUCKY 130 LEADER AVE 0 LEXINGTON, KY 40506 61-6001218 501(C)(3) 101,347 RESEARCH-SUBCONTRACT UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU , HI 96822 99-6000354 501(C)(3) 101,335 0 RESEARCH-SUBCONTRACT US CIVILIAN RESEARCH AND DEVELOPMENT FOUNDATION GAP - 1530 54-1773406 501(C)(3) 100,826 0 RESEARCH-SUBCONTRACT WILSON BLVD - ARLINGTON, VA 22209 ARIZONA DEPARTMENT OF EDUCATION 1535 W JEFFERSON 86-6004791 501(C)(3) 100,435 0 RESEARCH-SUBCONTRACT PHOENIX, AZ 85382 DUBOIS REGIONAL MEDICAL CENTER PO BOX 447 25-1490707 501(C)(3) 100,431 0 RESEARCH-SUBCONTRACT DUBOIS, PA 15801 GATEWAY REHABILITATION CENTER MOFFETT RUN ROAD ALIQUIPPA, PA 15001 25-1204418 501(C)(3) 99,662 0 RESEARCH-SUBCONTRACT UPMC MERCY 1400 LOCUST STREET PITTSBURGH, PA 15219 25-0965429 501(C)(3) 99,231 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PHARMA REGULATORY ASSOCIATES 155 SUMMERHILL LANE 56-3844400 99,198 0 RESEARCH-SUBCONTRACT WOODSIDE, CA 94062 N/A CLEVELAND CLINIC 3000 W CYPRESS CREEK RD 65-0003177 96,967 0 FT. LAUDERDALE, FL 33309 501(C)(3) RESEARCH-SUBCONTRACT HENRY M. JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC - 1401 ROCKVILLE PIKE 96,784 0 - ROCKVILLE , MD 20852 52-1313011 501(C)(3) RESEARCH-SUBCONTRACT CAROLINAS MEDICAL CENTER PO BOX 601979 CHARLOTTE, NC 28260 56-1398329 501(C)(3) 95,319 0 RESEARCH-SUBCONTRACT JACKSON LABORATORY 600 MAIN STREET PO BOX 9741 BAR HARBOR, ME 04609 01-0211513 501(C)(3) 95,065 0 RESEARCH-SUBCONTRACT DISCOVERY EDUCATION PO BOX 791363 BALTIMORE, MD 21279-1363 36-2298050 501(C)(3) 91,379 0 RESEARCH-SUBCONTRACT MORGRIDGE INSTITUTE FOR RESEARCH, INC. - PO BOX 7365 - MADISON , WI 53707 20-8325570 501(C)(3) 89,749 0 RESEARCH-SUBCONTRACT CONSOL ENERGY INC. PO BOX 643355 RESEARCH & DEVEL. PITTSBURGH, PA 15264 51-0337383 N/A 86,784 0 RESEARCH-SUBCONTRACT UNIVERSITY OF WISCONSIN 600 HIGHLAND AVE MADISON, WI 53792 39-1805963 501(C)(3) 85,081 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CODA INC PO BOX 4300 52-0909672 83,805 0 RESEARCH-SUBCONTRACT BASALT, CO 81621 N/A HORIZON RESEARCH INC 326 CLOISTER COURT 56-1550276 82,640 0 CHAPEL HILL, NC 27514 501(C)(3) RESEARCH-SUBCONTRACT VISION INSTITUTE OF SOUTH CAROLINA PO BOX 1923 27-2918119 81,502 0 IRMO, SC 29063 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF MISSOURI 15 JESSE HALL COLUMBIA, MO 65211 43-6003859 501(C)(3) 80,789 0 RESEARCH-SUBCONTRACT BPSI INC 645 BALTIMORE-ANNAPOLIS BLVD SEVERNA PARK, MD 21146 52-2016004 N/A 80,056 0 RESEARCH-SUBCONTRACT SRI INTERNATIONAL 333 RAVENSWOOD AVE MENLO PARK, CA 94025-3493 94-1160950 501(C)(3) 78,877 0 RESEARCH-SUBCONTRACT UNIVERSITY OF ALASKA 3700 SHARON GAGNON LANE 92-6000147 501(C)(3) 78,671 0 RESEARCH-SUBCONTRACT ANCHORAGE, AK 99508 MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 77,759 0 RESEARCH-SUBCONTRACT LOUISIANA STATE UNIVERSITY 117D DAVID BOYD HALL BATON ROUGE, LA 70803 72-6000848 501(C)(3) 77,505. 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 RESEARCH INSTITUTE 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE , WI 53201	20-2180646	501(C)(3)	76,389.	0.			RESEARCH-SUBCONTRACT
MAGEE-WOMENS HOSPITAL OF UPMC 300 HALKET STREET PITTSBURGH, PA 15213	25-0965420	501(C)(3)	75,796.	0.			RESEARCH-SUBCONTRACT
MARICOPA INTEGRATED HEALTH SYSTEMS 2619 E PIERCE STREET 1ST FLOOR PHOENIX, AZ 85008	86-0830701	501(C)(3)	75,491.	0.			RESEARCH-SUBCONTRACT
TRANSLATIONAL ONCOLOGY RESEARCH 1033 GAYLEY AVE STE 207 LOS ANGELES, CA 90024	20-0132719	501(C)(3)	75,000.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF WYOMING ACCOUNTS RECEIVABLE PO BOX 3623 LARAMIE , WY 82071	83-6000331	501(C)(3)	74,129.	0.			RESEARCH-SUBCONTRACT
SOUTHWEST PA AHEC LEXINGTON TECHNOLOGY PARK 400 N LEXINGTON AVE - PITTSBURGH, PA 15208	25-1791450	501(C)(3)	72,168.	0.			RESEARCH-SUBCONTRACT
CENTER FOR ORGAN RECOVERY AND EDUCATION - 204 SIGMA DRIVE - PITTSBURGH, PA 15238	23-1332885	501(C)(3)	71,894.	0.			RESEARCH-SUBCONTRACT
LUCIGEN COPORATION 2120 W GREENVIEW DRIVE SUITE 9 MIDDLETON, WI 53562	39-1923306	501(C)(3)	71,890.	0.			RESEARCH-SUBCONTRACT
KOESTER PERFORMANCE RESEARCH 2408 ANTIETAM ANN ARBOR, MI 48105	10-1362391	N/A	66,300.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) GEORGE WASHINGTON UNIVERSITY TAX DEPT ROME HALL 801 22ND ST NW WASHINGTON, DC 20052 53-0196584 501(C)(3) 65,916 0 RESEARCH-SUBCONTRACT PENNSYLVANIA FAMILIES INCORPORATED 723 N MEADOWCROFT AVE 26-3237097 65,068 0 PITTSBURGH, PA 15216 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF OKLAHOMA 1700 ASP AVE ROOM B-1 64,683 0 NORMAN, OK 73072 73-6017987 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF MICHIGAN 207 FLETCHER STREET ANN ARBOR, MI 48109 38-6006309 501(C)(3) 63,107 0 RESEARCH-SUBCONTRACT HEALTH RESEARCH ASSOCIATION INC ROSWELL PARK DIVISION - EMPIRE STATE PLAZA PO BOX 509 - ALBANY, NY 12201 95-1683862 501(C)(3) 62,284 0 RESEARCH-SUBCONTRACT RUSH UNIVERSITY HOSPITAL 1700 W VAN BUREN ROOM 150 36-2174823 501(C)(3) 61,924 0 RESEARCH-SUBCONTRACT CHICAGO, IL 60612 MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD 39-0806261 501(C)(3) 59,264 0 RESEARCH-SUBCONTRACT MILWAUKEE, WI 53226 CYTOSORBENTS 7 DEER PARK DRIVE SUITE K MONMOUTH JCT, NJ 08852 20-4496406 N/A 58,564 0 RESEARCH-SUBCONTRACT NORTHSHORE LIJ HEALTH SYSTEM 5 DAKOTA DRIVE SUITE 307 LAKE SUCCESS, NY 11042 11-2673595 501(C)(3) 54,491 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) CLINICAL TRIALS & SURVEYS CORP. 10065 RED RUN BLVD. SUITE 250 52-1632209 53,943 0 RESEARCH-SUBCONTRACT OWINGS MILLS, MD 21117 N/A NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY STREET NE NO.500 84-0865803 52,939 0 MINNEAPOLIS, MN 55413 501(C)(3) RESEARCH-SUBCONTRACT ADVOCATE CHRIST MEDICAL CENTER 205 WINDSOR DRIVE 51,944 0 OAK BROOK, IL 60523 32-2169147 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS LOS ANGELES, CA 90089 95-1642394 501(C)(3) 51,611 0 RESEARCH-SUBCONTRACT UNIVERSITY OF LOUISVILLE OFFICE OF THE CONTROLLER 223 SERVICE COMPLEX - LOUISVILLE, KY 40292 61-1014882 501(C)(3) 51,190 0 RESEARCH-SUBCONTRACT SOUTHERN RESEARCH INSTITUTE 2000 NORTH AVENUE SOUTH 63-0288868 501(C)(3) 50,634 0 RESEARCH-SUBCONTRACT BIRMINGHAM, AL 35255 UNIVERSITY OF CALIFORNIA 2223 FULTON STREET 94-6002123 501(C)(3) 48,859 0 RESEARCH-SUBCONTRACT BERKELEY, CA 94720 CHILDREN'S HOSPITAL 200 HENRY CLAY AVE NEW ORLEANS, LA 70118 72-0467503 501(C)(3) 48,118 0 RESEARCH-SUBCONTRACT MONTEFIORE MEDICAL CENTER 111 EAST 210TH ST ATTN CONTROLLERS BRONX, NY 10467 13-1740114 501(C)(3) 47,242. 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) FORSYTH INSTITUTE 140 THE FENWAY 04 - 2104230501(C)(3) 46,879 0 RESEARCH-SUBCONTRACT BOSTON, MA 02115 IRETA 425 SIXTH AVENUE 25-1857820 501(C)(3) 46,379 0 PITTSBURGH, PA 15219 RESEARCH-SUBCONTRACT IHC HEALTH SERVICES 36 S STATE ST STE 1000 94-2854057 45,159 0 SALT LAKE CITY, UT 84111 501(C)(3) RESEARCH-SUBCONTRACT VETERANS RESEARCH FOUNDATION 7180 HIGHLAND DRIVE PITTSBURGH, PA 15206 25-1666090 501(C)(3) 43,748 0 RESEARCH-SUBCONTRACT GEORGIA STATE UNIVERSITY 24 PEACHTREE CENTER AVE ATLANTA, GA 30303 58-1845423 501(C)(3) 43,711 0 RESEARCH-SUBCONTRACT SUMMA HEALTH SYSTEM 525 EAST MARKET STREET 34-1887844 501(C)(3) 43,095 0 RESEARCH-SUBCONTRACT AKRON, OH 44309 NORWALK HOSPITAL 24 STEVENS ST ACCT. DEPT 2ND FLOOR NORWALK, CT 06856 06-6068853 501(C)(3) 40,622 0 RESEARCH-SUBCONTRACT CHILDRENS HOSPITAL LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027 95-1690977 501(C)(3) 39,907 0 RESEARCH-SUBCONTRACT MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG 501(C)(3) EAST LANSING, MI 48824 38-6005984 38,922, 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990) Pa		5-0965591 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA NO T100 HOUSTON, TX 77030	74-1613878	501(C)(3)	38,447.	0.			RESEARCH-SUBCONTRACT
HEALTH RESEARCH ASSOCIATION 1640 MARENGO ST 7TH FL LOS ANGELES, CA 90033	95-1683862	501(C)(3)	38,135.	0.			RESEARCH-SUBCONTRACT
HOUSE OF RUTH MARYLAND, INC. 201 ARGONNE DRIVE BALTIMORE, MD 21218	52-1100236	501(C)(3)	37,234.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ROCHESTER 910 GENNESSE STREET ROCHESTER, NY 14611	16-0743209	501(C)(3)	36,270.	0.			RESEARCH-SUBCONTRACT
WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT, MI 48202	38-3555142	501(C)(3)	33,484.	0.			RESEARCH-SUBCONTRACT
MICHIGAN TECHNOLOGICAL UNIVERSITY 1400 TOWNSEND DRIVE HOUGHTON, MI 49931	38-6005955	501(C)(3)	33,302.	0.			RESEARCH-SUBCONTRACT
INSTITUTE FOR MEDICAL RESEARCH 508 FULTON STREET VAMC (151) DURHAM, NC 27705	56-1655431	501(C)(3)	32,912.	0.			RESEARCH-SUBCONTRACT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 17 ASHLEY AVENUE - CHARLESTON, SC 29403	57-6007222	N/A	32,748.	0.			RESEARCH-SUBCONTRACT
CAMPOS, INC 216 BOULEVARD OF THE ALLIES PITTSBURGH, PA 15222	23-2941940	N/A	31,956.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) DATABANQUE 8150 PERRY HWY SUITE 102 25-1670935 31,898 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15237 N/A KARMANOS CANCER RESEARCH CENTER 4100 JOHN ROAD RESEARCH ADMIN. 30,200 0 38-1613280 501(C)(3) RESEARCH-SUBCONTRACT DETROIT, MI 48201 BRIGHAM YOUNG UNIVERSITY PO BOX 21128 29,931 0 PROVO, UT 84602 87-0217280 501(C)(3) RESEARCH-SUBCONTRACT UNIVERSITY OF VERMONT 85 SO. PROSPECT STREET BURLINGTON , VT 05405 03-0179440 501(C)(3) 29,229 0 RESEARCH-SUBCONTRACT WAKE FOREST UNIVERSITY HEALTH SERVICES - MEDICAL CENTER BLVD -WINSTON SALEM, NC 27157 22-3849199 501(C)(3) 29,013 0 RESEARCH-SUBCONTRACT NEVADA CANCER INSTITUTE ONE BREAKTHROUGH WAY 04-3632553 501(C)(3) 28,457 0 RESEARCH-SUBCONTRACT LAS VEGAS, NV 89135 TEXAS TECH UNIVERSITY BOX 41023 LUBBOCK, TX 79409-1023 75-6002622 501(C)(3) 28,313 0 RESEARCH-SUBCONTRACT LIPOSCIENCE INC 2500 SUMNER BLVD RALEIGH, NC 27616 56-1879288 501(C)(3) 27,940 0 RESEARCH-SUBCONTRACT TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N FIFTH STREET 27,819. SUITE 600 - PHOENIX, AZ 85004 75-3065445 501(C)(3) 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD STREET PITTSBURGH, PA 15222	25-0965592	501(C)(3)	27,365.	0.			RESEARCH-SUBCONTRACT
TUFTS NEW ENGLAND MEDICAL CENTER 750 WASHINGTON STREET BOX 453 BOSTON, MA 02111	04-3400617	501(C)(3)	27,067.	0.			RESEARCH-SUBCONTRACT
LEFTRIGHT STUDIOS INC PO BOX 10783 PITTSBURGH, PA 15203	27-0493699	501(C)(3)	27,000.	0.			RESEARCH-SUBCONTRACT
EMMES FOUNDATION INC. 11325 SEVEN LOCKS ROAD SUITE 214 POTOMAC, MD 20854	26-1622663	501(C)(3)	26,987.	0.			RESEARCH-SUBCONTRACT
LA BIOMEDICAL RESEARCH INSTITUTE 1124 W CARSON STREET BLDG N-14 TORRANCE, CA 90502	95-2138184	501(C)(3)	26,315.	0.			RESEARCH-SUBCONTRACT
INDIANA UNIVERSITY S INDIANA AVENUE BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	26,096.	0.			RESEARCH-SUBCONTRACT
MD ANDERSON CANCER CENTER 650 COOL WATER DR BASTROP, TX 78602	74-6001118	501(C)(3)	24,567.	0.			RESEARCH-SUBCONTRACT
CENTRAL CONNECTICUT STATE UNIVERSITY - 1615 STANLEY ST MARCUS WHITE HALL ROOM 311 - NEW BRITAIN, CT 06020	06-1303381	501(C)(3)	24,239.	0.			RESEARCH-SUBCONTRACT
3-C INSTITUTE FOR SOCIAL DEVELOPMENT - 21901 N HARRISON AVENUE STE 200 - CARY, NC 27513	56-2237463	N/A	24,077.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AT SCIENCES, LLC							
L60 N CRAIG ST SUITE 117							
PITTSBURGH, PA 15213	11-3655805	N/A	23,824.	0.			RESEARCH-SUBCONTRACT
·			·				
UNIVERSITY OF TEXAS SOUTHWESTERN							
MEDICAL CENTER - 5323 HARRY HINES							
BLVD - DALLAS , TX 75390	75-6002868	501(C)(3)	23,719.	0.			RESEARCH-SUBCONTRACT
SEATTLE INSTITUTE FOR BIOMEDICAL							
AND CLINICAL RESEARCH - 1660 SOUTH	01 1452420	E01/G)/3)	22 690	0			DEGEARGII GURGONERAGE
COLUMBIAN WAY - SEATTLE, WA 91808	91-1452438	501(C)(3)	23,680.	0.			RESEARCH-SUBCONTRACT
GENEVA FOUNDATION							
917 PACIFIC AVENUE STE 600							
TACOMA, WA 98402	91-1593913	501(C)(3)	23,677.	0.			RESEARCH-SUBCONTRACT
SAINT LOUIS UNIVERSITY							
221 NORTH GRAND BLVD							
ST LOUIS, MO 64103	43-0654872	501(C)(3)	23,307.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ALABAMA							
BOX 870136							
TUSCALOOSA, AL 35487	63-6001138	501(C)(3)	22,774.	0.			RESEARCH-SUBCONTRACT
GET GINGED OF THIS							
GEISINGER CLINIC N ACADEMY AVE							
DANVILLE, PA 17822	23-6291113	501(C)(3)	22,719.	0.			RESEARCH-SUBCONTRACT
, IA 1/022	23 0271113	501(0)(3)	22,713.	0.			MIDDINGII BODCONIKACI
OREGON RESEARCH INSTITUTE							
1715 FRANKLIN BLVD							
EUGENE, OR 97403	93-0495655	501(C)(3)	20,725.	0.			RESEARCH-SUBCONTRACT
•			,	-			
UNIVERSITY OF NEW MEXICO							
900 CAMINO DE SALUD NE							
ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	18,512.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEMNINGMON DIOMEDICAL DECEADOU							
PENNINGTON BIOMEDICAL RESEARCH CENTER - 6400 PERKINS ROAD - BATON							
ROUGE, LA 70808	72-6000848	501(C)(3)	18,500.	0.			RESEARCH-SUBCONTRACT
needl, in reese	72 0000010	501(6)(5)	10,300.	· ·			REBEINGER BOBCONTINIOT
WILLIAMSPORT HOSPITAL AND MEDICAL							
CENTER - 1250 GRAMPIAN BOULEVARD							
SUITE 2A - WILLIAMSPORT, PA 17701	24-0795508	501(C)(3)	18,473.	0.			RESEARCH-SUBCONTRACT
MIRIAM HOSPITAL							
164 SUMMIT AVENUE							
PROVIDENCE, RI 02906	05-0258905	501(C)(3)	18,319.	0.			RESEARCH-SUBCONTRACT
STEADMAN PHILIPPON RESEARCH							
INSTITUTE - 181 WEST MEADOW DRIVE							
SUITE 1000 - VAIL , CO 81657	88-0245022	501(C)(3)	16,819.	0.			RESEARCH-SUBCONTRACT
ST. JOSEPH'S HOSPITAL							
1 AMALIA DR							
BUCKHANNON, WV 26201	55-0356996	501(C)(3)	16,500.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF MEDICINE AND	33 0330330	501(0)(3)	10,300.	٥.			RESEARCH SOSCONTRACT
DENTISTRY OF NEW JERSEY - 195							
LITTLE ALBANY STREET - NEW							
BRUNSWICK, NJ 08901	22-1775306	501(C)(3)	16,468.	0.			RESEARCH-SUBCONTRACT
LDS HOSPITAL			,				
8TH AVENUE & C STREET GRANTS AND							
ACCOUNTING - SALT LAKE CITY, UT							
84143	94-2854057	501(C)(3)	16,330.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF ARIZONA							
PO BOX 3520							
TUCSON, AZ 85733-3520	74-2652689	501(C)(3)	15,806.	0.			RESEARCH-SUBCONTRACT
MARSHFIELD LABS							
1000 NORTH OAK AVENUE	20 6400144	7./3	15 500	2			DEGENERAL GUEGOVERNAGE
MARSHFIELD, WI 54449-5795	39-6498144	N/A	15,788.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) TREASUER- VIRGINIA POLYTECHNICAL INSTITUTE - 201 SOUTHGATE CENTER 54-6001805 501(C)(3) 15,403 0 RESEARCH-SUBCONTRACT BLACKSBURG, VA 24061 STEVENS INSTITUTE OF TECHNOLOGY CASTLE POINT ON HUDSON 22-1487354 501(C)(3) 15,299 0 HOBOKEN, NJ 07030 RESEARCH-SUBCONTRACT AMERICAN ASSOCIATION OF PEOPLE WITH DISABILITIES - 1629 K ST. NW 15,000 0 STE 950 - WASHINGTON, DC 20006 52-1930174 501(C)(3) RESEARCH-SUBCONTRACT BIOOUAL INC 9600 MEDICAL CENTER DR. STE. 200 ROCKVILLE, MD 20850 13-3078199 N/A 14,843 0 RESEARCH-SUBCONTRACT UNIVERSITY OF CALIFORNIA IN IRVINE 1400 BIOLOGICAL SCIENCES 3 IRVINE, CA 92697 95-2226406 501(C)(3) 14,818 0 RESEARCH-SUBCONTRACT UNIVERSITY OF NORTH DAKOTA 4201 JAMES RAY D GRAND FORKS, ND 58202 20-3332779 501(C)(3) 14,589 0 RESEARCH-SUBCONTRACT KENNEDY KRIEGER RESEARCH INSTITUTE 707 NORTH BROADWAY 52-1524967 501(C)(3) 14,294 0 RESEARCH-SUBCONTRACT BALTIMORE, MD 21205 KAISER FOUNDATION RESEARCH INSTITUTE - 2000 BROADWAY -OAKLAND, CA 94612 94-1105628 501(C)(3) 14,256 0 RESEARCH-SUBCONTRACT FLORIDA INSTITUTE FOR HUMAN & MACHINE COGNITION, INC. - 40 S ALCANIZ ST - PENSACOLA, FL 32502 20-0760849 501(C)(3) 13,794. 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) MERIDIAN SERVICES, INC. 527 MERIDIAN ROAD 34-1138485 501(C)(3) 13,730 0 RESEARCH-SUBCONTRACT YOUNGSTOWN, OH 44509 HOUSE OF THE CROSSROADS 2012 CENTRE AVENUE 12,865 0 PITTSBURGH, PA 15230 25-1206373 501(C)(3) RESEARCH-SUBCONTRACT SOUTHWEST BEHAVIORAL HEALTHCARE INC - 3131 SANGUINET STREET - FORT 0 WORTH, TX 76107 75-2625595 501(C)(3) 12,849 RESEARCH-SUBCONTRACT PROTOCHIPS INC 8400 MAIN CAMPUS DRIVE SUITE 3500 RALEIGH, NC 27606 74-3027823 N/A 12,000 0 RESEARCH-SUBCONTRACT ALLEGHENY COLLEGE 520 NORTH MAIN ST MEADVILLE, PA 16335 25-0965212 501(C)(3) 11,406 0 RESEARCH-SUBCONTRACT TUSKEGEE UNIVERSITY KRESGE CENTER 112 TUSKEGEE INSTITUTE, AL 36088 63-0288878 501(C)(3) 10,850 0 RESEARCH-SUBCONTRACT HUGO MOSER RESEARCH INSTITUTE 707 N BROADWAY 52-1524967 501(C)(3) 10,272 0 RESEARCH-SUBCONTRACT BALTIMORE, MD 21205 RJ LEE GROUP INC 350 HOCHBERG ROAD MONROEVILLE, PA 15146 25-1375815 N/A 10,000 0 RESEARCH-SUBCONTRACT DEPAUL UNIVERSITY 1 E JACKSON BLVD CHICAGO, IL 60604 36-2167048 501(C)(3) 9,709 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY PO BOX 6003							
CHARLESTON, WV 25321	21-5920034	501(C)(3)	9,663.	0.			RESEARCH-SUBCONTRACT
INSTITUTE FOR CLINICAL RESEARCH INC - PO BOX 29545 - WASHINGTON,							
DC 20017	52-1336656	501(C)(3)	9,418.	0.			RESEARCH-SUBCONTRACT
WOMEN'S CENTER AND SHELTER OF GREATER PITTSBURGH - PO BOX 9024 - PITTSBURGH, PA 15224	25-1264376	501(C)(3)	9,155.	0.			RESEARCH-SUBCONTRACT
CHATHAM UNIVERSITY			2,200.				
WOODLAND ROAD PITTSBURGH, PA 15232	25-0717890	501(C)(3)	8,140.	0.			RESEARCH-SUBCONTRACT
ST. LUKE'S HOSPITAL 111 AMSTERDAM AVE							
NEW YORK, NY 10025	13-2914343	501(C)(3)	8,128.	0.			RESEARCH-SUBCONTRACT
SQUIRREL HILL HEALTH CENTER 200 JHF DRIVE							
PITTSBURGH, PA 15217	20-1163755	501(C)(3)	8,000.	0.			RESEARCH-SUBCONTRACT
ATLANTA RESEARCH & EDUCATION FOUNDATION - 1670 CLAIRMONT RD NO.							
151F - DECATUR, GA 30033	58-1857346	501(C)(3)	7,196.	0.			RESEARCH-SUBCONTRACT
MCG RESEARCH INSTITUTE							
1120 15TH STREET AUGUSTA, GA 30909	58-1418202	501(C)(3)	6,911.	0.			RESEARCH-SUBCONTRACT
HEALTH OFFICERS ASSOCIATION OF CALIFORNIA - 100 11TH STREET SUITE							
323 - SACRAMENTO, CA 95814	23-7103860	N/A	6,873.	0.			RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) DAVID OSTROW AND ASSOCIATES LLC 5455 SHERIDAN UNIT 1207 CHICAGO, IL 60640 20-5241516 6,837 0 RESEARCH-SUBCONTRACT N/A CONSUMER HEALTH COALITION 415 EAST OHIO STREET SUITE 300 25-1753030 6,800 0 PITTSBURGH, PA 15212 501(C)(3) RESEARCH-SUBCONTRACT DARTMOUTH MEDICAL SCHOOL 7 LEBANON ST STE 309 6,476 0 HANOVER , NH 03755 02-0222111 501(C)(3) RESEARCH-SUBCONTRACT MARSHALL ELEVATOR COMPANY 2015 MARY STREET PITTSBURGH, PA 15203-2096 25-1032838 N/A 6,196 0 RESEARCH-SUBCONTRACT TRANS ASSOCIATES 4955 STEUBENVILLE PIKE 25-1634385 N/A 6,000 0 RESEARCH-SUBCONTRACT PITTSBURGH, PA 15205 NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7205 RALEIGH, NC 27695 56-6000756 501(C)(3) 5,983 0 RESEARCH-SUBCONTRACT ARTHRITIS EDUCATION AND TREATMENT CENTER - 1155 EAST PARIS AVENUE SE SUITE 100 - GRAND RAPIDS, MI 49546 38-3421145 5,744 0 RESEARCH-SUBCONTRACT N/A HEKTOEN INSTITUTE LLC 2240 W OGDEN AVENUE 2ND FLOOR CHICAGO, IL 60612 36-2244897 501(C)(3) 5,743 0 RESEARCH-SUBCONTRACT MEMORIAL MEDICAL CENTER 1058 FRANKLIN ST 25-0965307 JOHNSTOWN, PA 15905 501(C)(3) 5,667. 0 RESEARCH-SUBCONTRACT

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONX VETERANS MEDICAL RESEARCH FOUNDATION - 130 KINGSBRIDGE RD - BRONX, NY 10468	13-3699250	501(C)(3)	5,480.	0.			RESEARCH-SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE - 9201 UNIVERSITY CITY BLVD - CHARLOTTE, NC 28223	56-0791228	501(C)(3)	5,434.	0.			RESEARCH-SUBCONTRACT
MARSHFIELD CLINICAL RESEARCH FOUNDATION - 1000 N OAK AVENUE - MARSHFIELD, WI 54449	39-0452970	501(C)(3)	5,041.	0.			RESEARCH-SUBCONTRACT
CHILDRENS MUSEUM OF PITTSBURGH 10 CHILDRENS WAY PITTSBURGH, PA 15212	25-1379704	501(C)(3)	5,000.	0.			RESEARCH-SUBCONTRACT
NEGRO EDUCATIONAL EMERGENCY DRIVE WARNER CENTER 332 FIFTH AVENUE PITTSBURGH, PA 15222	25-6070821	501(C)(3)	166,150.	0.			SPONSORSHIP
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE - PITTSBURGH, PA 15219	25-0965213	501(C)(3)	110,000.	0.			SPONSORSHIP
CIVIC LIGHT OPERA ASSOCIATION OF PITTSBURGH - 719 LIBERTY AVENUE - PITTSBURGH, PA 15222	25-6000890	501(C)(3)	37,500.	0.			SPONSORSHIP
OAKLAND BUSINESS IMPROVEMENT DISTRICT - 235 ATWOOD STREET - PITTSBURGH, PA 15213	25-1833743	501(C)(3)	35,000.	0.			SPONSORSHIP
AMERICAN HEART ASSOCIATION 7777 PENN CENTER BOULEVARD PITTSBURGH, PA 15235	13-5613797	501(C)(3)	33,500.	0.			sponsorship

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PG CHARITIES 234 BLVD OF THE ALLIES 23-7216540 501(C)(3) 30,000 0 SPONSORSHIP PITTSBURGH, PA 15222 WOED 4802 FIFTH AVENUE 25-1010296 25,000 0 PITTSBURGH, PA 15213 501(C)(3) SPONSORSHIP SOLDIERS AND SAILORS MEMORIAL HALL AND MUSEUM - 4141 FIFTH AVENUE -21,000 0 PITTSBURGH, PA 15213-7920 25-1821862 501(C)(3) SPONSORSHIP HISTORICAL SOCIETY OF WESTERN PENNSYLVANIA - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222 25-0965391 501(C)(3) 20,000 0 SPONSORSHIP OAKLAND PLANNING AND DEVELOPMENT CORP. - 235 ATWOOD STREET -PITTSBURGH, PA 15213 25-1382510 501(C)(3) 20,000 0 SPONSORSHIP AMERICAN CANCER SOCIETY, INC. 5555 FRANTZ ROAD 34-0726080 501(C)(3) 15,000 0 SPONSORSHIP DUBLIN, OH 43017 CORBETT CAWLEY INAUGURAL COMMITTEE PO BOX 1297 501(C)(4) 15,000 0 SPONSORSHIP HARRISBURG, PA 17107 KUNTU REPERTORY THEATRE 230 S.BOUQUET ST. WESLEY POSVAR HA PITTSBURGH, PA 15260 25-1844608 501(C)(3) 12,312, 0 SPONSORSHIP AMERICAN COUNCIL ON EDUCATION 3624 MARKET STREET 10,000. PHILADELPHIA, PA 19104 23-2786118 501(C)(3) 0 SPONSORSHIP

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) COMMUNITY FOUNDATION OF GREATER JOHNSTOWN - 116 MARKET STREET SUITE 4 - JOHNSTOWN, PA 15901 25-1637373 501(C)(3) 10,000 0 SPONSORSHIP GREATER PITTSBURGH COUNCIL BOY SCOUTS OF AMERICA - FLAG PLAZA 1275 BEDFORD AVENUE - PITTSBURGH, 25-0965214 501(C)(3) 9,864 0 PA 15219 SPONSORSHIP COMMUNITY HUMAN SERVICES CORP. 374 LAWN STREET 8,500 0 PITTSBURGH, PA 15213 25-1219610 501(C)(3) SPONSORSHIP PITTSBURGH OPERA, INC. 2425 LIBERTY AVENUE PITTSBURGH, PA 15222 25-1073139 501(C)(3) 8,100 0 SPONSORSHIP CATHOLIC CHARITIES OF THE ARCHDIOCESE OF PITTSBURGH - 212 NINTH STREET 10TH FLOOR -25-1326213 501(C)(3) 8,000 0 SPONSORSHIP PITTSBURGH, PA 15222 PITTSBURGH SYMPHONY, INC. 600 PENN AVENUE 25-0986052 501(C)(3) 7,800 0 SPONSORSHIP PITTSBURGH, PA 15222 EPILEPSY FOUNDATION OF WESTERN/CENTRAL PA - 1501 REEDSDALE SUITE 3002 - PITTSBURGH PA 15233 23-7241930 501(C)(3) 7,400 0 SPONSORSHIP AMERICAN IRELAND FUND 211 CONGRESS STREET 10TH FLOOR 25-1306992 501(C)(3) 6,500 0 SPONSORSHIP BOSTON, MA 02110 CCAC EDUCATIONAL FOUNDATION 102 BYERS HALL 808 RIDGE AVENUE PITTSBURGH, PA 15212 25-1384469 501(C)(3) 6,300 0 SPONSORSHIP

LHA Schedule I (Form 990)

Schedule I (Form 990)

032241 12-21-10

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) PITTSBURGH CULTURAL TRUST 803 LIBERTY AVENUE 25-1469002 501(C)(3) 6,300 0 SPONSORSHIP PITTSBURGH, PA 15222 AMERICAN NATIONAL RED CROSS 225 BOULEVARD OF THE ALLIES 53-0196605 6,000 0 501(C)(3) SPONSORSHIP PITTSBURGH, PA 15222 HILL HOUSE ASSOCIATION 1835 CENTER AVENUE 6.000 0 PITTSBURGH, PA 15219 25-1752971 501(C)(3) SPONSORSHIP CHILDRENS HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE CENTRAL PLANT FLOOR 3 -PITTSBURGH, PA 15224 25-1865744 501(C)(3) 5,587 0 SPONSORSHIP CARNEGIE MUSEUM OF ART 4400 FORBES AVENNUE 25-0965280 501(C)(3) 5,500 0 SPONSORSHIP PITTSBURGH, PA 15213 HILLEL JEWISH UNIVERSITY CENTER 4607 FORBES AVENUE 25-6065236 501(C)(3) 5,500 0 SPONSORSHIP PITTSBURGH, PA 15213 PITTSBURGH PARKS CONSERVANCY 2000 TECHNOLOGY DRIVE NO 300 23-2882145 501(C)(3) 5,500 0 SPONSORSHIP PITTSBURGH, PA 15219 URBAN LEAGUE OF GREATER PITTSBURGH, INC. - 610 WOOD STREET - PITTSBURGH, PA 15222 25-0965592 501(C)(3) 5,500 0 SPONSORSHIP BIDWELL TRAINING CENTER 1815 METROPOLITAN STREET PITTSBURGH, PA 15233-2233 25-1191961 501(C)(3) 5,000 0 SPONSORSHIP

LHA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash assistance (book, FMV, appraisal, other) GREATER PITTSBURGH LITERACY COUNCIL - 100 SHERIDAN SQUARE, 4TH 25-1392652 501(C)(3) 5,000 0 SPONSORSHIP FL - PITTSBURGH, PA 15206 JEWISH NATIONAL FUND 42 EAST 69TH STREET 13-1659627 5,000 0 NEW YORK, NY 10021 501(C)(3) SPONSORSHIP NAACP- PITTSBURGH BRANCH 2203 WYLIE AVENUE 5.000 0 PITTSBURGH, PA 15219 25-6086867 501(C)(3) SPONSORSHIP PITTSBURGH AREA JEWISH COMMITTEE 4905 FIFTH AVENUE PITTSBURGH, PA 15213 26-1341608 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH MAGAZINE 100 WATERFRONT DRIVE SUITE 100 30-0565335 N/A 5,000 0 SPONSORSHIP PITTSBURGH, PA 15222 PITTSBURGH MIDDLE EAST INSTITUTE, INC. - 5 VON LENT PLACE -26-3562819 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH, PA 15232 PITTSBURGH VINTAGE GRAND PRIX ASSOCIATION - 1008 MANOR COMPLEX 564 FORBES AVENUE - PITTSBURGH, PA 15219 25-1427238 501(C)(3) 5,000 0 SPONSORSHIP POWER 7501 PENN AVENUE 25-1643651 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH, PA 15208 VETERANS LEADERSHIP PROGRAM OF WESTERN PENNSYLVANIA INC - 2417 EAST CARSON STREET - PITTSBURGH, PA 15203 25-1434643 501(C)(3) 5,000 0 SPONSORSHIP

LHA Schedule I (Form 990)

UNIVERSITY OF PITTSBURGH 25-0965591

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of organization or government (h) Purpose of grant (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 15222 25-1053485 501(C)(3) 5,000. 0. SPONSORSHIP WORLD TEAM SPORTS 1300 17TH ST. N. STE 750 ARLINGTON, VA 22209-3872 56-1827893 501(C)(3) 5,000. 0 SPONSORSHIP

LHA Schedule I (Form 990)

80

Schedule I (Form 990) (2010) UNIVERSITY OF PITTSBURGH 25-0965591 Page 1

Schedule I (Form 990) (2010) ONIVERSITI OF TITIBLES	GII				23 0303331 Page
Part III Grants and Other Assistance to Individuals in the Ur Part III can be duplicated if additional space is needed.	ited States. Con	nplete if the organiza	ation answered "Yes	" to Form 990, Part IV, line 22.	
(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
INSTITUTIONAL AID TO STUDENTS	14574	153,361,561.	. 0.		
TUITION REMISSION	2631	20,099,986.	. 0.		
TUITION REMISSION- STUDENTS ATTENDING OTHER UNIVERSITIES	546	7,678,860.	. 0.		
Part IV Supplemental Information. Complete this part to prov	de the informatio	n required in Part I,	line 2, and any other	r additional information.	
SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES	PART II: GRAN	TS AND			
ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS IN THE	UNITED STATE	S:			
THE UNIVERSITY HAS ESTABLISHED POLICIES AND PROCED	URES FOR FINA	NCIAL			
AFFAIRS. RESPONSIBILITY CENTER HEADS WITHIN THE U	NIVERSITY ARE	RESPONSIBLE			
FOR MONITORING THE GENERAL USE OF UNIVERSITY FUNDS	FOR APPROVED	USES.			
DISBURSEMENT REQUESTS FOR GRANT FUNDS MUST BE APPRO	OVED BY THE F	INANCIAL			
ACCOUNTING INFORMATION SYSTEM (FAIS) ACCOUNT ADMIN	STRATOR OR TH	E HEAD OF			

THE RESPONSIBILITY CENTER. WHEN THE REQUESTOR IS ALSO THE FAIS ACCOUNT

Part IV Supplemental Information
ADMINISTRATOR OR THE HEAD OF THE RESPONSIBILITY CENTER, THE GRANT FUNDING
REQUEST MUST BE SIGNED BY THE NEXT HIGHER LEVEL ADMINISTRATOR. THE
UNIVERSITY'S DISBURSEMENT PROCESS IDENTIFIES AND RECORDS PAYMENTS TO BOTH
US AND FOREIGN INDIVIDUALS/ENTITIES. THE UNIVERSITY EMPLOYS APPROPRIATE
MEASURES TO REDUCE THE RISK THAT ANY GRANT FUNDING PROVIDED IS NOT USED FOR
NON-CHARITABLE PURPOSES OR EXPLOITATION BY TERRORIST ORGANIZATIONS,
INCLUDING, BUT NOT LIMITED TO, UNIVERSITY ATTENDANCE AND/OR PARTICIPATION
AT SPONSORED EVENTS AND ONGOING REVIEWS OF THE SPECIALLY DESIGNATED
NATIONALS LIST PUBLISHED BY THE US DEPARTMENT OF THE TREASURY.
FOR RESEARCH SUBCONTRACTS, THE INITIAL DETERMINATION OF ELIGIBILITY AND
APPROPRIATENESS OF THE ENTITY LIES JOINTLY BETWEEN THE PRINCIPAL
IVESTIGATOR (PI)/DEPARTMENT AND THE OFFICE OF RESEARCH. THE PI/DEPARTMENT
IDENTIFIES THE ENTITY USUALLY BASED UPON THE UNIQUE NEEDS OF THE PI
EVIDENCED IN THE SCOPE OF WORK. DOCUMENTATION IS OBTAINED FROM THE ENTITY
WHICH IS REVIEWED. UPON SUBMISSION, THE OFFICE OF RESEARCH LOOKS FOR THIS
DOCUMENTATION SO THAT IT MEETS SPONSOR AND UNIVERSITY REQUIREMENTS. IF AND
WHEN THE PROJECT IS FUNDED, THE DEPARTMENT INITIATES A SUBCONTRACT REQUEST.
SCHEDULE I, PART I, LINE 2: MONITORING PROCEDURES PART III GRANTS AND OTHER
ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES:
THE INSTITUTION DOES MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF GRANTS
OR ASSISTANCE. THE RECORDS, ELIGIBILITY AND SELECTION CRITERIA ARE
MAINTAINED BY EITHER THE OFFICE OF ADMISSIONS AND FINANCIAL AID, THE
STUDENTS' SCHOOL DEPARTMENT, THE BENEFITS SECTION OF HUMAN RESOURCES, OR
THE FACULTY RECORDS OFFICE.

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" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Attach to Form 990. See separate instructions

Employer identification number

UNIVERSITY OF PITTSBURGH 25-0965591 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 X Tax indemnification and gross-up payments X Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? Х b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a Х Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in 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 Х 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Regulations section 53.4958-6(c)?

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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARK A. NORDENBERG	(i)	468,934.	78,188.	26,524.	66,185.	67,359.	707,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	252,889.	0.	3,387.	30,661.	10,894.	297,831.	0.
2 PATRICIA E. BEESON	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	397,184.	52,125.	23,018.	65,603.	12,061.	549,991.	0.
3 JEROME COCHRAN	(ii)	0.	0.	0.	0.	0.	0.	0.
4 B. JEAN FERKETISH	(i)	191,060.	0.	9,698.	28,459.	13,123.	242,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	720,057.	0.	67,680.	29,400.	12,438.	829,575.	0.
5 ARTHUR S. LEVINE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	422,165.	0.	38,385.	0.	11,893.	472,443.	0.
6 JAMES V. MAHER, JR.	(ii)	0.	0.	0.	0.	0.	0.	0.
7 AMY KRUEGER MARSH	(i)	324,164.	0.	11,692.	35,524.	13,805.	385,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	270,950.	52,125.	23,790.	47,444.	13,123.	407,432.	0.
8 ARTHUR G. RAMICONE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	936,930.	855,000.	19,380.	44,280.	3,787.	1,859,377.	0.
9 DAVID R. WANNSTEDT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	978,154.	681,905.	25,968.	129,402.	14,747.	1,830,176.	0.
10 JAMES P. DIXON II	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	473,183.	75,000.	12,594.	21,901.	13,917.	596,595.	0.
11 STEVEN C. PEDERSON	(ii)	0.	0.	0.	0.	0.	0.	0.
12 MICHAEL J. BECICH	(i)	441,424.	0.	600.	47,589.	15,711.	505,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	437,428.	0.	600.	40,704.	5,418.	484,150.	0.
13 MASSIMO M. TRUCCO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
14	(ii)							
15	(i)							
	(ii)							
	(i)							
16	(ii)							

AS A CONDITION OF EMPLOYMENT, THE CHANCELLOR IS REQUIRED TO LIVE IN A

RESIDENCE PROVIDED BY THE UNIVERSITY TO MEET WITH AND ENTERTAIN DONORS.

1

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information on Tax-Exempt Bonds**

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

 OMB No. 1545-0047

2010

Open to Public

Inspection

Name of the organization **Employer identification number** UNIVERSITY OF PITTSBURGH 25-0965591 Part I **Bond Issues** (a) Defeased (h) On behalf (c) CUSIP# (i) Pooled (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose of issuer financing No Yes I No Yes Yes No A SEE SCHEDULE K, PART V 25-0965591 91335VHP4 03/31/09 452,532,151. SEE SCHEDULE K, PART V Х Х Х 25-0965591 91335VFL5 306,735,020. SEE SCHEDULE K, PART V Х Х B SEE SCHEDULE K, PART V 12/17/08 Х 44,309,750. SEE SCHEDULE K, PART V Х C SEE SCHEDULE K, PART V 25-0965591 91335VFU5 01/27/09 Х Х 25-0965591 07/10/09 401,451,947. SEE SCHEDULE K, PART V Х Х D SEE SCHEDULE K, PART V 91335VDH6 Х Part II Proceeds С D Α В 1 Amount of bonds retired 2 Amount of bonds legally defeased 453,144,509 306,735,927 44.316.041 401,460,622. Total proceeds of issue Gross proceeds in reserve funds 3,272,266 Capitalized interest from proceeds 6 Proceeds in refunding escrows 2.375.498 744 124 221,250 1.004.898. Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds 251,338,151 1,792,598 4,111,766 1,234,685. Capital expenditures from proceeds Other spent proceeds 11 Other unspent proceeds 2008 2008 2009 Year of substantial completion Yes Yes No Yes No Yes No No 14 Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Х Х Х Х Х Has the final allocation of proceeds been made? Х Х Х Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Was the organization a partner in a partnership, or a member of an LLC, Α which owned property financed by tax-exempt bonds? Yes Yes No Yes Yes No No No Х Х Х X 2 Are there any lease arrangements that may result in private business use of Х Х Х X bond-financed property?

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► See separate instructions. ➤ Attach to Form 990.

OMB No. 1545-0047 2010 Open to Public

Inspection

Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Part I **Bond Issues** (a) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (c) CUSIP# (a) Issuer name (d) Date issued (e) Issue price (f) Description of purpose of issuer financing Yes No Yes No Yes No 116,024,640. SEE SCHEDULE K, PART V A SEE SCHEDULE K, PART V 25-0965591 91335VJJ6 05/26/11 Х Х Х 25-0965591 91335VJH0 05/06/10 119,921,040. SEE SCHEDULE K, PART V Х Х B SEE SCHEDULE K, PART V Х D Part II Proceeds С D Α В 1 Amount of bonds retired 2 Amount of bonds legally defeased 116,025,249 119,925,287 3 Total proceeds of issue 4 Gross proceeds in reserve funds **5** Capitalized interest from proceeds 6 Proceeds in refunding escrows 216,238 262.817. Issuance costs from proceeds 8 Credit enhancement from proceeds Working capital expenditures from proceeds 19,808,402, 49,533,118, Capital expenditures from proceeds Other spent proceeds 11 Other unspent proceeds 2011 2010 Year of substantial completion Yes No Yes No Yes No Yes No 14 Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Х Х Has the final allocation of proceeds been made? Х Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use В C D Was the organization a partner in a partnership, or a member of an LLC, Α which owned property financed by tax-exempt bonds? Yes No Yes No Yes No Yes No Х Х 2 Are there any lease arrangements that may result in private business use of Х Х bond-financed property?

Page 2

Par	Till Private Business Ose (Continued)	T	Α		E	,			`		
20	Are there any management or service contracts that may result in private	Yes	No	\dashv	Yes	No.		Yes	No	Yes	No No
Sa		X	NO	\dashv	X	INC	,	X	NO	x	NO
	business use of bond-financed property? Are there any research agreements that may result in private business use of	24		\dashv	Α			1		<u> </u>	+
D	· · · · · · · · · · · · · · · · · · ·	x			Х			x		x	
	bond-financed property?	21		\dashv	A			*		<u> </u>	
С	Does the organization routinely engage bond counsel or other outside										
	counsel to review any management or service contracts or research	x			х			x		x	
_	agreements relating to the financed property?	Α		\dashv	Λ	l		_ ^	<u> </u>	^	
4	Enter the percentage of financed property used in a private business use by		3.08	ا ,		1 2	٠,		0.4		10 0
_	entities other than a section 501(c)(3) organization or a state or local government		3.00	%		.13	%		%		.10 %
5	Enter the percentage of financed property used in a private business use as a										
	result of unrelated trade or business activity carried on by your organization,		0.0								
	another section 501(c)(3) organization, or a state or local government			%		- 10	<u>%</u>	ļ	%		9/
	Total of lines 4 and 5		3.08	%		.13	%		<u>%</u>		.10 %
7	Has the organization adopted management practices and procedures to										
	ensure the post-issuance compliance of its tax-exempt bond liabilities?	X			Х			Х		X	
Par	t IV Arbitrage							1		1	
		<u> </u>	<u> </u>	_	E			(Ť – – – – – – – – – – – – – – – – – – –		<u>D</u>
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	_	Yes	No		Yes	No	Yes	No
	Arbitrage Rebate, been filed with respect to the bond issue?		Х	_		Х			Х		Х
	Is the bond issue a variable rate issue?		Х		Х				Х	Х	
3а	Has the organization or the governmental issuer entered into a qualified										
	hedge with respect to the bond issue?		Х	_	Х				Х	Х	
b	Name of provider	N/A		_	BARCLAYS E			N/A		BARCLAYS	
c	Term of hedge					26.000	0000				32.750000
d	Was the hedge superintergrated?					Х					Х
е	Was the hedge terminated?					Х					Х
_4a	Were gross proceeds invested in a GIC?		Х			Х			X		Х
b	Name of provider										
c	Term of GIC										
	Was the regulatory safe harbor for establishing the fair market value of the										
	GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		Х			Х			Х		Х
6	Did the bond issue qualify for an exception to rebate?	Х			Х			Х		Х	
Par	t V Supplemental Information. Complete this part to provide additional information for re	esponses to	questions of	on S	Schedule K.						

ENTITY

UNIVERSITY OF PITTSBURGH 25-0965591

Schedule K (Form 990) 2010 Page 2 Part III Private Business Use (Continued) В С D Α **3a** Are there any management or service contracts that may result in private Yes No Yes No Yes No Yes No business use of bond-financed property? ... **b** Are there any research agreements that may result in private business use of Х Х bond-financed property? c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research Х Х agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 % % 7 Has the organization adopted management practices and procedures to Х Х ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage В D 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Yes No Yes No Yes No Yes No Х Х Arbitrage Rebate, been filed with respect to the bond issue? Х Х 2 Is the bond issue a variable rate issue? ... 3a Has the organization or the governmental issuer entered into a qualified Х Х hedge with respect to the bond issue? N/A **b** Name of provider c Term of hedge **d** Was the hedge superintergrated? **e** Was the hedge terminated? Х Х **4a** Were gross proceeds invested in a GIC? **b** Name of provider c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? **5** Were any gross proceeds invested beyond an available temporary period? 6 Did the bond issue qualify for an exception to rebate?

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

SCHEDULE K PART I BOND ISSUES

COLUMN (F) - DESCRIPTION OF PURPOSE

A-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER

EDUCATION- UNIVERSITY REFUNDING BONDS, SERIES A OF 2009 AND UNIVERSITY

CAPITAL PROJECT BONDS SERIES B OF 2009

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. B-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION UNIV. CAPITAL PROJECT AND REFUNDING BONDS SERIES 2000A 2002B, 2005ABC; DECEMBER 2008 CONVERSION BONDS C-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION- UNIVERSITY CAPITAL PROJECT AND REFUNDING BONDS. SERIES A OF 2002; JANUARY 2009 CONVERSION BONDS D-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION2009 INTEREST RATE MODE CONVERSION BONDS; JULY 2009 CONVERSION BONDS E-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION- PITT ASSET NOTES- TAX-EXEMPT HIGHER EDUCATION REGISTERED SERIES OF 2011; PANTHERS F-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION- PITT ASSET NOTES- TAX-EXEMPT HIGHER EDUCATION REGISTERED SERIES OF 2010; PANTHERS SCHEDULE K PART I BOND ISSUES COLUMN (F) - DESCRIPTION OF PURPOSE A-FINANCE CAPITAL PROJECTS; REFUNDING OF SERIES 2007 A BONDS ISSUED 3/8/2007 B-UNIV. CAPITAL PROJECT AND REFUNDING BONDS SERIES 2000A, 2002B, SERIES 2005ABC;12/17/2008 PAR: 84,700,000 NAME: SERIES A OF 2000 ORIGINAL PURPOSE: REFUNDED SERIES 1985 B, 1985C AND 1989 A BONDS STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION"

Schedule K (Form 990) 2010 UNIVERSITY OF PITTSBURGH 25-0965591 Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. PAR: 40,000,000 NAME: SERIES A OF 2002 ORIGINAL PURPOSE: REFUNDED 35% OF THE SERIES 1992 A AND 1992 B BONDS STATUS: REISSUED ON 01/27/09 "UNIVERSITY CAPITAL PROJECT AND REFUNDING BONDS, SERIES A OF 2002" PAR: 29,500,000 NAME: SERIES B OF 2002 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION" PAR: 75,000,000 NAME: SERIES A OF 2005 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: REISSUED ON 07/10/09 "2009 INTEREST RATE CONVERSION" PAR: 45,000,000 NAME: SERIES B OF 2005 ORIGINAL PURPOSE: CAPITAL PROJECT BONDS STATUS: N/A PAR: 30,000,000 NAME: SERIES C OF 2005

ORIGINAL PURPOSE: CAPITAL PROJECT BONDS

STATUS: N/A

C-INTEREST RATE MODE CHANGE FOR SERIES 2002 A BONDS

F-FINANCE CAPITAL EQUIPMENT

SCHEDULE K PART III, LINE 4

PERCENTAGE OF PRPOERTY USED IN A PRIVATE BUSINESS USE

PRIVATE BUSINESS USE AT THE UNIVERSITY IS TRACKED BY SERIES.

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. DEBT DESCRIPTION: SERIES 2007 B BONDS ISSUED DATE: 3/8/2007 ORIGINAL AMOUNT OF ISSUE: \$255,000,000 AMOUNT OF ISSUE OUTSTANDING: AS OF JUNE 30, 2011:\$104,621,000 PERCENTAGE OF PRIVATE BUSINESS USE:0.13% DEBT DESCRIPTION: SERIES 2005 A/B/C BONDS ISSUED DATE: 3/23/2005 ORIGINAL AMOUNT OF ISSUE: \$150,000,000 AMOUNT OF ISSUE OUTSTANDING: AS OF JUNE 30, 2011:\$150,000,000 PERCENTAGE OF PRIVATE BUSINESS USE:0.10% SCHEDULE K PART IV, LINE 3B&3C, HEDGE PROVIDER AND TERM OF HEDGE COLUMN B: SWAPS WERE IDENTIFIED ON 12/17/08; AND REIDENTIFIED ON 07/10/09. NOTIONAL MATURITY DATE EFFECTIVE DATE COUNTERPARTY \$7,500,000 9/15/2031 9/15/2013 BARCLAYS BANK \$7,500,000 9/15/2036 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2037 9/15/2013 BARCLAYS BANK \$20,000,000 9/15/2039 9/15/2013 BARCLAYS BANK

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.						
COLUMN D:						
SWAPS WERE IDENTIFIED ON 12/17/08; AND REIDENTIFIED ON 07/10/09.						
NOTIONAL	MATURITY DATE	EFFECTIVE DATE	COUNTERPARTY			
\$7,500,000	9/15/2031	9/15/2013	BARCLAYS BANK			
\$7,500,000	9/15/2036	9/15/2013	BARCLAYS BANK			
\$20,000,000	9/15/2037	9/15/2013	BARCLAYS BANK			
\$20,000,000	9/15/2039	9/15/2013	BARCLAYS BANK			
\$20,000,000	9/15/2040	12/5/2008	BARCLAYS BANK			
\$24,621,000	9/15/2041	12/5/2008	BARCLAYS BANK			

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number Name of the organization UNIVERSITY OF PITTSBURGH 25-0965591 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (b) Loan to or from (a) Name of interested (c) Original principal (d) Balance due (e) In (g) Written by board or person and purpose the organization? amount default? agreement? committee? Yes То From No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of assistance the organization LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010	ing Interested Develop				Page 2
Part IV Business Transactions Involv	•	00h au 00a			
Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization		(d) Description of transaction		aring of zation's nues?
				Yes	No
SEE SCH. L PART V	N/A	0.	N/A		Х
Part V Supplemental Information Complete this part to provide additional	I al information for responses to question	ons on Schedule L (see	instructions).	l	
SCHEDULE L PART IV			,		
BUSINESS TRANSACTIONS INVOLVING INTERES	STED PERSONS				
(A) NAME OF INTERESTED PERSON: JOSHUA	COCHRAN				
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION: FAMIL	LY			
MEMBER OF JEROME COCHRAN, EXECUTIVE VI	CE CHANCELLOR				
(C) AMOUNT OF TRANSACTION: \$55,137					
(D) DESCRIPTION OF TRANSACTION: EMPLO	MENT				
(E) SHARING OF ORGANIZATION'S REVENUES	? NO				
(A) NAME OF INTERESTED PERSON: ERIN NO	DRDENBERG				
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION: FAMIL	LY			
MEMBER OF MARK NORDENBERG, CHANCELLOR					
(C) AMOUNT OF TRANSACTION: \$62,838					
(D) DESCRIPTION OF TRANSACTION: EMPLO	MENT				
(E) SHARING OF ORGANIZATION'S REVENUES	? NO				
(A) NAME OF INTERESTED PERSON: ANITA	P. COURCOULAS, MD				
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION: FAMIL	, Y			
MEMBER OF IRA J. GUMBERG, TRUSTEE.					

032132 12-21-10 Schedule L (Form 990 or 990-EZ) 2010

(C) AMOUNT OF TRANSACTION: \$210,553

Schedule L (Form 990 or 990-EZ) 2010 UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see ins	structions).	
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
12/ 2/11/11/2019 12/ 2/12/2019 13/		
(A) NAME OF INTERESTED PERSON: MARYJEAN LOVETT		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY		
MEMBER OF ROBERT G. LOVETT, MEMBER OF THE BOARD OF TRUSTEES		
(C) AMOUNT OF TRANSACTION: \$13,890		
(c) Intotal of Humbhollon, \$15,000		
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: WERNER TROESKEN		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY		
(b) Remitted Fill Britain Fill		
MEMBER OF PATRICIA E. BEESON, PROVOST AND SENIOR VICE CHANCELLOR.		
(C) AMOUNT OF TRANSACTION: \$167,199		
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: BANK OF NEW YORK MELLON		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:		
CHANCELLOR MARK NORDENBERG SERVES ON THE BOARD OF DIRECTORS OF BANK OF		
NEW YORK MELLON		
(C) AMOUNT OF TRANSACTION: \$1,784,729		
(c) Intotal of Humbhollon, \$1,701,725		
(D) DESCRIPTION OF TRANSACTION: BANKING SERVICES (PRIMARILY CUSTODIAL		
ARRANGEMENTS)		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: PEOPLE'S NATURAL GAS COMPANY		
(1) THE ST TRIBUDIES TENDON, THOUGH OF MITORIA ON COMPANY		

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE 032461 09-23-10

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010 UNIVERSITY OF PITTSBURGH	25-0965591	Page 2
Part V Supplemental Information		<u> </u>
Complete this part to provide additional information for responses to questions on Schedule L (see inst	ructions).	
	<u></u>	
MORGAN O'BRIEN IS THE CEO AND SERVES ON THE BOARD OF DIRECTORS AT		
PEOPLE'S NATURAL GAS COMPANY.		
(C) AMOUNT OF TRANSACTIONS: \$882,968		
<u> </u>		
(D) DESCRIPTION OF TRANSACTION: UTILITY SERVICE		
(b) bedatified of indubition. Cities beloved		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(E) SHAKING OF ORGANIZATION B REVENUES: NO		
/ A \ NAME OF THEODOGRAP DEDGON DARWING DANAMA GENERAL		
(A) NAME OF INTERESTED PERSON: PARKHURST DINING SERVICES		
/->		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
SUZANNE W. BROADHURST SERVES ON THE BOARD OF DIRECTORS OF PARKHURST		
DINING SERVICES.		
(C) AMOUNT OF TRANSACTION: \$416,318		
(D) DESCRIPTION OF TRANSACTION: FOOD SERVICE		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
(A) NAME OF INTERESTED PERSON: PNC BANK		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
EVA TANSKY BLUM SERVES AS THE SENIOR VICE PRESIDENT. TRUSTEE SY HOLZER		
SERVES AS PRESIDENT OF PNC BANK - PITTSBURGH. TRUSTEE THOMAS H.		
O'BRIEN SERVES AS A DIRECTOR OF BLACKROCK, INC.		
(C) AMOUNT OF TRANSACTION: \$276,806		
(c) Intotal of Humbhellon, \$270,000		
(D) DESCRIPTION OF TRANSACTION: BANKING SERVICE		
(D) DESCRIPTION OF TRANSACTION: DANKING SERVICE		
(E) GUADING OF ORGANIZATION'S DEVENUESS NO		
(E) SHARING OF ORGANIZATION'S REVENUES? NO		
/->		
(A) NAME OF INTERESTED PERSON: VERIZON COMMUNICATIONS, INC.		
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE		
THOMAS H O'BRIEN SERVES ON THE BOARD OF DIRECTORS OF VERIZON		

COMMUNICATIONS, INC. U32461 09-23-10

Schedule L (Form 990 or 990-EZ) 2010

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

Pa	rt I Types of Property							
	·	(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de			
		applicable	contributions or	amounts reported on	noncash contribu	ıtion a	mount	S
4	Aut. Moules of out	X	nterns contributed	Form 990, Part VIII, line 19	WRITTEN APPRAISA	т.		
1	Art - Works of art	Α	_	10,000.	WKIIIEN AIIKAISA			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		77,765.	WRITTEN APPRAISA	L		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	99	8,354,737.	MEAN VALUE DATE	REC'	D	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	I Bakada akusak maa							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							—
17	Real estate - Other							
18	Collectibles							
19	Food inventory		-	10.050				
20	Drugs and medical supplies	Х	1	18,252.	WRITTEN APPRAISA	Ь		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GLASS FOR DUR)	X	1	, -	WRITTEN APPRAISA	L		
26	Other (BALDWIN BABY)	X	1	_ , , , , , ,	WRITTEN APPRAISA			
27	Other (DINNER FOR HO)	X	1		WRITTEN APPRAISA	L		
28	Other (CHARTER AND C)	Х	1	8,985.	WRITTEN APPRAISA	L		
29	Number of Forms 8283 received by the organization	zation during	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			11	
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property re	oorted in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	oolicy that re	equires the review	of any non-standard contril	outions?	31	х	
	Does the organization hire or use third parties							
			_			32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is c	hecked			
	describe in Part II.	23.0 (0) 1	2. 4 1, po oi propo	,	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2010)

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
PETROLEUM CLUB OF HOUSTON DINNER
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6076.
(D) METHOD OF DETERMINING REVENUE: WRITTEN APPRAISAL
AAAC HOSTED DINNER
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1601.
(D) METHOD OF DETERMINING REVENUE: WRITTEN APPRAISAL
FOUR STEELER TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.
(D) METHOD OF DETERMINING REVENUE: FMV
ONE STEELERS TICKET
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTORS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 203.
(D) METHOD OF DETERMINING REVENUE: FMV

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010
Open to Public Inspection

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	25-0965591
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE UNIVERSITY OF PITTSBURGH, FOUNDED IN 1787, IS ONE OF THE OLDEST	
INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES AND ONE OF THE	
NATION'S TOP PUBLIC RESEARCH UNIVERSITIES. FOR MORE THAN TWO	
CENTURIES, THE UNIVERSITY OF PITTSBURGH HAS SERVED THE NEEDS OF ITS	
HOME REGION, THE COMMONWEALTH OF PENNSYLVANIA, AND THE NATION AS A	
LEADER IN EDUCATION, A PIONEER IN RESEARCH AND A PARTNER IN COMMUNITY	
SERVICE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
EXPENSES GRANTS REVENUE	
STUDENT SERVICES 121,540,041	
SCHOLARSHIPS AND FELLOWSHIPS 150,822,513 150,822,513	
AUXILIARY ENTERPRISES 109,476,000 112,458,228	
LIBRARIES 48,670,558	
PUBLIC SERVICE 96,498,830 784,153	
EXP. \$ 527,007,942. INCL GRANTS OF \$ 151,606,666. REVENUE \$ 112,458,228.	
FORM OOD DARM UT COUNTON A TIME 2. VETMU E COURDED AND CAM C	
FORM 990, PART VI, SECTION A, LINE 2: KEITH E. SCHAEFER AND SAM S.	
ZACHARIAS HAVE A BUSINESS RELATIONSHIP (ONE ON THE BOARD OF DIRECTORS OF	
OTHER'S EMPLOYER; RELATIONSHIP CEASED IN JANUARY 2011).	
ROBERT A. PAUL AND WILLIAM K. LIEBERMAN HAVE A BUSINESS RELATIONSHIP (ONE	
ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

UNIVERSITY OF PITTSBURGH	25-0965591
EVA TANSKY BLUM, SY HOLZER, AND THOMAS H. O'BRIEN HAVE A BUSINESS	
RELATIONSHIP (ALL ARE OFFICERS AND/OR SERVE ON THE SAME BOARD OF DIRECTORS	
OF AN OUTSIDE ORGANIZATION).	
GEORGE L. MILES, JR., AND JOHN H. PELUSI, JR. HAVE A BUSINESS RELATIONSHIP	
(BOTH SERVE ON THE SAME BOARD OF DIRECTORS OF AN OUTSIDE ORGANIZATION).	
ROBERT M. HERNANDEZ AND DAWNE S. HICKTON HAVE A BUSINESS RELATIONSHIP (ONE	
ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).	
JOHN J. VERBANAC AND CHARLES R. ZAPPALA HAVE A BUSINESS RELATIONSHIP (BOTH	
HAVE AN OWNERSHIP IN THE SAME BUSINESS).	
EVA TANSKY BLUM AND BURTON M. TANSKY HAVE A FAMILY RELATIONSIHP.	
FORM 990, PART VI, SECTION A, LINE 7A: YES. UNDER THE COMMONWEALTH ACT OF	
1966 (THE "ACT"), TWELVE OF THE TRUSTEES ARE DESIGNATED AS COMMONWEALTH	
TRUSTEES. FOUR ARE APPOINTED BY THE GOVERNOR, WITH ADVICE AND CONSENT OF	
TWO-THIRDS OF ALL MEMBERS OF THE SENATE. FOUR ARE APPOINTED BY THE	
PRESIDENT PRO TEMPORE OF THE SENATE. FOUR ARE APPOINTED BY THE SPEAKER OF	
THE HOUSE OF REPRESENTATIVES.	
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO THE MAY 8, 2012 MEETING OF	
THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, A COPY OF THE DRAFT IRS FORMS	
990 AND 990-T FOR FISCAL YEAR 2011 WAS DISTRUBUTED TO EACH COMMITTEE	
MEMBER. AT THE MAY 8 MEETING, THE CHIEF FINANCIAL OFFICER OF THE	
UNIVERSITY REVIEWED BOTH FORMS WITH THE AUDIT COMMITTEE. VOTING MEMBERS OF	
THE COMMITTEE INCLUDE OUTSIDE DIRECTORS. WHILE NONVOTING MEMBERS INCLUDE	

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
SENIOR UNIVERSITY ADMINISTRATORS AS WELL AS STUDENT, FACULTY, AND STAFF	
REPRESENTATIVES. THE REVIEW INCLUDED A DISCUSSION OF EACH SIGNIFICANT	
SECTION OF THE TWO FORMS, HIGHLIGHTING RELEVANT CHANGES IN REQUIRED	
REPORTING AND ANY SIGNIFICANT VARIATIONS FROM PREVIOUS FILINGS. COMMITTEE	
MEMBERS WERE FREE TO ASK QUESTIONS AND PROVIDE FEEDBACK. SUBSEQUENT TO THE	
AUDIT COMMITTEE'S REVIEW, A COPY OF FORM 990 WAS MADE AVAILABLE TO EACH	
MEMBER OF THE ENTIRE BOARD OF TRUSTEES AND ALSO MADE AVAILABLE FOR PUBLIC	
INSPECTION.	
FORM 990, PART V, LINE 4B	
FOREIGN COUNTRIES	
PER FORM TD F 90-22.1, LINE 14, THE UNIVERSITY HAS AN INTEREST IN, OR	
SIGNATURE OR OTHER AUTHORITY OVER, MORE THAN 25 FINANCIAL ACCOUNTS IN	
FOREIGN COUNTRIES.	
FORM 990, PART VI, SECTION B, LINE 12C: THE UNIVERSITY'S CONFLICT OF	
INTEREST POLICY FOR TRUSTEES APPLIES TO MEMBERS OF THE UNIVERSITY'S BOARD	
OF TRUSTEES ("BOARD") WHO ARE ENTITLED TO VOTE AT BOARD MEETINGS. SUCH	
MEMBERS OF THE BOARD ARE REQUIRED ANNUALLY TO DISCLOSE AFFILIATIONS THEY	
(OR THEIR SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER HALF OR WHOLE	
BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) HAVE WITH ANY ORGANIZATION WITH	
WHICH THERE IS A REASONABLE POSSIBILITY THE UNIVERSITY MAY HAVE BUSINESS	
DEALINGS. FURTHER, SUCH MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE	
TRANSACTIONS AND PROPOSED TRANSACTIONS (EXCLUSIVE OF TRANSACTIONS BETWEEN	
THE UNIVERSITY AND ITSELF OR A CLOSE AFFILIATE, OR FOR WHICH THE UNIVERSITY	

PITT___2

032212 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
WILL RECEIVE COMPETITIVE BIDS FROM TWO OR MORE COMPANIES, OR THAT INVOLVE	
THE RENDERING OF SERVICES OF A COMMON CARRIER, CONTRACT CARRIER OR PUBLIC	
UTILITY AT RATES/CHARGES FIXED IN CONFORMITY WITH LAW OR GOVERNMENTAL	
AUTHORITY, OR THAT INVOLVE SERVICES OF A BANK DEPOSITARY OF FUNDS, TRANSFER	
AGENT, REGISTRAR OR TRUSTEE UNDER TRUST INDENTURE, OR SIMILAR SERVICES)	
WHEN THEY FIRST RECEIVE KNOWLEDGE OF THE SAME AND AS THEY ARISE BETWEEN THE	
UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE TRUSTEE (OR THEIR	
SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER HALF OR WHOLE	
BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) OR AN ORGANIZATION WITH WHICH THE	
TRUSTEE (OR THEIR SPOUSE, ANCESTORS, BROTHERS AND SISTERS (WHETHER HALF OR	
WHOLE BLOOD), CHILDREN (WHETHER NATURAL OR ADOPTED), GRANDCHILDREN,	
GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN,	
GRANDCHILDREN, AND GREAT-GRANDCHILDREN) IS AFFILIATED WHEN THE AMOUNT	
INVOLVED DOES OR IS LIKELY TO EXCEED \$50,000. IF POSSIBLE, DISCLOSURES ARE	
TO BE MADE PRIOR TO ANY SUCH TRANSACTION.	
THE REQUIRED ANNUAL DISCLOSURES ARE SUBMITTED TO THE UNIVERSITY'S OFFICE OF	
SECRETARY AND FORWARDED TO THE UNIVERSITY'S OFFICE OF GENERAL COUNSEL. THE	
OFFICE OF GENERAL COUNSEL THEN CONDUCTS AN EXTENSIVE REVIEW, WHICH REVIEW	
INCLUDES A SURVEY OF VARIOUS OFFICES OF THE UNIVERSITY, WITH REGARD TO	
RELEVANT BUSINESS RELATIONSHIPS OF THE UNIVERSITY AND THE MEANS BY WHICH	
THOSE RELATIONSHPS WERE FORMULATED AND CONTINUE. THE RESULTS OF THAT	
EXTENSIVE REVIEW ARE SHARED BY THE OFFICE OF SECRETARY WITH THE BOARD'S	
CONFLICT OF INTEREST COMMITTEE. THE BOARD'S CONFLICT OF INTEREST COMMITTEE	
CONSISTS OF THREE MEMBERS OF THE BOARD, AND INCLUDES THE CHAIRPERSON OF THE	
BOARD, THE CHAIRPERSON OF THE BOARD'S BUDGET COMMITTEE AND THE CHAIRPERSON	
032212 01-24-11 1 0 7	Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
OF THE BOARD'S AUDIT COMMITTEE.	
THOSE DISCLOSURES OF TRANSACTIONS AND PROPOSED TRANSACTIONS MADE BY BOARD	
MEMBERS, AS THEY ARISE, HAVE BEEN DIRECTED TO THE OFFICE OF SECRETARY. THAT	
OFFICE, IN CONSULTATION WITH OTHER UNIVERSITY OFFICES- INCLUDING THE	
UNIVERSITY'S OFFICE OF GENERAL COUNSEL- AS NECESSARY, HAS REVIEWED THEM FOR	
POTENTIAL CONFLICTS.	
ANY APPLICABLE MEMBER OF THE BOARD WHO IS A PARTY TO, OR IS AFFILIATED WITH	
AN ORGANIZATION THAT IS A PARTY TO, AN APPLICABLE TRANSACTION WITH THE	
UNIVERSITY MAY NOT PARTICIPATE IN ANY CONSIDERATION OR ACTION BY THE BOARD	
RELATING TO THE MATTER, OTHER THAN TO MAKE A BRIEF POSITION STATEMENT AND	
ANSWER PERTINENT QUESTIONS OTHER BOARD MEMBERS MIGHT HAVE. ADDITIONALLY,	
THOSE UNIVERSITY EMPLOYEES WHO ARE RESPONSIBLE FOR ACQUIRING GOODS OR	
SERVICES ON THE UNIVERSITY'S BEHALF - TO THE EXTENT THEY ARE AWARE, AT ALL,	
OF A RELEVANT BOARD MEMBER'S AFFILIATION - DO SO EXCLUSIVELY BASED UPON THE	
UNIVERSITY'S BEST BUSINESS INTERESTS, INCLUDING CONSIDERATION OF SUCH	
FACTORS AS EVALUATION AND RE-EVALUATION OF THE COST AND QUALITY AND	
ARMS-LENTH NEGOTIATION OF THE TERMS.	
THE UNIVERSITY HAS SEPARATE CONFLICT OF INTEREST POLICIES APPLICABLE TO	
EMPLOYEES, INCLUDING THOSE WHO ARE OFFICERS OF THE UNIVERSITY. ALL	
UNIVERSITY EMPLOYEES ARE REQUIRED TO DISCLOSE TRANSACTIONS AND PROPOSED	
TRANSACTIONS AS THEY ARISE BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON	
THE OTHER HAND, THE EMPLOYEE (OR AN IMMEDIATE FAMILY MEMBER OF THE	
EMPLOYEE) OR AN ORGANIZATION IN WHICH THE EMPLOYEE (OR AN IMMEDIATE FAMILY	
MEMBER OF THE EMPLOYEE) HAS A FINANCIAL INTERST, WHEN THE AMOUNT INVOLVED	
DOES OR IS LIKELY TO EXCEED \$500.	

Name of the organization **Employer identification number** UNIVERSITY OF PITTSBURGH 25-0965591 ADDITIONALLY, UNIVERSITY STAFF AND ADMINISTRATORS ABOVE A CERTAIN JOB CLASSIFICATION LEVEL - WHICH, AS A PRACTICAL MATTER, INCLUDES ALL OF THE UNIVERSITY'S EMPLOYEE/OFFICERS - MUST MAKE ADDITIONAL DISCLOSURES. FIRST THOSE INDIVIDUALS MUST DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE EMPLOYEE (OR SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS WELL AS SIBLINGS, PARENT, AND NON-DEPENDENT CHILDREN - INCLUDING STEP AND IN-LAW VARIANTS - IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELATIVE IS LIKELY TO OR WILL BENEFIT) OR AN ORGANIZATION IN WHICH ANY OF THE FOREGOING IS AFFILIATED WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED \$500. FUTHER THOSE EMPLOYEES MUST ANNUALLY DISCLOSE AFFILIATIONS THEY (OR SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS WELL AS SIBLINGS PARENTS, AND NON-DEPENDENT CHILDREN - INCLUDING STEP AND IN-LAW VARIANTS -IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELATIVE IS LIKELY TO OR WILL BENEFIT) HAVE WITH ANY ORGANIZATION WITH WHICH THERE IS A REASONABLE POSSIBILITY THE UNIVERSITY MAY HAVE HAD BUSINESS DEALINGS IN THE PAST YEAR OR WITH WHICH THERE IS A REASONABLE POSSIBILITY THE UNIVERSITY MAY HAVE BUSINESS DEALINGS IN THE NEXT YEAR. ALL DISCLOSURES REQUIRED OF UNIVERSITY EMPLOYEES ARE TO BE MADE TO THE NEXT HIGHER ADMINISTRATOR IN THE EMPLOYEE'S SUPERVISORY LINE (IN THE CASE OF THE UNIVERSITY'S CHANCELLOR, SUCH DISCLOSURES ARE MADE TO THE UNIVERSITY SECRETARY). THE RECIPIENT OF SUCH INFORMATION REVIEWS SUCH DISCLOSURES FOR REAL, APPARENT OR POTENTIAL CONFLICTS OF INTEREST AND THEN RECOMMENDS AND INITIATES SUCH ACTION AS IS NECESSARY TO RESOLVE THE SAME. ANY RELEVANT EMPLOYEE WHO DISAGREES WITH THE RECOMMENDATION FOR RESOLVING CONFLICTS MADE BY HIS/HER REVIEWING ADMINISTRATOR MAY APPEAL TO THE NEXT HIGHER

Name of the organization UNIVERSITY OF PITTSBURGH	25-0965591
ADMINISTRATOR IN THE SUPERVISORY LINE. IN ANY EVENT, EMPLOYEES ARE	
PROHIBITED FROM EXERCISING ANY UNIVERSITY DECISION-MAKING AUTHORITY OR FROM	
EXERTING INFLUENCE CONCERNING ANY ORGANIZATION OR TRANSACTION IN WHICH THEY	
OR A FAMILY MEMBER HAVE A PERSONAL INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF TRUSTEES, BY	
RESOLUTION OF JUNE 13, 1991 (AMENDED JUNE 19, 1992), ESTABLISHED THE	
COMPENSATION COMMITTEE AS A STANDING COMMITTEE OF THE BOARD. THE	
COMPENSATION COMMITTEE IS AUTHORIZED TO DETERMINE THE CHANCELLOR'S	
COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES. UPON THE	
RECOMMENDATION OF THE CHANCELLOR, THE COMPENSATION COMMITTEE ALSO REVIEWS	
THE COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES, OF THE	
OFFICERS OF THE UNIVERSITY, EXCEPT ASSISTANT TREASURERS AND ASSOCIATE	
SECRETARIES.	
THE COMPENSATION COMMITTEE IS COMPRISED OF THE CHAIRPERSON OF THE BOARD,	
THE CHAIR OF THE BUDGET COMMITTEE OF THE BOARD, AND OTHER TRUSTEES. NO	
TRUSTEE SERVING ON THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST	
WITH RESPECT TO THE CHANCELLOR'S OR OFFICERS' COMPENSATION ARRANGEMENTS.	
TO ASSIST THE COMPENSATION COMMITTEE IN MEETING ITS RESPONSIBILITES, THE	
SERVICES OF A GLOBAL PROFESSIONAL SERVICES FIRM ARE USED FOR COMPENSATION	
CONSULTING AND MARKET RESEARCH. THAT FIRM PROVIDES THE COMPENSATION	
COMMITTEE WITH COMPENSATION DATA FROM A GROUP OF COMPARABLE U.S. RESEARCH	
INSTITUTIONS. THE OFFICERS' COMPENSATION IS BENCHMARKED AGAINST THESE	
INSTITUTIONS.	

MINUTES OF THE COMPENSATION COMMITTEE'S MEETINGS ARE MAINTAINED IN THE

032212 01-24-11

Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
OFFICE OF THE SECRETARY OF THE BOARD OF TRUSTEES. ACCESS TO MINUTES OF ALL	
PUBLIC MEETINGS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES ARE AVAILABLE	
TO THE PUBLIC.	
FORM 990, PART VI, SECTION C, LINE 19: ALL RELEVANT DOCUMENTS, INCLUDING	
THE CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE MADE	
AVAILABLE TO THE PUBLIC VIA THE UNIVERSITY'S WEB SITE AND/OR BY REQUEST.	
FORM 990, PART VI, SECTION B, LINE 13 AND 14	
WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY	
THE UNIVERSITY HAS A WHISTLEBLOWER AND DOCUMENT RETENTION AND	
DESTRUCTION POLICY. HOWEVER, THE POLICIES HAVE NOT BEEN ADOPTED BY THE	
BOARD OF TRUSTEES.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
UNREALIZED GAINS/(LOSSES) ON INVESTMENTS 338,053,597.	
UNREALIZED GAINS/(LOSSES) ON INVESTMENTS	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

2010
Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

(a)	(b)	(c)	(d)	(e)		(e) (f)		(f)					
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome			f-year assets Direct con entit		9				
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization	answered "Yes" to Form 990), Part IV, line 34 b	ecause	it had one o	or more r	related tax-exer	mpt					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Exempt Code Pu section state		tus (if section		Public charity Dire		xempt Code Public charity		(f) et controlling entity		g) 512(b)(13) rolled tity?
UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL	TO INTEGRATE FUNDRAISING							1					
AND HEALTH SCIENCES FOUNDATION - 1, 3600	FOR THE UNIVERSITY OF												
FORBES AVE, SUITE 8084 FORBES TOWER,	PITTSBURGH AND UPMC	PENNSYLVANIA	501(C)(3)	11A					х				
			1										
BRADFORD EDUCATIONAL FOUNDATION - 25-1399653													
	TO SUPPORT THE UNIVERSITY												
00 CAMPUS DRIVE	TO SUPPORT THE UNIVERSITY OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	11C					х				
300 CAMPUS DRIVE BRADFORD, PA 16701	4	PENNSYLVANIA	501(C)(3)	11C					х				
BOO CAMPUS DRIVE BRADFORD, PA 16701 THE UPG FOUNDATION - 25-1571569	OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	11C					х				
BRADFORD EDUCATIONAL FOUNDATION - 25-1399653 300 CAMPUS DRIVE BRADFORD, PA 16701 THE UPG FOUNDATION - 25-1571569 150 FINOLI DRIVE GREENSBURG, PA 15601	OF PITTSBURGH AT BRADFORD ENHANCE AND IMPROVE THE	PENNSYLVANIA PENNSYLVANIA	501(C)(3) 501(C)(3)	11c					x				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

25-1513720, 266 BLACKINGTON HALL, JOHNSTOWN,

Schedule R (Form 990) 2010

Х

PA 15904

PENNSYLVANIA

501(C)(3)

11C

EXCLUSIVELY IN CONNECTION

WITH JOHNSTOWN CAMPUS

Schedule R (Form 990) UNIVERSITY OF PITTSBURGH 25-0965591

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	Section 5 contr organiz	
				501(c)(3))		Yes	No
EYE AND EAR FOUNDATION - 25-1439732	ADVANCE EFFORTS OF						
BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST, S	OTOLARYNGOLOGY AND						
PITTSBURGH, PA 15213	OPTHALMOLOGY DEPARTMENTS	PENNSYLVANIA	501(C)(3)	11C			Х
UNIVERSITY OF PITTSBURGH TRUST - 25-1465279	OVERSIGHT OF CERTAIN						
5TH AVE AND BIGELOW	UNIVERSITY AFFILIATED						
PITTSBURGH, PA 15260	ENTITIES AND ASSETS	PENNSYLVANIA	501(C)(3)	11C			Х
UNIVERSITY DENTAL HEALTH SERVICES -	TO PROVIDE TEACHING AND						
25-1762396, 3501 TERRACE STREET, PITTSBURGH,	PATIENT CARE IN A TEACHING						
PA 15261	AND RESEARCH SETTING	PENNSYLVANIA	501(C)(3)	3			Х
PITTSBURGH SKIN & CANCER FOUNDATION -	SUPPORT OF PROGRAMS,						
25-0965472, 190 LOTHROP STREET STE 145,	RESEARCH, AND EDUCATION						
PITTSBURGH, PA 15213	WITHIN DERMATOLOGY	PENNSYLVANIA	501(C)(3)	7			х
PITTSBURGH TISSUE ENGINEERING INITIATIVE							
INC 25-1789285, 100 TECHNOLOGY DRIVE NO	FOSTER RESEARCH PERTAINING						
200, PITTSBURGH, PA 15219	TO TISSUE ENGINEERING	PENNSYLVANIA	501(C)(3)	11A			Х
MPC CORPORATION - 25-1128244	RESEARCH ACTIVITIES TO AID						
5000 FORBES AVENUE	EDUCATIONAL AND ECONOMIC						
PITTSBURGH, PA 15213	DEVELOPMENT IN PA	PENNSYLVANIA	501(C)(3)	11A			х
	1						
-	1						
	1						
	1						
	1						
	1						
	1						
	-						
-							
	-						
-	-						
			-				

032222 12-30-10 113

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	l .	portion-	Code V-UBI	Gener	al or F	Percentage ownership
or related organization		(state or foreign	entity					excluded from tax under	der assets		cations?		partner?		ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No				
										H	_				
	l .		l.	1											

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
TSH CORPORATION - 25-1520417							
124 CATHEDRAL OF LEARNING	REPRESENTATIVE						
PITTSBURGH, PA 15260	OFFICE- BEIJING	PA		C CORP			5.00%
FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN							
5TH AVE AND BIGELOW	1						
PITTSBURGH, PA 15260	DORMANT	PA		C CORP			100.00%
SCHENLEY PARK APARTMENTS COMPANY - EIN UNKNOWN							
5TH AVE AND BIGELOW]						
PITTSBURGH, PA 15260	DORMANT	PA		C CORP			100.00%
CARILLO STEAM PRODUCTION ASSOCIATION, LLC -	SERVICE CORPORATION						
27-1073489, 400 EUREKA BUILDING, 3400 FORBES AVENUE,	TO MANAGE THE STEAM						
PITTSBURGH, PA 15260	PLANT	PA		C CORP			75.00%
	11	<u> </u>					

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

b	Gift, grant, or capital contribution to other organization(s)				1b		X		
c Gift, grant, or capital contribution from other organization(s)									
d Loans or loan guarantees to or for other organization(s)									
е	Loans or loan guarantees by other organization(s)				1e		Х		
f	Sale of assets to other organization(s)				1f		X		
g	Purchase of assets from other organization(s)				1g		X		
h Exchange of assets									
i Lease of facilities, equipment, or other assets to other organization(s)									
j Lease of facilities, equipment, or other assets from other organization(s)									
k	Performance of services or membership or fundraising solicitations for other organization(s)				1k		X		
1	Performance of services or membership or fundraising solicitations by other organization(s)				11	Х			
m	n Sharing of facilities, equipment, mailing lists, or other assets				1m	Х			
	Sharing of paid employees				1n	Х			
0	Reimbursement paid to other organization for expenses				10	Х			
р	Reimbursement paid by other organization for expenses				1 p	Х			
q	Other transfer of cash or property to other organization(s)				1q		X		
	Other transfer of cash or property from other organization(s)				1r		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must	complete th	nis line, including covered	relationships and transaction thresholds.					
		(b)	(c)	(d)					
	_ · · · · · ·	saction	Amount involved	Method of determining					
	тур	e (a-r)		amount involved					
1)									
2)									
3)									
4)									
5)									
6)									
		115		Cabadula D					

Page 3

Х

Yes No

1a

Schedule R (Form 990) 2010 UNIVERSITY OF PITTSBURGH 25-0965591 Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	Are all precion organized	d) partners 501(c)(3)	(e) Share of end-of- year assets	Dispr tior	f) opor- nate	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or
or entity		country)	organiz Yes		year assets	Yes	tions?	of Schedule K-1 (Form 1065)	Yes	_
		,,,	res	NO		res	NO	(1 01111 1000)	res	NO
-										
										<u> </u>
										_

12-21-10

University of Pittsburgh 25 Highest Paid Non-Officers For the Year Ended June 30, 2011 Right-to-Know Disclosure

Ranking	Name	Total Gross
1	Wannstedt, Dave R	\$1,795,476
2	Dixon, James P II	\$1,665,733
3	Pederson, Steven Charles	\$554,167
4	Becich, Michael J	\$448,062
5	Trucco, Massimo M	\$439,203
6	Burke, Donald S	\$431,808
7	Berenato, Agnus M	\$425,682
8	Braun, Thomas W	\$395,463
9	Roth, Loren H	\$395,342
10	Kanter, Steven L	\$392,875
11	Russell, Alan J	\$392,545
12	Cignetti, Frank J Jr.	\$368,574
13	Gur, David	\$361,740
14	Schatten, Gerald Phillip	\$357,503
15	Malandro, Marc Shane	\$356,698
16	Bennett, Philip Gene	\$353,452
17	Huard, Johnny	\$351,730
18	Gronenborn, Angela M	\$347,029
19	Freeman, Bruce A	\$342,989
20	Woo, Savio L Y	\$341,682
21	Masnick, Jeffrey L	\$338,362
22	Lo, Cecilia Wen Ya	\$335,000
23	Perfetti, Charles A	\$334,600
24	Richard, Jean-Francois	\$332,480
25	Inman, John Jeffrey	\$330,566