



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's 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.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4

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

4a

(Code ) (Expenses \$ 645,182,027 including grants of \$ 72,828,612 ) (Revenue \$ 801,452,698 )

RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED 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

4c

(Code ) (Expenses \$ 167,760,137 including grants of \$ ) (Revenue \$ 159,667,989 )

ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN SUPPORT OF THE UNIVERSITY'S PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AND PUBLIC SERVICE

(Code ) (Expenses \$ 521,958,718 including grants of \$ 158,838,526 ) (Revenue \$ 119,260,250 )

EXPENSES GRANTS REVENUE STUDENT SERVICES 120,565,493 SCHOLARSHIPS AND FELLOWSHIPS 158,216,453 158,216,453 AUXILIARY ENTERPRISES 112,802,770 119,260,250 LIBRARIES 46,936,696 PUBLIC SERVICE 83,437,306 622,073

4d

Other program services (Describe in Schedule O )

(Expenses \$ 521,958,718 including grants of \$ 158,838,526 ) (Revenue \$ 119,260,250 )



















4e

Total program service expenses

1,836,613,624

Form 990 (2012)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	58,019
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	27,796
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	34	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	23	
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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	THURMAN D WINGROVE 3015 CATHEDRAL OF LEARNING PITTSBURGH, PA (412) 624-6050

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

**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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								8,816,321	0	800,576

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,776**

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PJ DICK INC 225 NORTH SHORE DRIVE PO BOX 6774 PITTSBURGH PA 15212	CONSTRUCTION	36,893,915
SODEXO PO BOX 536922 ATLANTA GA 303536922	FOOD SERVICE	30,299,500
MASCARO CONSTRUCTION CO LP 1720 METROPOLITAN ST PITTSBURGH PA 152332232	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 those listed above) who received more than \$100,000 of compensation from the organization ►623

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c	1,402,700		
	d	Related organizations . . . .	1d			
	e	Government grants (contributions)	1e	188,304,443		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	64,681,120		
	g	Noncash contributions included in lines 1a-1f \$		10,507,346		
	h	Total. Add lines 1a-1f . . . . .		254,388,263		
Program Service Revenue	2a	GRANTS/CONTRACTS	Business Code 541700	801,452,698		801,452,698
	b	TUITION	611710	703,914,344	703,914,344	
	c	SALES-EDUCATIONAL	711300	155,458,418	154,463,621	994,797
	d	SALES-AUXILIARY	900004	119,260,250	118,394,483	865,767
	e	UNIVERSITY PRESS	511130	1,233,482	1,233,482	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .		1,781,319,192		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	67,343,785		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties . . . . .	6,742,612			6,742,612
6a		Gross rents	(i) Real	(ii) Personal		
			18,353,228			
			10,061,595			
			8,291,633			
d		Net rental income or (loss) . . . . .	8,291,633			8,291,633
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			1,239,205,207			
			1,074,645,890			
			164,559,317			
d		Net gain or (loss) . . . . .	164,559,317			164,559,317
8a		Gross income from fundraising events (not including \$ 1,402,700 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
a		512,020				
b		Less direct expenses . . . . .	b	602,574		
c		Net income or (loss) from fundraising events . .	-90,554			-90,554
9a		Gross income from gaming activities See Part IV, line 19 . . . . .				
a						
b		Less direct expenses . . . . .	b			
c	Net income or (loss) from gaming activities . .					
10a	Gross sales of inventory, less returns and allowances . . . . .					
a	13,305,132					
b	Less cost of goods sold . . . . .	b	9,577,327			
c	Net income or (loss) from sales of inventory . .	3,727,805	2,976,089	751,716		
Miscellaneous Revenue		Business Code				
11a	PARTNERSHIP GAIN(LOSS)	523000	-6,235,905		-6,235,905	
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		-6,235,905			
12	Total revenue. See Instructions . . . . .		2,280,046,148	980,982,019	-3,623,625	1,048,299,491

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response to any question in this Part IX <input type="checkbox"/>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	68,857,105	68,857,105		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22.	158,237,992	158,237,992		
<b>3</b> 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		
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,925,762	591,668	3,107,893	226,201
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	863,894,443	779,172,985	74,911,671	9,809,787
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	77,510,658	75,522,133	949,461	1,039,064
<b>9</b> Other employee benefits.	89,887,454	87,321,858	644,386	1,921,210
<b>10</b> Payroll taxes.	52,689,940	51,143,869	833,256	712,815
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	288,489		288,489	
<b>b</b> Legal.	5,627,362		5,627,362	
<b>c</b> Accounting.	625,335		625,335	
<b>d</b> Lobbying.	737,896	737,896		
<b>e</b> Professional fundraising services. See Part IV, line 17.	218,201			218,201
<b>f</b> Investment management fees.	23,355,976		23,355,976	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	126,138,313	126,138,313		
<b>12</b> Advertising and promotion.	1,961,698	1,961,698		
<b>13</b> Office expenses.	101,271,408	99,748,498	1,000,170	522,740
<b>14</b> Information technology.	24,800,841	24,421,973	261,183	117,685
<b>15</b> Royalties.				
<b>16</b> Occupancy.	128,951,955	118,095,482	10,241,852	614,621
<b>17</b> Travel.	51,818,121	47,629,789	3,574,932	613,400
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	3,770,161	3,680,514		89,647
<b>20</b> Interest.	44,783,665	40,843,759	3,939,906	
<b>21</b> Payments to affiliates.	285,000	285,000		
<b>22</b> Depreciation, depletion, and amortization.	150,420,085	137,739,260	12,680,825	
<b>23</b> Insurance.	5,236,237	1,386,668	3,848,791	778
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> LIBRARY	5,314,698	5,314,698		
<b>b</b> DUES AND FEES	4,073,959	3,210,425	821,723	41,811
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e.	1,999,254,795	1,836,613,624	146,713,211	15,927,960
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net . . . . .			48,026,738	7	48,569,266
	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 11 . . . . .			1,592,666,413	12	1,800,935,291
	13	Investments—program-related See Part IV, line 11 . . . . .				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 equal line 34) . . . . .			5,361,647,509	16	5,784,337,078	
Liabilities	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
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			122,325,811	24	242,428,621
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			214,460,283	25	177,184,113
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,961,241,515	26	1,981,222,920
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			2,184,101,281	27	2,506,551,884
	28	Temporarily restricted net assets . . . . .			622,628,656	28	674,134,341
	29	Permanently restricted net assets . . . . .			593,676,057	29	622,427,933
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			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

Part XI Reconciliation of Net Assets

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

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	1,999,254,795
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

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

Additional Data

Software ID:

Software Version:

EIN: 25-0965591

Name: UNIVERSITY OF PITTSBURGH

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN A BARBOUR TRUSTEE	5 00	X						0	0	0
EVA TANSKY BLUM TRUSTEE	5 00	X						0	0	0
SUZANNE W BROADHURST TRUSTEE	5 00 1 00	X						0	0	0
DOUGLAS M BROWNING TRUSTEE	5 00	X						0	0	0
MICHAEL A BRYSON TRUSTEE	5 00	X						0	0	0
CHARLES E BUNCH TRUSTEE	5 00	X						0	0	0
JAY COSTA JR TRUSTEE	5 00	X						0	0	0
CATHERINE D DEANGELIS TRUSTEE	5 00	X						0	0	0
BRIAN GENERALOVICH TRUSTEE	5 00	X						0	0	0
IRA J GUMBERG TRUSTEE	5 00	X						0	0	0
ROBERT M HERNANDEZ TRUSTEE	5 00	X						0	0	0
DAWNE S HICKTON TRUSTEE	5 00	X						0	0	0
SY HOLZER TRUSTEE	5 00	X						0	0	0
THOMAS O JOHNSON TRUSTEE	5 00	X						0	0	0
WILLIAM K LIEBERMAN TRUSTEE	5 00	X						0	0	0
ROBERT G LOVETT TRUSTEE	5 00	X						0	0	0
JOHN A MAHER III TRUSTEE	5 00	X						0	0	0
F JAMES MCCARL III TRUSTEE	5 00	X						0	0	0
MARTHA HARTLE MUNSCH TRUSTEE	5 00	X						0	0	0
MARLEE S MYERS TRUSTEE	5 00	X						0	0	0
MARK A NORDENBERG CHANCELLOR / CEO	40 00 2 00	X		X				592,836	0	137,347
MORGAN K O'BRIEN TRUSTEE	5 00	X						0	0	0
ROBERT P RANDALL TRUSTEE	5 00	X						0	0	0
THOMAS E RICHARDS TRUSTEE	5 00	X						0	0	0
BRYANT J SALTER TRUSTEE	5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH E SCHAEFER TRUSTEE	5 00	X						0	0	0
HERBERT S SHEAR TRUSTEE	5 00	X						0	0	0
JACK SMITH TRUSTEE	5 00	X						0	0	0
JOHN A SWANSON TRUSTEE	5 00	X						0	0	0
STEPHEN R TRITCH CHAIRPERSON OF THE BOARD OF TRUSTEES	5 00	X		X				0	0	0
THOMAS L VANKIRK TRUSTEE	5 00	X						0	0	0
PETER C VARISCHETTI TRUSTEE	5 00	X						0	0	0
JOHN J VERBANAC TRUSTEE	5 00	X						0	0	0
SAM S ZACHARIAS TRUSTEE	5 00	X						0	0	0
P JEROME RICHEY GENERAL COUNSEL	40 00			X				0	0	0
PATRICIA E BEESON PROVOST/SR VICE CHANCELLOR	40 00 1 00			X				375,234	0	54,542
JEROME COCHRAN GENERAL COUNSEL/EXEC VICE CHANCELLOR	40 00 2 00			X				507,102	0	83,089
B JEAN FERKETISH SEC BRD OF TRST	40 00			X				215,249	0	44,809
ARTHUR S LEVINE SR VC, HEALTH SCI/DEAN	40 00 5 00			X				842,769	0	43,304
JAMES V MAHER JR FORMER PROVOST/SR VICE CHANCELLOR	40 00						X	282,908	0	14,942
AMY KRUEGER MARSH TREASURER	40 00 1 00			X				386,603	0	51,028
ARTHUR G RAMICONE CFO	40 00 2 00			X				371,338	0	64,876
JAMES P DIXON II HEAD BASKETBALL COACH	40 00					X		1,996,966	0	144,556
PAUL CHRYST HEAD FOOTBALL COACH	40 00					X		1,543,430	0	35,327
NANCY E DAVIDSON DIRECTOR, UPCI	40 00					X		650,859	0	31,455
STEVEN C PEDERSON ATHLETIC DIRECTOR	40 00					X		583,113	0	50,423
AGNUS BERENATO FORMER WOMEN'S BASKETBALL COACH	40 00					X		467,914	0	44,878
DAN B FRANKEL TRUSTEE-VOTING TERM ENDED 10/15/2012	5 00	X						0	0	0
BOBBIE GAUNT TRUSTEE-VOTING TERM ENDED 6/28/2013	5 00	X						0	0	0
JOHN WRIGHT JOYCE TRUSTEE-VOTING TERM ENDED 6/13/2013	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES M STEINER TRUSTEE-VOTING TERM ENDED 6/28/2013	5 00	X						0	0	0
BURTON M TANSKY TRUSTEE-VOTING TERM ENDED 6/28/2013	5 00	X						0	0	0
MARY JO WHITE TRUSTEE-VOTING TERM ENDED 1/29/2013	5 00	X						0	0	0



SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar 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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIIPart 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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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) organizations Complete Part III

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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					

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 of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,200
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		696,703
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		20,426
i	Other activities?	Yes		19,567
j	Total. Add lines 1c through 1i.			737,896
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

	Yes	No
1		
2		
3		

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	LINE A VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO ADVOCATE FOR STATE SUPPORT FOR THE UNIVERSITY, THROUGH LETTER WRITING, EMAILS AND VISITS TO LEGISLATORS AND STATE OFFICIALS. LINE B STAFF MEMBERS- THE UNIVERSITY GOVERNMENTAL RELATIONS OFFICE STAFF MEMBERS ADVOCATE REGARDING LEGISLATIVE OR OTHER GOVERNMENTAL INITIATIVES WHICH ARE LIKELY TO OR MAY IMPACT UPON THE UNIVERSITY. LINE D MAILINGS- SENT PERIODICALLY BY THE UNIVERSITY TO LEGISLATORS AND THEIR STAFF UPDATING THEM ON PROGRESS AT THE UNIVERSITY AND HIGHLIGHTS OF NEWS COVERAGE AND OTHER EVENTS AT THE UNIVERSITY. LINE G DIRECT CONTACT WITH LEGISLATORS- THE UNIVERSITY STAFF WITHIN THE GOVERNMENT RELATIONS OFFICE ENGAGES IN DIRECT CONTACT WITH STATE, FEDERAL AND LOCAL LEGISLATORS AND GOVERNMENT OFFICIALS IN SUPPORT OF UNIVERSITY ADVOCACY EFFORTS ON ISSUES WHICH ARE LIKELY TO OR MAY AFFECT THE UNIVERSITY. LINE H RALLIES AND DEMONSTRATIONS- THE EXPENSE SET FORTH IN PART II-B, 1H RELATE TO THE UNIVERSITY PITT DAY IN HARRISBURG WHEN UNIVERSITY STAFF, ALUMNI AND STUDENTS VISIT THE PENNSYLVANIA STATE CAPITOL TO PROVIDE UPDATES ON PROGRESS, WORK AND RESEARCH AT THE UNIVERSITY, AND TO ADVOCATE FOR STATE SUPPORT FOR THE UNIVERSITY. LINE I OTHER ACTIVITIES- THE EXPENSE RELATES TO THE EFFORTS OF UNIVERSITY STAFF WHO HELP TO ORGANIZE AND TRACK THE EFFORTS OF VOLUNTEER ALUMNI AND STUDENTS.

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 UNIVERSITY OF PITTSBURGH	Employer identification number  25-0965591
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	► \$ 2,338,546
(ii) Assets included in Form 990, Part X	► \$ 17,174,280
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____



Part III

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

3

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

a

☒ Public exhibition

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ 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 XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	2,635,486,831	2,545,092,295	2,048,023,903	1,868,203,535	2,392,359,008
b	Contributions	175,799,000	150,002,000	76,578,000	36,816,000	69,745,726
c	Net investment earnings, gains, and losses	272,742,000	45,818,000	489,200,000	235,092,000	-499,820,344
d	Grants or scholarships	11,943,973	11,088,373	10,777,284	11,003,066	10,592,846
e	Other expenditures for facilities and programs	68,389,130	85,749,068	49,816,797	73,734,421	75,440,142
f	Administrative expenses	9,488,001	8,588,023	8,115,527	7,350,145	8,047,867
g	End of year balance	2,994,206,727	2,635,486,831	2,545,092,295	2,048,023,903	1,868,203,535

2

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

a

Board designated or quasi-endowment

57.900%

b

Permanent endowment

41.500%

c

Temporarily restricted endowment

0.600%

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	51,352,236		51,352,236
b	Buildings	2,586,824,410	1,382,361,055	1,204,463,355
c	Leasehold improvements			
d	Equipment	663,045,027	442,499,126	220,545,901
e	Other	524,148,739	212,035,585	312,113,154
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,788,474,646



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

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	2e	141,555,733
a	Net unrealized gains on investments . . . . .	2a	121,916,811
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	19,638,922
e	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	4c	181,572,429
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	23,355,976
b	Other (Describe in Part XIII ) . . . . .	4b	158,216,453
c	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

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

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	2e	19,638,922
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	19,638,922
e	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:	4c	181,572,429
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	23,355,976
b	Other (Describe in Part XIII ) . . . . .	4b	158,216,453
c	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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	THE UNIVERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS INCLUDE A VARIETY OF PAINTINGS, SCULPTURES, PHOTOGRAPHS, ANTIQUES, AND FURNISHINGS AS WELL AS SCHOLARLY PAPERS AND ARCHIVES. THESE ITEMS ARE HOUSED IN VARIOUS FACILITIES AROUND CAMPUS INCLUDING THE FRICK FINE ARTS BUILDING, THE HILLMAN LIBRARY, AND THE NATIONALITY ROOMS. THE WORKS OF ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS ARE USED FOR PUBLIC EXHIBITION AND THE PRESERVATION OF ARTIFACTS AND ANTIQUES FOR THE BENEFIT OF FUTURE GENERATIONS. THE SCHOLARLY PAPERS AND ARCHIVES ARE USED FOR BOTH ACADEMIC RESEARCH AND THE PRESERVATION OF DOCUMENTS RELATED TO KEY HISTORICAL FIGURES AND EVENTS.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT PURPOSE: OPERATING FUNDS, QUASI-ENDOWMENT CHAIRS, PROFESSORSHIPS AND INSTRUCTION SCHOLARSHIPS, FELLOWSHIPS AND AWARDS, POST-RETIREMENT RESERVES, GENERAL AND UNDESIGNATED FUNDS, RESEARCH, LIBRARY AND PUBLIC SERVICE, DEVELOPMENT AND INSTITUTIONAL SUPPORT.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE UNIVERSITY ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR 2013 OR 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF COST OF SALES-AUX FROM EXPENSE 9,577,327; RECLASS OF EXTERNAL TENANT RENTAL EXPS FROM EXPENSE 10,061,595.
PART XI, LINE 4B - OTHER ADJUSTMENTS		RECLASS OF TUITION DISCOUNTS TO FINANCIAL AID EXPENSE 158,216,453.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF COST OF SALES-AUX TO REVENUE 9,577,327; RECLASS OF EXTERNAL TENANT RENTAL EXPS TO REVENUE 10,061,595.
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS OF TUITION DISCOUNTS TO FINANCIAL AID EXPENSE 158,216,453.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

2012

Open to Public  
Inspection

Name of the organization  
UNIVERSITY OF PITTSBURGH

Employer identification number

25-0965591

Part I

- 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?
- 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?
- 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

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either line 6a or line 6b, explain on Part II

- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

**Part III Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	OUR NONDISCRIMINATION POLICY STATEMENT WAS PUBLISHED IN THE UNIVERSITY TIMES IN FALL 2012
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	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)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public  
Inspection

Name of the organization  
UNIVERSITY OF PITTSBURGH

Employer identification number  
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.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	2	6			17,273,017
b Total from continuation sheets to Part I	0	0			22,133,847
c Totals (add lines 3a and 3b)	2	6			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.

[illegible]

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 . . . . 50

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

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



**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 ☒ 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 for Form 5713).*

☐ Yes ☒ No



Additional Data

Software ID:  
Software Version:  
EIN: 25-0965591  
Name: UNIVERSITY OF PITTSBURGH

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	199,571
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	1,784,035
EUROPE	1	3	PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	10,372,655

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	267,383
NORTH AMERICA			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	1,931,174
RUSSIA			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	173,162

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	1	3	PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	2,274,792
SOUTH ASIA			PROGRAM SERVICES EXECUTIVE COURSES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	270,245
SUB-SAHARAN AFRICA			PROGRAM SERVICES	PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS	238,534

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE			INVESTMENTS		13,115,499
NORTH AMERICA			INVESTMENTS		3,024,850
EAST ASIA AND THE PACIFIC			INVESTMENTS		5,754,964

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH SUBCONTRACT	817,606	WIRE/CHECK			
		EUROPE	RESEARCH SUBCONTRACT	2,200,594	WIRE/CHECK			
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBCONTRACT	191,830	WIRE/CHECK			
		NORTH AMERICA	RESEARCH SUBCONTRACT	588,382	WIRE/CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH SUBCONTRACT	595,598	WIRE/CHECK			
		SOUTH ASIA	RESEARCH SUBCONTRACT	32,140	WIRE/CHECK			
		SUB-SAHARAN AFRICA	RESEARCH SUBCONTRACT	10,568	WIRE/CHECK			





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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		KOCDA DAVID C. KOCH TOURNAMENT (event type)	CAMEOS OF CARING DINNER (event type)	31 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	343,480	343,300	1,195,444
	2	Less Contributions . . .	191,370	233,215	956,253
	3	Gross income (line 1 minus line 2) . . . .	152,110	110,085	239,191
Direct Expenses	4	Cash prizes . . . .		800	800
	5	Noncash prizes . . .		10,624	10,624
	6	Rent/facility costs . . .	10,864	53,744	64,608
	7	Food and beverages .	91,347	230,323	321,670
	8	Entertainment . . . .	1,500	22,215	23,715
	9	Other direct expenses .	84,051	97,106	181,157
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			(602,574)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . .			-101,188

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . . .			
	5	Other direct expenses . . .			
	6	Volunteer labor . . . .	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .

☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility 13a

b An outside facility 13b

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

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

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information.

Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF CONSULTING FEES	SCHEDULE G, PART I	THE UNIVERSITY RETAINS GRENZEBACH GLIER & ASSOCIATES (GG&A) FOR FUNDRAISING CONSULTATION DUE TO THE NATURE OF THE SERVICES PROVIDED, IN THAT NO DIRECT SOLICITATIONS OR FUNDRAISING EVENTS ARE CONDUCTED BY GG&A, IT IS NOT POSSIBLE TO REPORT GROSS RECEIPTS DIRECTLY RELATED TO THEIR SPECIFIC CONSULTING SERVICES

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

# 2012

## Open to Public Inspection

**■ Attach to Form 990**

25-0965591

## Part I General Information on Grants and Assistance

☒ Yes    ☐ No

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

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

**3** Enter total number of other organizations listed in the line 1 table . . . . . **53**

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.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) INSTITUTIONAL AID TO STUDENTS	14726	162,653,596			
(2) TUITION REMISSION	2333	21,117,017			
(3) TUITION REMISSION- STUDENTS ATTENDING OTHER UNIVERSITIES	478	7,573,085			

Part IV

Supplemental Information.  
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 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 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 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 GRANT FUNDS THAT ARE RESTRICTED IN THEIR USE AND ARE NOT REFUNDABLE IN CASH TO THE STUDENTS ARE MONITORED THROUGH THE UNIVERSITY'S STUDENT SYSTEM GRANTS THAT ARE NOT RESTRICTED IN THEIR USE AND ARE REFUNDABLE TO THE STUDENTS ARE NOT MONITORED
		SCHEDULE I, PART III, COLUMN B THE NUMBER OF RECIPIENTS REFLECTS THE ACTUAL NUMBER OF STUDENTS AND EMPLOYEES WHO RECEIVED THE ASSISTANCE

Software ID:

Software Version:

EIN: 25-0965591

Name: UNIVERSITY OF PITTSBURGH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE MELLON UNIVERSITY5000 FORBES AVENUE PITTSBURGH,PA 15213	25-0969449	501(C)(3)	6,008,969				RESEARCH-SUBCONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORNIA1111 FRANKLIN ST 10 FL OAKLAND,CA 94607	94-3067788	501(C)(3)	4,629,922				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD ST BALTIMORE,MD 21218	52-0595110	501(C)(3)	3,717,124				RESEARCH-SUBCONTRACT
UNIVERSITY OF WASHINGTON GERBERDING HALL G80 SEATTLE,WA 98195	91-6001537	501(C)(3)	1,885,076				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAGEE WOMENS RESEARCH INSTITUTE 3339 WARD STREET PITTSBURGH,PA 15213	25-1462312	501(C)(3)	1,677,527				RESEARCH-SUBCONTRACT
REGENTS OF THE UNIVERSITY OF MINNESOTA2221 UNIVERSITY AVE SE MINNEAPOLIS,MN 55414	41-6007513	501(C)(3)	1,640,301				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 EDUCATION410 9TH STREET MCKEESPORT,PA 15132	25-1533592	501(C)(3)	1,576,134				RESEARCH-SUBCONTRACT
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501(C)(3)	1,249,074				RESEARCH-SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES 6610 ROCKLEDGE DRIVE SUITE 2800 MSC 6006 BETHESDA, MD 208926606	52-0858115	N/A	1,241,000				RESEARCH-SUBCONTRACT
REGENTS OF THE UNIVERSITY OF MICHIGAN3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,241,902				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER300 BROOKLINE AVE BOSTON,MA 02215	04-2103881	501(C)(3)	1,154,040				RESEARCH-SUBCONTRACT
WVU RESEARCH CORPORATIONPO BOX 6005 MORGANTOWN,WV 26506	55-0665758	501(C)(3)	974,781				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MARYLAND BALTIMOREPO BOX 41428 BALTIMORE, MD 212036248	52-6002036	N/A	888,924				RESEARCH-SUBCONTRACT
VANDERBILT UNIVERSITY VU STATION B BOX 356310 NASHVILLE,TN 37235	62-0476822	501(C)(3)	986,891				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MARYLAND1201 TURNER HALL COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	858,532				RESEARCH-SUBCONTRACT
GEORGETOWN UNIVERSITY37TH O STREETS NW SUITE 400 WASHINGTON,DC 20057	53-0196603	501(C)(3)	842,411				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HUMAN SERVICES CORP374 LAWN STREET PITTSBURGH,PA 15213	25-1219610	501(C)(3)	812,321				RESEARCH-SUBCONTRACT
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM700 REGENT STREET SUITE 301 MADISON,WI 53715	39-6006492	501(C)(3)	786,236				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY800 EAST LEHIGH STREET RICHMOND,VA 23219	54-6001758	501(C)(3)	776,197				RESEARCH-SUBCONTRACT
OHIO STATE UNIVERSITY 154 WEST 12TH AVENUE COLUMBUS,OH 43210	31-6025986	501(C)(3)	730,865				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 LOUISVILLEOFFICE OF THE CONTROLLER 223 SERVICE COMPLEX LOUISVILLE,KY 40292	61-1014882	501(C)(3)	695,763				RESEARCH-SUBCONTRACT
WASHINGTON UNIVERSITY IN ST LOUIS7425 FORSYTH WEST CAMPUS CLAYTON,MO 63105	43-0653611	501(C)(3)	656,570				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF PRINCETON UNIVERSITY701 CARNEGIE CENTER SUITE 445 PRINCETON, NJ 085445292	21-0634501	501(C)(3)	609,108				RESEARCH-SUBCONTRACT
WAKE FOREST UNIVERSITY1834 WAKE FOREST RD WINSTONSALEM, NC 27106	56-0532138	501(C)(3)	601,944				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 VIRGINIA BOX 4001953 CHARLOTTESVILLE,VA 22904	54-6001786	501(C)(3)	550,171				RESEARCH-SUBCONTRACT
TULANE UNIVERSITY6823 ST CHARLES AVENUE NEW ORLEANS,LA 70118	72-0432889	501(C)(3)	499,566				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI SCHOOL OF MEDICINEONE GUSTAVE L LEVY PLACE NEW YORK,NY 10029	13-6171197	501(C)(3)	442,964				RESEARCH-SUBCONTRACT
ALLEGHENY SINGER RESEARCH INSTITUTE/O TAX DEPT TWO ALLEGHENY CENTER PITTSBURGH,PA 15212	25-1320493	501(C)(3)	439,207				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOCUS ON RENEWAL701 CHARTIERS AVENUE MCKEES ROCKS,PA 15136	23-7181440	501(C)(3)	431,167				RESEARCH-SUBCONTRACT
CHRISTIANA CARE HEALTH SERVICESPO BOX 2653 WILMINGTON,DE 19805	51-0103684	501(C)(3)	420,438				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 UNIVERSITY576 W ST NW WASHINGTON,DC 20059	53-0204707	501(C)(3)	418,392				RESEARCH-SUBCONTRACT
GEORGIA TECH RESEARCH GROUP550 TENTH STREET NW ATLANTA,GA 30332	58-0603146	501(C)(3)	406,345				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PPD DEVELOPMENT LP 26361 NETWORK PLACE CHICAGO,IL 606931263	74-2325267	501(C)(3)	404,480				RESEARCH-SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 92001 UNIVERSITY CITY BLVD CHARLOTTE,NC 28223	56-0791228	501(C)(3)	400,359				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MEDICINEONE BAYLOR PLAZA NO T100 HOUSTON,TX 77030	74-1613878	501(C)(3)	397,149				RESEARCH-SUBCONTRACT
DUKE UNIVERSITY324 BLACKWELL STREET DURHAM,NC 27708	56-0532129	501(C)(3)	397,080				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL55 FRUIT STREET BOSTON,MA 02114	04-1564655	501(C)(3)	386,571				RESEARCH-SUBCONTRACT
PENNSYLVANIA STATE UNIVERSITYONE OLD MAIN UNIVERSITY PARK, PA 16802	24-6000376	N/A	381,597				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUAKINI MEDICAL CENTER347 NORTH KUAKINI STREET HONOLULU,HI 96817	99-0074139	501(C)(3)	365,238				RESEARCH-SUBCONTRACT
COLUMBIA UNIVERSITY 615 WEST 131ST ST MC 8741 NEW YORK,NY 10027	13-5598093	501(C)(3)	364,205				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD UNIVERSITY 1033 MASS AVE STE 3 CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	361,744				RESEARCH-SUBCONTRACT
WEST VIRGINIA UNIVERSITYPO BOX 6003 CHARLESTON,WV 25321	21-5920034	501(C)(3)	356,186				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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				RESEARCH-SUBCONTRACT
HEALTH FEDERATION OF PHILADELPHIA1211 CHESTNUT STREET SUITE 801 PHILADELPHIA,PA 19107	23-2244355	501(C)(3)	341,619				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 1901 S FIRST ST CHAMPAIGN,IL 61820	37-6000511	501(C)(3)	339,913				RESEARCH-SUBCONTRACT
TURTLE CREEK VALLEY MHMR INC723 BRADDOCK AVENUE BRADDOCK,PA 15104	25-1250510	N/A	336,633				RESEARCH-SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 TEXAS1 UNIVERSITY STATION AUSTIN, TX 78712	74-6001118	N/A	336,418				RESEARCH-SUBCONTRACT
PRINCETON UNIVERSITY WASHINGTON ROAD PRINCETON, NJ 08544	21-0634501	501(C)(3)	332,001				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMEN'S HOSPITAL75 FRANCIS ST BOSTON,MA 02115	04-2312909	501(C)(3)	331,975				RESEARCH-SUBCONTRACT
FRED HUTCHINSON CANCER RESEARCH1100 FAIRVIEWAVE NORTH SEATTLE,WA 98109	23-7156071	501(C)(3)	329,965				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENCE MUSEUM OF MINNESOTA120 WEST KELLOGG BOULEVARD ST PAUL,MN 55102	41-0706172	501(C)(3)	322,414				RESEARCH-SUBCONTRACT
YALE UNIVERSITY47 COLLEGE ST STE 203 NEW HAVEN,CT 06520	06-0646973	501(C)(3)	321,242				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 CINCINNATI2600 CLIFTON AVE CINCINNATI,OH 45221	31-6000989	N/A	320,180				RESEARCH-SUBCONTRACT
UNIVERSITY OF IOWA201 GILMORE HALL IOWA CITY,IA 52242	42-6004813	N/A	319,830				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 KENTUCKY RESEARCH FOUNDATION 301 PETERSON SERVICE BUILDING LEXINGTON,KY 40506	61-6033693	501(C)(3)	317,134				RESEARCH-SUBCONTRACT
BOSTON CHILDREN'S HOSPITALPO BOX 414413 RESEARCH FINANCE-BOYL03 BOSTON,MA 022414413	04-2774441	501(C)(3)	312,723				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 HOSPITALPO BOX 715245 COLUMBUS,OH 43271	31-6056230	501(C)(3)	309,668				RESEARCH-SUBCONTRACT
RAND CORPORATION1776 MAIN STREET SANTA MONICA,CA 90407	95-1958142	501(C)(3)	305,554				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INOVA JUNPIER PROGRAM 2832 JUNIPER STREET STE 104 FAIRFAX,VA 22031	54-0620889	501(C)(3)	294,032				RESEARCH-SUBCONTRACT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	339,942				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 UNIVERSITY164 ANGELL ST PROVIDENCE,RI 02912	05-0258809	501(C)(3)	279,110				RESEARCH-SUBCONTRACT
UNIVERSITY OF CENTRAL FLORIDA4000 CENTRAL FLORIDA BLVD ORLANDO,FL 32816	59-2924021	N/A	278,083				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRETA425 SIXTH AVENUE PITTSBURGH,PA 15219	25-1857820	501(C)(3)	264,039				RESEARCH-SUBCONTRACT
KENTUCKY PEDIATRICADULT RESEARCH201 SOUTH 5TH STREET BARDSTOWN,KY 40004	61-1206931	501(C)(3)	258,148				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENEVA FOUNDATION917 PACIFIC AVENUE SUITE 600 TACOMA,WA 98402	91-1593913	501(C)(3)	247,773				RESEARCH-SUBCONTRACT
INDIANA UNIVERSITY107 S INDIANA AVENUE BLOOMINGTON,IN 47405	35-6001673	501(C)(3)	247,626				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 1121 SW SALMON ST PORTLAND,OR 97205	23-7083114	501(C)(3)	243,798				RESEARCH-SUBCONTRACT
NYU SCHOOL OF MEDICINEPO BOX 415026 BOSTON,MA 02241	13-5562309	N/A	241,803				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN UNIVERSITY619 CLARK ST RM 217 EVANSTON,IL 60208	36-2167817	501(C)(3)	240,051				RESEARCH-SUBCONTRACT
DREXEL UNIVERSITY3201 ARCH STREET NO 420 PHILADELPHIA,PA 191042875	23-1352630	501(C)(3)	239,200				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE UNIVERSITY1805 NORTH BROAD ST 11 FL WASCHMAN HALL RM 1108 PHILADELPHIA,PA 19122	23-1365971	501(C)(3)	234,203				RESEARCH-SUBCONTRACT
SEATTLE CHILDREN'S RESEARCH HOSPITALPO BOX 5371 SEATTLE,WA 98145	91-0564748	501(C)(3)	234,131				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SRI INTERNATIONAL333 RAVENSWOOD AVENUE MENLO PARK,CA 94025	94-1160950	501(C)(3)	231,945				RESEARCH-SUBCONTRACT
UNIVERSITY OF MIAMIPO BOX 016960 SPONSORED PROGRAMS MIAMI,FL 331015405	59-0624458	501(C)(3)	230,613				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE UNIVERSITY874 TRADITIONS WAY TALLAHASSEE,FL 32306	59-6001138	501(C)(3)	230,376				RESEARCH-SUBCONTRACT
JACKSON LABORATORY 600 MAIN STREET PO BOX 9741 BAR HARBOR,ME 04609	01-0211513	501(C)(3)	222,537				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES 4301 WEST MARKHAM LITTLE ROCK,AR 72205	71-6046242	501(C)(3)	213,930				RESEARCH-SUBCONTRACT
UNIVERSITY OF MASSACHUSETTS225 FRANKLIN ST BOSTON,MA 02110	04-3167352	501(C)(3)	213,527				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEMOURS10140 CENTURION PARKWAY NORTH JACKSONVILLE,FL 32256	59-0634433	501(C)(3)	212,078				RESEARCH-SUBCONTRACT
EAST CAROLINA UNIVERSITY2200 SOUTH CHARLES BLVD GREENVILLE,NC 27858	56-6000403	501(C)(3)	206,695				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78284	74-1586031	501(C)(3)	205,466				RESEARCH-SUBCONTRACT
ALBERT EINSTEIN COLLEGE OF MEDICINE 500 WEST 185TH STREET NEW YORK, NY 10033	23-7075620	501(C)(3)	204,634				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL225 EAST CHICAGO AVENUE BOX 205 CHICAGO,IL 60611	36-2170833	501(C)(3)	204,419				RESEARCH-SUBCONTRACT
CHILDRENS HOSPITAL OF PHILADELPHIA3615 CIVIC CENTER BLVD PHILADELPHIA,PA 19104	23-1352166	501(C)(3)	201,776				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT-BATTELLE LLC1201 OAK RIDGE TURNPIKE OAK RIDGE,TN 37830	62-1788235	N/A	200,875				RESEARCH-SUBCONTRACT
UNIVERSITY OF COLORADO3100 MARINE ST RM 479 BOULDER,CO 80309	39-1481425	501(C)(3)	196,178				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 STATE UNIVERSITY OF NEW YORKPO BOX 9 ALBANY,NY 12201	14-1368361	501(C)(3)	195,798				RESEARCH-SUBCONTRACT
UNIVERSITY OF KENTUCKY 130 LEADER AVE LEXINGTON,KY 40506	61-6001218	501(C)(3)	192,361				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS LOS ANGELES,CA 90089	95-1642394	501(C)(3)	191,166				RESEARCH-SUBCONTRACT
UNIVERSITY OF TENNESSEE201 ANDY HOLT TOWER KNOXVILLE,TN 37996	62-6001636	501(C)(3)	189,287				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRENTWOOD BIOMEDICAL RESEARCH INSTITUTEPO BOX 25027 LOS ANGELES,CA 90025	95-4183712	501(C)(3)	183,463				RESEARCH-SUBCONTRACT
REHABILITATION INSTITUTE OF CHICAGO 345 E SUPERIOR ST CHICAGO,IL 60611	36-2256036	501(C)(3)	176,239				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INTERNATIONAL UNIVERSITYGREEN LIBRARY ROOM 273 MIAMI,FL 33199	65-0177616	501(C)(3)	171,013				RESEARCH-SUBCONTRACT
UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE NEWARK,DE 19716	51-6000297	501(C)(3)	167,902				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVIVICOR INC1700 KRAFT DR SUITE 2400 BLACKSBURG,VA 24060	81-0604263	501(C)(3)	167,772				RESEARCH-SUBCONTRACT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVE CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	164,200				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RITE AID HEADQUARTERS 30 HUNTER LANE CAMP HILL,PA 17011	23-2308342	501(C)(3)	163,220				RESEARCH-SUBCONTRACT
PONCE SCHOOL OF MEDICINEPO BOX 7004 PONCE,PR 007327004	66-0379122	501(C)(3)	163,202				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY201 DOWAN DRIVE ATLANTA,GA 30322	58-0566256	501(C)(3)	163,023				RESEARCH-SUBCONTRACT
INTERMOUNTAIN HEALTHCARE CME36 S STATE ST STE 2200 SALT LAKE CITY,UT 84111	94-2853320	501(C)(3)	162,754				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMA HEALTH SYSTEM 525 EAST MARKET STREET AKRON,OH 44309	34-1887844	501(C)(3)	162,628				RESEARCH-SUBCONTRACT
PUBLIC HEALTH RESEARCH INSTITUTE225 WARREN STREET NEWARK,NJ 07103	13-5563402	N/A	161,834				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ORGAN RECOVERY AND EDUCATION204 SIGMA DRIVE PITTSBURGH,PA 15238	23-1332885	501(C)(3)	161,684				RESEARCH-SUBCONTRACT
TRUSTEES OF DARTMOUTH COLLEGE37 DEWEY FIELD ROAD HANOVER,NH 03755	02-0222111	501(C)(3)	158,918				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE,RI 02903	05-0258954	501(C)(3)	156,034				RESEARCH-SUBCONTRACT
DANA-FARBER CANCER INSTITUTE44 BINNER ST STE BP600 BOSTON,MA 02115	04-2263040	501(C)(3)	152,029				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO,CA 94304	94-1156365	501(C)(3)	172,924				RESEARCH-SUBCONTRACT
MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER,MN 55905	41-6011702	501(C)(3)	151,406				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 HOSPITAL MEDICAL CENTER3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501(C)(3)	148,004				RESEARCH-SUBCONTRACT
UNIVERSITY OF OREGON PO BOX 3237 EUGENE,OR 97403	93-6001786	501(C)(3)	145,332				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 WISCONSIN600 HIGHLAND AVE MADISON,WI 53792	39-1805963	501(C)(3)	145,109				RESEARCH-SUBCONTRACT
LAUNCHPOINT TECHNOLOGIES5735 HOLLISTER AVE SUITE B GOLETA,CA 93117	86-1154993	501(C)(3)	140,671				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY341 PINE STREET ITHACA,NY 14850	15-0532082	501(C)(3)	140,033				RESEARCH-SUBCONTRACT
UNIVERSITY OF SOUTH FLORIDAPO BOX 917590 ORLANDO,FL 32891	59-6001874	501(C)(3)	138,747				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD HEART4750 WILEY POST WAY STE 120 SALT LAKE CITY,UT 841167622	52-2250843	501(C)(3)	135,147				RESEARCH-SUBCONTRACT
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER55 LAKE AVENUE N WORCESTER,MA 01655	04-3167352	N/A	134,793				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTINUUM HEALTH PARTNERS INC555 WEST 57TH STREET NEW YORK,NY 10019	13-3939476	501(C)(3)	130,372				RESEARCH-SUBCONTRACT
PTEI450 TECHNOLOGY DRIVE PITTSBURGH,PA 15219	25-1789285	501(C)(3)	126,494				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANYAN BIOMARKERS INC 12085 RESEARCH DR ALACHUA,FL 32615	20-1449566	N/A	124,007				RESEARCH-SUBCONTRACT
UNIVERSITY OF MEMPHIS 3720 ALUMNI AVENUE MEMPHIS,TN 38152	62-0648618	501(C)(3)	123,732				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 UNIVERSITY1020 WALNUT STREET PHILADELPHIA,PA 19107	23-1352651	501(C)(3)	120,258				RESEARCH-SUBCONTRACT
TUFTS UNIVERSITY169 HOLLAND ST ATTN TAX DEPT SOMERVILLE,MA 02144	04-2103634	501(C)(3)	117,336				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0537130	501(C)(3)	113,777				RESEARCH-SUBCONTRACT
THE NEW SCHOOL79 FIFTH AVENUE 16TH FLOOR NEWYORK,NY 10003	13-3297197	501(C)(3)	108,656				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESTER COUNTY DEPT OF HUMAN SERVICES601 WESTTOWN ROAD SUITE 330 PO BOX 2747 WEST CHESTER,PA 193800990	23-6003040	N/A	107,826				RESEARCH-SUBCONTRACT
NEW YORK UNIVERSITY 726 BROADWAY- 9TH FLOOR NEW YORK,NY 10003	13-5562308	501(C)(3)	107,626				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA FAMILIES INCORPORATED431 DEVER HOLLOW RD TEMPLETON,PA 16259	26-3237097	501(C)(3)	106,466				RESEARCH-SUBCONTRACT
TEXAS A&M UNIVERSITY 1470 WILLIAM D FITCH PARKWAY COLLEGE STATION,TX 77845	74-1974733	501(C)(3)	102,104				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENOCEA BIOSCIENCES 161 FIRST STREET CAMBRIDGE,MA 02142	51-0596811	N/A	101,819				RESEARCH-SUBCONTRACT
WEST HARLEM ENVIRONMENTAL ACTION INC1854 AMSTERDAM AVENUE 2ND FLOOR NEW YORK,NY 10031	13-3800068	501(C)(3)	100,003				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN INTERACTIONS INC 1120 CENTRE POINT DR SUITE 800 MENDOLA HEIGHTS,MN 55120	41-1756542	N/A	100,000				RESEARCH-SUBCONTRACT
DUQUENSE UNIVERSITY OF THE HOLY SPIRIT600 FORBES AVENUE PITTSBURGH,PA 15282	25-1035663	501(C)(3)	96,361				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSS REHAB HOSPITAL60 E TOWNSHIP LINE ROAD ELKINS PARK,PA 19027	22-2290323	N/A	94,999				RESEARCH-SUBCONTRACT
ARIZONA STATE UNIVERSITYUNIVERSITY BOX 873503 TEMPE,AZ 85287	86-0196696	501(C)(3)	94,535				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY M JACKSON FOUNDATION FOR THE ADVANCEMENT OF MILITARY MEDICINE INC 1401 ROCKVILLE PIKE ROCKVILLE,MD 20852	52-1313011	501(C)(3)	94,013				RESEARCH-SUBCONTRACT
CHILDREN'S RESEARCH INSTITUTE 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE,WI 53201	20-2180646	501(C)(3)	93,524				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY301 ADMIN BLDG EAST LANSING,MI 48824	38-6005984	501(C)(3)	92,449				RESEARCH-SUBCONTRACT
NATIONAL OPINION RESEARCH CENTER55 E MONROE STREET 20TH FLOOR CHICAGO,IL 60603	36-2167808	501(C)(3)	90,364				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MISSOURI 15 JESSE HALL COLUMBIA,MO 65211	43-6003859	501(C)(3)	88,793				RESEARCH-SUBCONTRACT
CONEMAUGH HEALTH SYSTEM1086 FRANKLIN STREET JOHNSTOWN,PA 15905	23-2801799	501(C)(3)	87,703				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 BOSTON300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(C)(3)	87,427				RESEARCH-SUBCONTRACT
HEALTH RESEARCH INC 150 BROADWAY STE 560 MENANDS,NY 12204	14-1402155	501(C)(3)	87,250				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST PA AHEC LEXINGTON TECHNOLOGY PARK 400 N LEXINGTON AVE PITTSBURGH,PA 15208	25-1791450	501(C)(3)	84,009				RESEARCH-SUBCONTRACT
LOS ALAMOS NATIONAL LABORATORYPO BOX 1663 MAIL STOP P245 LOS ALAMOS,NM 87545	85-6004458	N/A	82,441				RESEARCH-SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 UTAH201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112	87-6000525	N/A	82,399				RESEARCH-SUBCONTRACT
UNIVERSITY OF NEBRASKA 312 N 14TH ST LINCOLN, NE 685880430	47-0049123	501(C)(3)	80,438				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHARMACY QUALITY ALLIANCE6213 OLD KEENE MILL COURT SPRINGFIELD,VA 22152	26-2968498	501(C)(3)	80,255				RESEARCH-SUBCONTRACT
CE CITY285 WATERFRONT DRIVE E SUITE 100 PITTSBURGH,PA 15120	25-1798854	N/A	80,000				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 RESEARCH INSTITUTEPO BOX 846275 DALLAS,TX 752846275	75-1921898	501(C)(3)	78,930				RESEARCH-SUBCONTRACT
UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU,HI 96822	99-6000354	501(C)(3)	76,398				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY REHABILITATION CENTER MOFFETT RUN ROAD ALIQUIPPA,PA 15001	25-1204418	501(C)(3)	74,504				RESEARCH-SUBCONTRACT
UNIVERSITY OF ALASKA 3700 SHARON GAGNON LANE ANCHORAGE,AK 99508	92-6000147	501(C)(3)	74,127				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO,IL 60637	36-2177139	501(C)(3)	72,979				RESEARCH-SUBCONTRACT
LA BIOMEDICAL RESEARCH INSTITUTE 1124 W CARSON STREET BLDG N-14 TORRANCE,CA 90502	95-2138184	501(C)(3)	72,689				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
3-C INSTITUTE FOR SOCIAL DEVELOPMENT 21901 N HARRISON AVENUE STE 200 CARY,NC 27513	56-2237463	N/A	71,984				RESEARCH-SUBCONTRACT
WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT,MI 48202	38-3555142	501(C)(3)	70,732				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR URBAN FAMILY HEALTH22 WEST 19TH ST 8TH FL NEW YORK,NY 10011	13-3273402	501(C)(3)	70,495				RESEARCH-SUBCONTRACT
IMMUNETRICS100 TECHNOLOGY DRIVE SUITE 400 PITTSBURGH,PA 15219	25-1895963	N/A	68,021				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY RD COLUMBUS,OH 43210	31-6401599	501(C)(3)	66,845				RESEARCH-SUBCONTRACT
FUTURES WITHOUT VIOLENCE100 MONTGOMERY STREET SAN FRANCISCO,CA 94129	94-3110973	501(C)(3)	64,295				RESEARCH-SUBCONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATE UNIVERSITY10 ANDERSON HALL MANHATTAN, KS 665065015	48-0771751	501(C)(3)	62,763				RESEARCH-SUBCONTRACT
TEXAS TECH UNIVERSITY BOX 41023 LUBBOCK, TX 794091023	75-6002622	501(C)(3)	62,391				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON RESEARCH INSTITUTE1715 FRANKLIN BLVD EUGENE,OR 97403	93-0495655	501(C)(3)	60,634				RESEARCH-SUBCONTRACT
GEORGE WASHINGTON UNIVERSITYTAX DEPT ROME HALL 801 22ND ST NW NO 100 WASHINGTON,DC 20052	53-0196584	501(C)(3)	59,211				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUFTS NEW ENGLAND MEDICAL CENTER750 WASHINGTON STREET NEMC 231 BOSTON,MA 02111	04-3400617	501(C)(3)	58,959				RESEARCH-SUBCONTRACT
INTEGRIS BAPTIST MEDICAL CENTER3330 NW EXPRESSWAY BLDG C STE 806 OKLAHOMA CITY,OK 73112	73-1427611	501(C)(3)	58,280				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATTELLE MEMORIAL INSTITUTEPO BOX 84391 SEATTLE,WA 981245691	31-4379427	501(C)(3)	57,663				RESEARCH-SUBCONTRACT
CARE NEW ENGLAND HEALTHCARE SYSTEM345 BLACKSTONE BLVD 214 POTTER BLD PROVIDENCE,RI 02906	05-0258937	501(C)(3)	57,343				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURITEC PHARMACEUTICALS15 BRAEBURN ROAD HYDE PARK,MA 02136	84-1629188	N/A	57,171				RESEARCH-SUBCONTRACT
BAYER BUSINESS & TECHNOLOGY SERVICESPO BOX 223091 PITTSBURGH,PA 15251	06-1653779	N/A	57,000				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPMC600 GRANT STREET 58TH FLOOR C/O CORPORATE TAX DEPT PITTSBURGH,PA 15219	25-1423657	501(C)(3)	51,578				RESEARCH-SUBCONTRACT
CHILDRENS HOSPITAL LOS ANGELES4650 SUNSET BLVD LOS ANGELES,CA 90027	95-1690977	501(C)(3)	49,626				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 GEORGIA 424 BROAD ST ATHENS,GA 30602	58-6001998	501(C)(3)	48,482				RESEARCH-SUBCONTRACT
SAN DIEGO STATE UNIVERSITY FOUNDATION 5250 CAMPANILE DR SAN DIEGO,CA 92182	95-6042721	501(C)(3)	46,394				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPAULDING REHABILITATION HOSPITALPO BOX 3903 BOSTON,MA 02241	04-3071419	501(C)(3)	45,899				RESEARCH-SUBCONTRACT
NORTHERN BIOMEDICAL RESEARCH INC1210 PONTALUNA ROAD SPRING LAKE,MI 49456	38-3097741	N/A	44,594				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVENUE SOUTH BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	44,426				RESEARCH-SUBCONTRACT
UNIVERSITY OF MINNESOTA PHYSICIANS OUTREACH LABS720 WASHINGTON AVENUE SE SUITE 200 MINNEAPOLIS,MN 55414	41-1843943	501(C)(3)	43,601				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE MUSEUMS OF PITTSBURGH4400 FOBRES AVENUE PITTSBURGH,PA 15213	25-0965280	501(C)(3)	42,981				RESEARCH-SUBCONTRACT
RUSH UNIVERSITY HOSPITAL1700 W VAN BUREN ROOM 150 CHICAGO,IL 60612	36-2174823	501(C)(3)	42,732				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZON RESEARCH INC 326 CLOISTER COURT CHAPEL HILL,NC 27514	56-1550276	501(C)(3)	42,210				RESEARCH-SUBCONTRACT
OREGON STATE UNIVERSITYPO BOX 1086 OFFICE OF POST AWARD ADMINISTRATION CORVALLIS,OR 97339	48-1278540	N/A	42,170				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL MEDICAL COLLEGE 1300 YORK AVENUE BOX 9 NEW YORK, NY 100654805	13-1623978	501(C)(3)	41,750				RESEARCH-SUBCONTRACT
MEDICAL UNIVERSITY OF SOUTH CAROLINA17 ASHLEY AVENUE CHARLESTON, SC 29403	57-6007222	N/A	41,480				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 HOSPITAL AND RESEARCH CENTER AT OAKLAND747 52ND STREET OAKLAND,CA 94609	94-0382330	501(C)(3)	41,311				RESEARCH-SUBCONTRACT
MEDSTAR RESEARCH INSTITUTE5565 STERRETT PLACE 5TH FLOOR COLUMBIA,MD 21044	52-6056274	501(C)(3)	40,906				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE UNIVERSITY OF NEW YORK450 CLARKSON AVE BROOKLYN,NY 11203	11-2418771	501(C)(3)	40,825				RESEARCH-SUBCONTRACT
YOU GOV AMERICA INC285 HAMILTON AVENUE SUITE 200 PALO ALTO,CA 94301	98-0547173	N/A	40,600				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR FAMILY HEALTH19 W 21ST ST RM 504 NEW YORK,NY 10010	13-3273402	501(C)(3)	40,568				RESEARCH-SUBCONTRACT
UNIVERSITY OF TEXAS MEDICAL BRANCHOFFICE OF SPONSORED PROGRAMS PO BOX 4786-750 HOUSTON,TX 772104786	74-6000949	501(C)(3)	40,330				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSOL ENERGY INCPO BOX 643355 RESEARCH DEV PITTSBURGH,PA 15264	51-0337383	N/A	40,037				RESEARCH-SUBCONTRACT
SURVEY SAMPLING INTERNATIONAL6 RESEARCH DRIVE SHELTON,CT 06484	92-0188807	N/A	38,824				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT SINAI MEDICAL CENTERONE GUSTAVE L LEVY PLACE NEW YORK,NY 10029	13-6271888	501(C)(3)	38,571				RESEARCH-SUBCONTRACT
GEORGIA STATE UNIVERSITYPO BOX 3999 ATLANTA,GA 30302	58-1845423	501(C)(3)	38,522				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON UNIVERSITY881 COMMONWEALTH AVENUE 4TH FLOOR BOSTON,MA 02215	04-2103547	501(C)(3)	38,444				RESEARCH-SUBCONTRACT
CHILDREN'S MEMORIAL HOSPITAL2300 CHILDRENS PLAZA CHICAGO,IL 60614	36-2170833	501(C)(3)	38,284				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE MASON UNIVERSITY4400 UNIVERSITY DRIVE FAIRFAX, VA 22030	54-0836354	N/A	38,142				RESEARCH-SUBCONTRACT
CHILDRENS HOSPITAL NATIONAL MEDICAL CENTER111 MICHIGAN AVENUE WASHINGTON,DC 20010	52-1640402	501(C)(3)	37,576				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOGIME INCPO BOX 10783 PITTSBURGH,PA 15203	27-0493699	N/A	37,000				RESEARCH-SUBCONTRACT
BAYSTATE MEDICAL CENTER759 CHESTNUT ST SPRINGFIELD,MA 01199	04-2790311	501(C)(3)	35,508				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWESTERN HEALTH SCIENCES UNIVERSITY 2501 WEST 84TH STREET BLOOMINGTON,MN 554311599	41-0684657	501(C)(3)	34,144				RESEARCH-SUBCONTRACT
UNIVERSITY OF NEW MEXICO900 CAMINO DE SALUD NE ALBUQUERQUE,NM 87131	85-6000642	501(C)(3)	33,784				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 OFFICERS ASSOCIATION OF CALIFORNIA100 11TH STREET SUITE 323 SACRAMENTO,CA 95814	23-7103860	N/A	33,333				RESEARCH-SUBCONTRACT
UNIVERSITY OF OKLAHOMA1700 ASP AVE ROOM B-1 NORMAN,OK 73072	73-6017987	501(C)(3)	33,044				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN MEDICAL CENTER5501 OLD YORK ROAD PHILADELPHIA,PA 19141	23-1396794	501(C)(3)	32,472				RESEARCH-SUBCONTRACT
UPMC MERCY1400 LOCUST STREET PITTSBURGH,PA 15219	25-0965429	501(C)(3)	32,384				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEAVE INC1900 K STREET SACRAMENTO,CA 95811	94-2493158	501(C)(3)	32,199				RESEARCH-SUBCONTRACT
UNIVERSITY OF TEXAS AT SAN ANTONIOONE UTSA CIRCLE SAN ANTONIO,TX 78249	74-1717115	501(C)(3)	32,171				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLD SPRING HARBOR LABORATORYONE BUNG TOWN RD COLD SPRING HARBOR, NY 11724	11-2013303	501(C)(3)	31,698				RESEARCH-SUBCONTRACT
BRONX VETERANS MEDICAL RESEARCH FOUNDATION130 W KINGSBRIDGE RD BRONX, NY 10468	13-3699250	501(C)(3)	31,301				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITYCASHIERS OFFICE FORT COLLINS,CO 80523	84-6000545	501(C)(3)	30,363				RESEARCH-SUBCONTRACT
MARINE BIOLOGICAL LABORATORYPO BOX 3218 BOSTON,MA 022413218	04-2104690	501(C)(3)	30,255				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVENS INSTITUTE OF TECHNOLOGYCASTLE POINT ON HUDSON HOBOKEN,NJ 07030	22-1487354	501(C)(3)	29,120				RESEARCH-SUBCONTRACT
UNIVERSITY OF ROCHESTER910 GENESEE STREET ROCHESTER,NY 14611	16-0743209	501(C)(3)	27,958				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHFIELD CLINICAL RESEARCH FOUNDATION 1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	27,415				RESEARCH-SUBCONTRACT
DATABANQUE8150 PERRY HWY SUITE 102 PITTSBURGH,PA 15237	25-1670935	N/A	27,200				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY117D DAVID BOYD HALL BATON ROUGE, LA 70803	72-6000848	501(C)(3)	27,082				RESEARCH-SUBCONTRACT
UNIVERSITY OF SOUTH CAROLINAPO BOX 751475 CHARLOTTE, NC 282751475	57-6001153	N/A	26,712				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTEFIORE MEDICAL CENTER111 EAST 210TH ST BRONX,NY 10467	13-1740114	501(C)(3)	26,556				RESEARCH-SUBCONTRACT
UNIVERSITY OF CALIFORNIA SAN FRANCISCOUCSF BOX 0248 SAN FRANCISCO ,CA 94143	94-6036493	501(C)(3)	26,367				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC3000 W CYPRESS CREEK RD FORT LAUDERDALE,FL 33309	65-0003177	501(C)(3)	25,694				RESEARCH-SUBCONTRACT
SALK INSTITUTE10010 N TORREY PINES ROAD LA JOLLA,CA 920371099	95-2160097	501(C)(3)	25,564				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOC FOR PROFESSIONALS IN INFECTION CONTROL & EPIDEMIOLOGY INC1275 K ST NW SUITE 1000 WASHINGTON,DC 20005	23-7256856	N/A	25,500				RESEARCH-SUBCONTRACT
IUP RESEARCH INSTITUTE 660 SOUTH 11TH STREET MEMORIAL FIELD HOUSE INDIANA,PA 157051077	25-1470695	501(C)(3)	25,245				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA INSTITUTE FOR HUMAN & MACHINE COGNITION40 S ALCANIZ ST PENSACOLA,FL 32502	20-0760849	501(C)(3)	24,925				RESEARCH-SUBCONTRACT
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTERPO BOX 4930 HOUSTON,TX 772104390	74-6001118	501(C)(3)	24,910				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWALK HOSPITAL24 STEVENS ST ACCOUNTING DEPT NORWALK,CT 06856	06-6068853	501(C)(3)	24,362				RESEARCH-SUBCONTRACT
WAKE FOREST UNIVERSITY HEALTH SERVICES MEDICAL CENTER BLVD WINSTONSALEM,NC 27157	22-3849199	501(C)(3)	24,308				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF LOUISVILLE- RESEARCH FOUNDATION520 STEVENSON HALL LOUISVILLE,KY 40292	61-1029626	501(C)(3)	23,568				RESEARCH-SUBCONTRACT
AARON DIAMOND AIDS RESEARCH CENTER2025 WINDSOR DR OAK BROOK,IL 60523	36-2169147	501(C)(3)	23,071				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 MEDICAL CENTER5121 COTTONWOOD STREET 6TH FLOOR MURRAY,UT 84157	94-2853320	501(C)(3)	22,862				RESEARCH-SUBCONTRACT
ZAP SOLUTIONS700 RIVER AVENUE SUITE 321 PITTSBURGH,PA 15212	25-1841943	N/A	22,500				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRIAM HOSPITAL164 SUMMIT AVENUE PROVIDENCE,RI 02906	05-0258905	501(C)(3)	21,348				RESEARCH-SUBCONTRACT
URBAN LEAGUE OF GREATER PITTSBURGH610 WOOD STREET PITTSBURGH,PA 15222	25-0965592	501(C)(3)	21,239				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METHODIST RESEARCH INSTITUTE950 N MERIDIAN ST STE 800 INDIANAPOLIS,IN 46204	35-2023710	501(C)(3)	21,229				RESEARCH-SUBCONTRACT
EMMES FOUNDATION INC11325 SEVEN LOCKS ROAD SUITE 214 POTOMAC,MD 20854	26-1622663	501(C)(3)	21,054				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRIFFIN HOSPITAL130 DIVISION ST DERBY,CT 06418	06-0647014	501(C)(3)	20,896				RESEARCH-SUBCONTRACT
HEALTH SCIENCES LIBRARY ASSOCIATION OF NEW JERSEYPO BOX 7908 C/O HEALTH CARE RESEARCH PRINCETON,NJ 08543	22-2405226	501(C)(3)	20,629				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MONTGOMERY COUNTY 1430 DEKALB STREET NORRISTOWN,PA 19404	23-6003126	N/A	20,404				RESEARCH-SUBCONTRACT
ROCHESTER REGIONAL LIBRARY COUNCIL390 PACKETTS LANDING FAIRPORT,NY 14450	16-0926628	501(C)(3)	20,000				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 CLINICN ACADEMY AVE DANVILLE,PA 17822	23-6291113	501(C)(3)	17,933				RESEARCH-SUBCONTRACT
MAGEE-WOMENS HOSPITAL OF UPMC300 HALKET STREET PITTSBURGH,PA 15213	25-0965420	501(C)(3)	17,802				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECK RADIOLOGICAL INNOVATIONS INC922 RAMBLING DR CATONSVILLE,MD 21228	45-2276816	N/A	17,432				RESEARCH-SUBCONTRACT
VASSAR COLLEGE124 RAYMOND AVENUE BOX 12 POUGHKEEPSIE,NY 12604	14-1338587	501(C)(3)	17,171				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER FOUNDATION RESEARCH INSTITUTE 2000 BROADWAY OAKLAND,CA 94612	94-1105628	N/A	16,856				RESEARCH-SUBCONTRACT
HEALTH RESEARCH ASSOCIATION INC1640 MARENGO ST 7TH FL LOS ANGELES,CA 90033	95-1683862	501(C)(3)	16,855				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK COUNTY DEPARTMENT OF HUMAN SERVICES100 W MARKET STREET YORK,PA 17401	23-6003050	N/A	16,638				RESEARCH-SUBCONTRACT
MARICOPA INTEGRATED HEALTH SYSTEMS2619 E PIERCE STREET 1ST FLOOR PHOENIX,AZ 85008	86-0830701	501(C)(3)	16,330				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA PO BOX 115500 GAINESVILLE,FL 32611	59-6002052	N/A	16,318				RESEARCH-SUBCONTRACT
WILLIAMSPORT HOSPITAL AND MEDICAL CENTER 1001 GRAMPIAN BOULEVARD WILLIAMSPORT,PA 17701	24-0795508	501(C)(3)	16,198				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSE-HULMAN INSTITUTE OF TECHNOLOGY500 WABASH AVENUE BOX 21 TERRE HAUTE,IN 478033999	35-0868149	501(C)(3)	16,171				RESEARCH-SUBCONTRACT
TUSKEGEE UNIVERSITY KRESGE CENTER 112 TUSKEGEE INSTITUTE,AL 36088	63-0288878	501(C)(3)	15,828				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONEMAUGH MEMORIAL HOSPITAL1086 FRANKLIN STREET JOHNSTOWN,PA 15905	25-0965307	501(C)(3)	15,648				RESEARCH-SUBCONTRACT
MERIDIAN SERVICES INC 527 MERIDIAN ROAD YOUNGSTOWN,OH 44509	34-1138485	501(C)(3)	14,733				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 NEW ORLEANS200 HENRY CLAY AVE NEW ORLEANS,LA 70118	72-0467503	501(C)(3)	14,667				RESEARCH-SUBCONTRACT
SOUTHERN METHODIST UNIVERSITYPO BOX 750259 DALLAS,TX 752750259	75-0800689	501(C)(3)	14,528				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 LLC160 N CRAIG ST SUITE 117 PITTSBURGH,PA 15213	11-3655805	N/A	14,512				RESEARCH-SUBCONTRACT
OPEN MINDS LLC390 ALTERMOOR DRIVE NATRONA HEIGHTS,PA 15065	94-3445558	N/A	14,385				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST BEHAVIORAL HEALTHCARE INC3131 SANGUINET STREET FORT WORTH,TX 76107	75-2625595	501(C)(3)	14,240				RESEARCH-SUBCONTRACT
NATIONAL JEWISH HEALTH1400 JACKSON STREET DENVER,CO 80206	74-2044647	501(C)(3)	14,218				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 NATIONAL MEDICAL CENTER111 MICHIGAN AVE NW WASHINGTON,DC 200102970	52-1640403	501(C)(3)	14,128				RESEARCH-SUBCONTRACT
HOUSE OF THE CROSSROADS2012 CENTRE AVENUE PITTSBURGH,PA 15230	25-1206373	501(C)(3)	13,744				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGO MOSER RESEARCH INSTITUTE707 N BROADWAY BALTIMORE,MD 21205	52-1524967	501(C)(3)	12,929				RESEARCH-SUBCONTRACT
JAMES MADISON UNIVERSITYMSC 5715 HARRISONBURG,VA 22807	54-6001756	501(C)(3)	12,805				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPAUL UNIVERSITY1 E JACKSON BLVD CHICAGO,IL 60604	36-2167048	501(C)(3)	12,792				RESEARCH-SUBCONTRACT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT DRIVE CHAPEL HILL,NC 27599	31-4379427	501(C)(3)	12,668				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATHAM UNIVERSITY WOODLAND ROAD PITTSBURGH,PA 15232	25-0717890	501(C)(3)	12,015				RESEARCH-SUBCONTRACT
ALBANY MEDICAL COLLEGE43 NEW SCOTLAND AVENUE ALBANY,NY 122083412	14-1338310	501(C)(3)	11,543				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 DAVISON SHIELDS AVE DAVIS,CA 95616	94-6036494	501(C)(3)	11,431				RESEARCH-SUBCONTRACT
ATLANTA RESEARCH & EDUCATION FOUNDATION 1670 CLAIRMONT RD NO 151F DECATUR,GA 30033	58-1857346	501(C)(3)	11,218				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEKA INTEGRATED SOLUTIONS340 COMMERCIAL STREET MANCHESTER,NH 03101	20-5085384	N/A	11,043				RESEARCH-SUBCONTRACT
PLANETARY SCIENCE INSTITUTE1700 E FORT LOWELL ROAD SUITE 106 TUCSON,AZ 857192395	33-1075263	501(C)(3)	11,021				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUGET SOUND BLOOD CENTER921 TERRY AVENUE SEATTLE,WA 981041256	91-1019655	501(C)(3)	10,857				RESEARCH-SUBCONTRACT
AIDS COALITION OF SOUTHWESTERN PA907 WEST STREET FIFTH FLOOR PITTSBURGH,PA 15221	25-1701085	501(C)(3)	10,000				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL DISTRICT LIBRARY COUNCIL28 ESSEX ST ALBANY,NY 12206	14-1501684	501(C)(3)	10,000				RESEARCH-SUBCONTRACT
CORNELL COOPERATIVE EXTENSION64 FERNDALE-LOOMIS RD LIBERTY,NY 12754	16-6072895	501(C)(3)	10,000				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 COALITION525 SOUTH 29TH STREET HARRISBURG,PA 17104	61-1511344	501(C)(3)	10,000				RESEARCH-SUBCONTRACT
UNITED METHODIST CHURCH UNIONPO BOX 100086 PITTSBURGH,PA 15233	25-0965431	N/A	10,000				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YESHIVA UNIVERSITY 1300 MORRIS PARK AVENUE BRONX,NY 10461	13-1624225	501(C)(3)	10,000				RESEARCH-SUBCONTRACT
EASTERN UNIVERSITY 1300 EAGLE ROAD ST DAVIDS,PA 19087	23-1409675	501(C)(3)	9,999				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK MEDICAL COLLEGE420 SUNSHINE COTTAGE ROAD VALHALLA,NY 10595	13-1099420	501(C)(3)	9,971				RESEARCH-SUBCONTRACT
WASHINGTON COUNTY HEALTH PARTNERS190 N MAIN STREET SUITE 208 WASHINGTON,PA 15301	25-1872584	501(C)(3)	9,896				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN MEDICAL CENTER150 55TH STREET BROOKLYN,NY 11220	11-1839567	501(C)(3)	9,730				RESEARCH-SUBCONTRACT
SLIPPERY ROCK UNIVERSITYROOM 002A OLD MAIN SLIPPERY ROCK,PA 16057	25-1513539	501(C)(3)	9,661				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOURO COLLEGE230 WEST 125TH STREET SUITE 316 NEWYORK,NY 10027	13-2676570	501(C)(3)	9,612				RESEARCH-SUBCONTRACT
CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL6493 RIDINGS ROAD SYRACUSE,NY 13206	16-0957462	501(C)(3)	9,573				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW JERSEY STATE LIBRARY185 WEST STATE STREET PO BOX 520 TRENTON,NJ 08625	22-2942727	501(C)(3)	9,000				RESEARCH-SUBCONTRACT
ERIE COUNTY140 WEST NINTH STREET ERIE,PA 16505	25-6001027	N/A	8,912				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YORK CITY BUREAU OF HEALTH227 W MARKET STREET YORK,PA 17401	23-6001908	N/A	8,873				RESEARCH-SUBCONTRACT
PSYCHOLOGY SOFTWARE TOOLS INC311 23RD STREET EXTENSION STE 200 PITTSBURGH,PA 15215	25-1551170	N/A	8,700				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN MEDICAL CENTER830 WASHINGTON ST WATERTOWN,NY 13601	15-0533577	501(C)(3)	8,652				RESEARCH-SUBCONTRACT
COPELAND CENTER FOR WELLNESS AND RECOVERY INCPO BOX 6471 BRATTLEBORO,VT 05302	20-3409257	501(C)(3)	8,250				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR CLINICAL RESEARCH INCPO BOX 29545 WASHINGTON,DC 20017	52-1336656	501(C)(3)	8,239				RESEARCH-SUBCONTRACT
VISITOR STUDIES ASSOCIATION2885 SANFORD AVENUE SW 18100 GRANDVILLE,MI 49418	58-2015580	501(C)(3)	8,143				RESEARCH-SUBCONTRACT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 RESEARCH2408 ANTIETAM DR ANN ARBOR, MI 48105	10-1362391	N/A	7,500				RESEARCH-SUBCONTRACT
CROUSE HEALTH FOUNDATION736 IRVING AVENUE SYRACUSE,NY 13210	16-1035427	501(C)(3)	7,485				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEEBE MEDICAL CENTER 424 SAVANNAH ROAD LEWES,DE 19958	51-0067938	501(C)(3)	7,099				RESEARCH-SUBCONTRACT
MEDICAL COLLEGE OF WISCONSIN8701 WATERTOWN PLANK ROAD MILWAUKEE,WI 53226	39-0806261	501(C)(3)	7,039				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREASURER OF VIRGINIA TECH301 BURRUSS HALL MAIL CODE 0244 BLACKSBURG,VA 24061	54-6001805	N/A	6,895				RESEARCH-SUBCONTRACT
MISSISSIPPI STATE UNIVERSITYPO DRAWER 5227 MISSISSIPPI ST,MS 39762	64-6000814	501(C)(3)	6,862				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGAN COLLEGE OF CHIROPRACTIC1851 SCHOETTLER ROAD CHESTERFIELD,MO 63017	43-0746185	501(C)(3)	6,416				RESEARCH-SUBCONTRACT
UNIVERSITY OF ARIZONA PO BOX 3607 TUCSON,AZ 857223607	74-2652689	501(C)(3)	6,263				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIND RESEARCH NETWORK 1101 YALE BOULEVARD N E ALBUQUERQUE,NM 87106	85-0457562	501(C)(3)	5,868				RESEARCH-SUBCONTRACT
IHC HEALTH SERVICES INC36 S STATE ST STE 1000 SALT LAKE CITY,UT 84111	94-2854057	501(C)(3)	5,699				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 HEALTH SCIENCES CENTER1100 N LINDSAY SCB ROOM 228 OKLAHOMA CITY,OK 731902010	73-6017987	N/A	5,142				RESEARCH-SUBCONTRACT
NEW YORK INSTITUTE OF TECHNOLOGYNORTHERN BOULEVARD CONTROLLERS OFFICE- GRANTS OLD WESTBURY,NY 115688000	11-1788788	501(C)(3)	5,129				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATTRESS FACTORY500 SAMPSONIA WAY PITTSBURGH,PA 15212	25-1338941	501(C)(3)	5,000				RESEARCH-SUBCONTRACT
ST JUDE'S CHILDREN'S RESEARCH HOSPITAL501 ST JUDE PLACE MEMPHIS,TN 38105	62-0646012	501(C)(3)	76,637				RESEARCH-SUBCONTRACT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEGRO EDUCATIONAL EMERGENCY DRIVE WARNER CENTER 332 FIFTH AVENUE PITTSBURGH,PA 15222	25-6070821	501(C)(3)	167,750				SPONSORSHIP
PITTSBURGH AREA MIDDLE EAST INSTITUTE INC5 VON LENT PLACE PITTSBURGH,PA 15232	26-3562819	501(C)(3)	50,000				SPONSORSHIP



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN PENNSYLVANIA CONSERVANCY800 WATERFRONT DRIVE PITTSBURGH,PA 15222	25-1053485	501(C)(3)	35,000				SPONSORSHIP
CIVIC LIGHT OPERA ASSOCIATION OF PITTSBURGH719 LIBERTY AVENUE PITTSBURGH,PA 15222	25-6000890	501(C)(3)	32,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION7777 PENN CENTER BOULEVARD PITTSBURGH,PA 15235	13-5613797	501(C)(3)	31,200				SPONSORSHIP
ELTON JOHN AIDS FOUNDATION INC584 BROADWAY RM 906 NEWYORK,NY 10012	58-2033460	501(C)(3)	25,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL 2640 BNY MELLON CTR 500 GRANT ST PITTSBURGH,PA 15219	25-1064871	501(C)(3)	24,000				SPONSORSHIP
CATHOLIC YOUTH ASSOC OF PITTSBURGH286 MAIN STREET PITTSBURGH,PA 15201	25-0984596	501(C)(3)	17,250				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL JEWISH UNIVERSITY CENTER4607 FORBES AVENUE PITTSBURGH,PA 15213	25-6065236	501(C)(3)	15,000				SPONSORSHIP
SENATOR JOHN HEINZ PITTSBURGH REGIONAL HISTORY CENTER1212 SMALLMAN STREET PITTSBURGH,PA 15222	25-0965391	501(C)(3)	15,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS225 BOULEVARD OF THE ALLIES PITTSBURGH,PA 15222	53-0196605	501(C)(3)	9,050				SPONSORSHIP
BIG BROTHERS BIG SISTERS OF GREATER PITTSBURGH INC5989 PENN CIRCLE SOUTH PITTSBURGH,PA 15206	25-6074707	501(C)(3)	8,900				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGH OPERA INC 2425 LIBERTY AVENUE PITTSBURGH,PA 15222	25-1073139	501(C)(3)	8,500				SPONSORSHIP
PITTSBURGH SYMPHONY INC 600 PENN AVENUE PITTSBURGH,PA 15222	25-0986052	501(C)(3)	7,816				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN IRELAND FUND 211 CONGRESS STREET 10TH FLOOR BOSTON,MA 02110	25-1306992	501(C)(3)	7,500				SPONSORSHIP
JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH5738 FORBES AVENUE BOX 81980 PITTSBURGH,PA 15217	25-1094514	501(C)(3)	7,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PG CHARITIES234 BLVD OF THE ALLIES PITTSBURGH,PA 15222	23-7216540	501(C)(3)	7,500				SPONSORSHIP
COMMUNITY HUMAN SERVICES CORP374 LAWN STREET PITTSBURGH,PA 15213	25-1219610	501(C)(3)	6,500				SPONSORSHIP



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS YOUTH 6117 BROAD STREET PITTSBURGH,PA 15206	25-1206924	501(C)(3)	6,500				SPONSORSHIP
CARNEGIE MUSEUMS OF PITTSBURGH4400 FORBES AVENNUE PITTSBURGH,PA 15213	25-0965280	501(C)(3)	6,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WESTERN PA30 ISABELLA STREET SUITE 107 PITTSBURGH,PA 15212	25-1126094	501(C)(3)	6,000				SPONSORSHIP
NEW PITTSBURGH COURIER315 EAST CARSON STREET PITTSBURGH,PA 15219	25-1181398	N/A	6,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount 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 PITTSBURGH610 WOOD STREET PITTSBURGH,PA 15222	25-0965592	501(C)(3)	5,500				SPONSORSHIP
ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT425 SIXTH AVENUE PITTSBURGH,PA 15219	25-0965213	501(C)(3)	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HOUSE233 MCKEE PLACE PITTSBURGH,PA 15213	25-1519959	501(C)(3)	5,000				SPONSORSHIP
NAACP- PITTSBURGH BRANCH2203 WYLIE AVENUE PITTSBURGH,PA 15219	25-6086867	501(C)(3)	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURGH PARKS CONSERVANCY2000 TECHNOLOGY DRIVE NO 300 PITTSBURGH,PA 15219	23-2882145	501(C)(3)	5,000				SPONSORSHIP
PITTSBURGH VINTAGE GRAND PRIX ASSOCIATION1008 MANOR COMPLEX 564 FORBES AVENUE PITTSBURGH,PA 15219	25-1427238	501(C)(3)	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER CITY BRASS BAND 500 GRANT STREET SUITE 2720 PITTSBURGH,PA 15219	25-1401329	501(C)(3)	5,000				SPONSORSHIP
UNITED WAY OF ALLEGHENY COUNTY1250 PENN AVENUE PO BOX 735 PITTSBURGH,PA 15230	25-1043578	501(C)(3)	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS LEADERSHIP PROGRAM OF WESTERN PENNSYLVANIA INC2417 EAST CARSON STREET PITTSBURGH,PA 15203	25-1434643	501(C)(3)	5,000				SPONSORSHIP
WOMENS AND GIRLS FOUNDATION OF SOUTHWEST PENNSYLVANIA100 WEST STATION SQUARE DRIVE PITTSBURGH,PA 15219	74-3055311	501(C)(3)	5,000				SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA305 WOOD ST PITTSBURGH, PA 152221982	25-0965639	501(C)(3)	5,000				SPONSORSHIP



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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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			
	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
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	Yes	
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			
	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported 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.

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

Part III Supplemental Information

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.

Identifier	Return Reference	Explanation
	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, PROSPECTIVE DONORS, INSTITUTIONAL 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 MEMBERSHIPS ARE PROVIDED. PERSONAL SERVICES. FINANCIAL CONSULTING SERVICES UP TO A MAXIMUM AMOUNT OF \$5,000 PER YEAR ARE PROVIDED TO CERTAIN SENIOR OFFICERS OF THE UNIVERSITY.

**Software ID:**  
**Software Version:**  
**EIN:** 25-0965591  
**Name:** UNIVERSITY OF PITTSBURGH

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MARK A NORDENBERG	(i) (ii)	565,652 0	0 0	27,184 0	68,490 0	68,857 0	730,183 0	0 0
PATRICIA E BEESON	(i) (ii)	354,259 0	0 0	20,975 0	42,852 0	11,690 0	429,776 0	0 0
JEROME COCHRAN	(i) (ii)	480,736 0	0 0	26,366 0	70,186 0	12,903 0	590,191 0	0 0
B JEAN FERKETISH	(i) (ii)	206,558 0	0 0	8,691 0	30,748 0	14,061 0	260,058 0	0 0
ARTHUR S LEVINE	(i) (ii)	771,085 0	0 0	71,684 0	30,000 0	13,304 0	886,073 0	0 0
JAMES V MAHER JR	(i) (ii)	280,666 0	0 0	2,242 0	0 0	14,942 0	297,850 0	0 0
AMY KRUEGER MARSH	(i) (ii)	372,378 0	0 0	14,225 0	36,251 0	14,777 0	437,631 0	0 0
ARTHUR G RAMICONE	(i) (ii)	346,198 0	0 0	25,140 0	50,815 0	14,061 0	436,214 0	0 0
JAMES P DIXON II	(i) (ii)	1,293,040 0	670,388 0	33,538 0	130,001 0	14,555 0	2,141,522 0	0 0
PAUL CHRYST	(i) (ii)	1,020,881 0	500,000 0	22,549 0	23,252 0	12,075 0	1,578,757 0	0 0
NANCY E DAVIDSON	(i) (ii)	650,259 0	0 0	600 0	26,250 0	5,205 0	682,314 0	0 0
STEVEN C PEDERSON	(i) (ii)	529,798 0	41,667 0	11,648 0	36,251 0	14,172 0	633,536 0	0 0
AGNUS BERENATO	(i) (ii)	449,398 0	0 0	18,516 0	30,003 0	14,875 0	512,792 0	0 0

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY OF PITTSBURGH

Employer identification number  
25-0965591

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A SEE SCHEDULE K PART VI	25-0965591	91335VHP4	03-31-2009	452,532,151	SEE SCHEDULE K, PART VI		X		X		X
B SEE SCHEDULE K PART VI	25-0965591	91335VFL5	12-17-2008	306,735,020	SEE SCHEDULE K, PART VI		X		X		X
C SEE SCHEDULE K PART VI	25-0965591	91335VFU5	01-27-2009	44,309,750	SEE SCHEDULE K, PART VI		X		X		X
D SEE SCHEDULE K PART VI	25-0965591	91335VDH6	07-10-2009	401,451,947	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	453,185,799		306,735,927		44,316,041		401,460,622	
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		1,004,898	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	300,459,691		1,792,598		4,111,766		1,234,685	
11	Other spent proceeds	150,379,000		304,200,000		40,000,000		400,447,049	
12	Other unspent proceeds								
13	Year of substantial completion	2013		2008		2008		2009	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0%		0%		%		0%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	0%		0%		%		0%	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	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?		X	X			X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X	X	
b	Name of provider	NA		BARCLAYS BANK		NA			
c	Term of hedge	26 0000000000000		26 00000000000000				32 7500000000000	
d	Was the hedge superintegrated?		X		X		X		X
e	Was a hedge terminated?		X		X		X		X

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
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			X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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).

Identifier	Return Reference	Explanation
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 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 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 ORIGINAL PURPOSE CAPITAL PROJECT BONDS PAR 104,621,000 NAME SERIES B OF 2007 ORIGINAL PURPOSE CAPITAL PROJECT BONDS E-FINANCE CAPITAL EQUIPMENT F-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 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, 2013 \$150,000,000 PERCENTAGE OF PRIVATE BUSINESS USE 0 14% 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, 2013 \$104,621,000 PERCENTAGE OF PRIVATE BUSINESS USE 0 23%
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 \$24,621,000 9/15/2041 12/5/2008 BARCLAYS BANK

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNIVERSITY OF PITTSBURGH

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

Employer identification number  
25-0965591

Part I

Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	SEE SCHEDULE K PART VI	25-0965591	91335VJK3	06-12-2012	122,262,000	SEE SCHEDULE K, PART VI		X		X		X
B	SEE SCHEDULE K PART VI	25-0965591	91335VJL1	06-18-2013	122,318,400	SEE SCHEDULE K, PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	116,025,249		122,071,019					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	222,883		247,583					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	32,034,409		31,671,636					
11	Other spent proceeds	90,000,000		70,000,000					
12	Other unspent proceeds	20,402,729		20,402,729					
13	Year of substantial completion	2012		2013					
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
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?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?	X		X					
c	No rebate due?		X		X				
	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?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	NA							
c	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
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		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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).

Identifier	Return Reference	Explanation
------------	------------------	-------------

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2012**  
Open to Public Inspection

Name of the organization  
UNIVERSITY OF PITTSBURGH

Employer identification number  
25-0965591

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE SCH L PART V	N/A		N/A		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(A) NAME OF INTERESTED PERSON JOSHUA COCHRAN(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF JEROME COCHRAN, GENERAL COUNSEL/ EXECUTIVE VICE CHANCELLOR(C) AMOUNT OF TRANSACTION \$67,431(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF INTERESTED PERSON ERIN NORDENBERG(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MARK NORDENBERG, CHANCELLOR(C) AMOUNT OF TRANSACTION \$38,503(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF INTERESTED PERSON ANITA P COURCOULAS, MD(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF IRA J GUMBERG, TRUSTEE (C) AMOUNT OF TRANSACTION \$202,448(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 \$37,348(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 \$174,468(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 \$60,398(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 \$51,500(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION'S REVENUES? NO(A) NAME OF INTERESTED PERSON KATHERINE COSTA(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF MARTHA HARTLE MUNSCH , A TRUSTEE (C) AMOUNT OF TRANSACTION \$20,393(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 \$1,492,431(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 \$1,173,508(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 \$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 (A) NAME OF INTERESTED PERSON CDW GOVERNMENT, INC (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION TRUSTEE THOMAS E RICHARDS IS CEO AT CDW(C) AMOUNT OF TRANSACTION \$2,608,922(D) DESCRIPTION OF TRANSACTION IT PRODUCTS AND SERVICES(E) SHARING OF ORGANIZATION'S REVENUES? NO

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493133047524	
SCHEDULE M (Form 990)  <div>Department of the Treasury Internal Revenue Service</div>		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
					2012
					Open to Public Inspection
Name of the organization UNIVERSITY OF PITTSBURGH				Employer identification number  25-0965591	

Part I		Types of Property				
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts		
1	Art—Works of art . . . . .	2	69,830	WRITTEN APPRAISAL		
2	Art—Historical treasures . . . . .					
3	Art—Fractional interests . . . . .					
4	Books and publications . . . . .		2,222,035	WRITTEN APPRAISAL		
5	Clothing and household goods . . . . .					
6	Cars and other vehicles . . . . .					
7	Boats and planes . . . . .					
8	Intellectual property . . . . .					
9	Securities—Publicly traded . . . . .	96	7,901,962	MEAN VALUE DATE REC'D		
10	Securities—Closely held stock . . . . .					
11	Securities—Partnership, LLC, or trust interests . . . . .					
12	Securities—Miscellaneous . . . . .					
13	Qualified conservation contribution—Historic structures . . . . .					
14	Qualified conservation contribution—Other . . . . .					
15	Real estate—Residential . . . . .					
16	Real estate—Commercial . . . . .					
17	Real estate—Other . . . . .					
18	Collectibles . . . . .					
19	Food inventory . . . . .					
20	Drugs and medical supplies . . . . .					
21	Taxidermy . . . . .					
22	Historical artifacts . . . . .					
23	Scientific specimens . . . . .					
24	Archeological artifacts . . . . .					
25	Other ▶ ( DENTAL EQUIPMENT )	1	159,960	FMV		
26	Other ▶ ( NEW EQUIPMENT AND PRODUCTS )	2	62,620	FMV		
27	Other ▶ ( MOTOMAN ROBOT )	1	20,000	FMV		
28	Other ▶ ( MEDICAL ARTIFACTS )	1	14,339	FMV		
	Other ▶ ( METEORITE COLLECTION )	1	12,346	FMV		
	Other ▶ ( TRAVEL EXPENSES )	1	10,157	FMV		
	Other ▶ ( DRILL ATTACHMENTS )	1	10,081	FMV		
	Other ▶ ( MEALS LODGING TRANSPORTATION )	1	9,950	FMV		
	Other ▶ ( ALUMINUM SHEET TUBING AND PLATE )	1	5,000	FMV		
	Other ▶ ( STUDENT HOUSING )	1	5,000	FMV		
	Other ▶ ( LAW SCHOOL DEAN RECEPTION )	1	2,676	FMV		
	Other ▶ ( MEMORIAL GOLF OUTING )	1	1,200	FMV		
	Other ▶ ( LOTTERY TICKETS )	1	100	FMV		
	Other ▶ ( BONUS CERTIFICATES )	1	90	FMV		
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	17	
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? . . . . .  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?  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  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					Yes	No
				30a		No
				31	Yes	
				32a		No

Part II

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.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public  
Inspection

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

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	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



Identifier	Return Reference	Explanation
	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 INSPECTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>THE UNIVERSITY'S CONFLICT OF INTEREST POLICY FOR TRUSTEES APPLIES TO MEMBERS OF THE UNIVER SITY'S BOARD OF TRUSTEES ("BOARD") WHO ARE ENTITLED TO VOTE AT BOARD MEETINGS SUCH MEMBER S OF THE BOARD ARE REQUIRED ANNUALLY TO DISCLOSE AFFILIATIONS THEY (OR THEIR SPOUSE, ANCES TORS, BROTHERS AND SISTERS (WHETHER WHOLE OR HALF BLOOD), CHILDREN (WHETHER NATURAL OR ADO PTED), GRANDCHILDREN, GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRA NDCHILDREN, AND GREAT-GRANDCHILDREN) HAVE WITH ANY ORGANIZATION WITH WHICH THERE IS A REAS ONABLE POSSIBILITY THE UNIVERSITY MAY HAVE BUSINESS DEALINGS FURTHER, SUCH MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS (EXCLUSIVE OF TRANS ACTIONS BETWEEN THE UNIVERSITY AND ITSELF OR A CLOSE AFFILIATE, OR FOR WHICH THE UNIVERSIT Y 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 DEPO SITARY OF FUNDS, TRANSFER AGENT, REGISTRAR OR TRUSTEE UNDER TRUST INDENTURE, OR SIMILAR SE RVICES) WHEN THEY FIRST RECEIVE KNOWLEDGE OF THE SAME AND AS THEY ARISE BETWEEN THE UNIVER SITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE TRUSTEE (OR THEIR SPOUSE, ANCESTORS, BR OTHERS AND SISTERS (WHETHER WHOLE OR HALF BLOOD),CHILDREN (WHETHER NATURAL OR ADOPTED), GR ANDCHILDREN, GREAT- GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN, GRANDCHILDRE N, AND GREAT- GRANDCHILDREN) OR AN ORGANIZATION WITH WHICH THE TRUSTEE (OR THEIR SPOUSE, AN CESTORS, BROTHERS AND SISTERS (WHETHER WHOLE OR HALF BLOOD),CHILDREN (WHETHER NATURAL OR A DOPTED), GRANDCHILDREN, GREAT-GRANDCHILDREN, AND SPOUSES OF BROTHERS, SISTERS, CHILDREN, G RANDCHILDREN, AND GREAT-GRANDCHILDREN) IS AFFILIATED WHEN THE AMOUNT INVOLVED DOES OR IS L IKELY TO EXCEED \$50,000 IF POSSIBLE, DISCLOSURES ARE TO BE MADE PRIOR TO ANY SUCH TRANSAC TION THE REQUIRED ANNUAL DISCLOSURES ARE SUBMITTED TO THE UNIVERSITY'S OFFICE OF SECRETAR Y AND FORWARDED TO THE UNIVERSITY'S OFFICE OF GENERAL COUNSEL THE OFFICE OF GENERAL COUNS EL 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 EXTEN SIVE REVIEW ARE SHARED BY THE OFFICE OF SECRETARY WITH THE BOARD'S CONFLICT OF INTEREST CO MMITTEE 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 A ND PROPOSED TRANSACTIONS MADE BY BOARD MEMBERS, AS THEY ARISE, HAVE BEEN DIRECTED TO THE O FFICE 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 PAR TICIPATE 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 I NTERESTS, INCLUDING CONSIDERATION OF SUCH FACTORS AS EVALUATION AND RE-EVALUATION OF THE C OST AND QUALITY AND ARMS-LENGTH NEGOTIATION OF THE TERMS THOUGH NOT FORMALLY ADOPTED BY T HE BOARD, THE UNIVERSITY HAS SEPARATE CONFLICT OF INTEREST POLICIES APPLICABLE TO EMPLOYEE S, INCLUDING THOSE WHO ARE OFFICERS OF THE UNIVERSITY ALL UNIVERSITY EMPLOYEES ARE REQUIR ED 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 T HE EMPLOYEE) HAS A FINANCIAL INTEREST, WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEE D \$500 ADDITIONALLY, UNIVERSITY STAFF AND ADMINISTRATORS ABOVE A CERTAIN JOB CLASSIFICATI ON LEVEL - WHICH, AS A PRACTICAL MATTER, INCLUDES ALL OF THE UNIVERSITY'S EMPLOYEE/OFFICER S - 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 T HE OTHER HAND, THE EMPLOYEE (OR SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILD, AS W ELL AS SIBLINGS, PARENTS, AND NON- DEPENDENT CHILDREN - INCLUDING STEP AND IN-LAW VARIANTS - IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE SUCH A RELA</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>TIVE 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 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.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 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.</p>

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
WHISTLEBLOWER POLICY AND DOCUMENT RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, SECTION B, LINE 13 AND 14	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

Name of the organization  
UNIVERSITY OF PITTSBURGH

Employer identification number  
25-0965591

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) TSH CORPORATION  124 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260 25-1520417	REPRESENTATIVE OFFICE- BEDJING	PA	UNIVERSITY OF PITTSBURGH TRUST	C			5 000 %		No
(2) FORBES-SCHENLEY LAND COMPANY - EIN UNKNOWN  5TH AVE AND BIGELOW PITTSBURGH, PA 15260	DORMANT	PA	UNIVERSITY OF PITTSBURGH	C			100 000 %	Yes	
(3) SCHENLEY PARK APARTMENTS COMPANY - EIN UNKNOWN  5TH AVE AND BIGELOW PITTSBURGH, PA 15260	DORMANT	PA	UNIVERSITY OF PITTSBURGH	C			100 000 %	Yes	
(4) CARILLO STEAM PRODUCTION ASSOCIATION LLC  400 EUREKA BUILDING 3400 FORBES AVE PITTSBURGH, PA 15260 27-1073489	SERVICE CORPORATION TO MANAGE THE STEAM PLANT	PA	UNIVERSITY OF PITTSBURGH	C			75 000 %	Yes	



Part V

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

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

**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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Software ID:

Software Version:

EIN: 25-0965591

Name: UNIVERSITY OF PITTSBURGH

Part VII Supplemental Information			
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)			
Identifier	Return Reference	Explanation	

-->

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

▶ See separate instructions.    ▶ Attach to your tax return.

OMB No 1545-0172

**2012**

Attachment  
Sequence No **179**

Name(s) shown on return  
UNIVERSITY OF PITTSBURGH

Business or activity to which this form relates  
FORM 990 PAGE 10

**Identifying number**  
  
25-0965591

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	150,420,085

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	150,420,085
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	