Form **990** 

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Α_	For t	ne 2014 calendar year, or tax year beginning $$ $_{ m J}$	UL 1, 2014 and	ending J	UN 30, 201	1.5	
В	Check applica	f C Name of organization			D Employ	er identifi	cation number
	Add chai Nan				]		
L	lchai	ige Doing business as				25-096	5591
	Initia retu Fina retu	n   Number and street (of P.U. box if mail is not de	elivered to street address)	Room/suite	E Telepho		r 624–6395
_	retu term ated	in-	71D ou foundant months and a		O C		3,744,212,913.
1-	Ame	nded promorphous pa 15060 0100	I ZIP or foreign postal code		G Gross rece	•	
F	iretu App	••	TOW D. CALLACUED		H(a) Is this		
_	ltion pen	I F Name and address of principal officer.			1		? Yes X No
<del>.</del>	T		(insert no.) 4947(a)(1)	ог 527	4		cluded? Yes No
		ite: ► WWW.PITT.EDU	(msertio.) 4947(a)(1)	01 327	7		list. (see instructions)
			ssociation Other	• Vaor	in(c) Group of formation:		n number
		Summary	SSOCIATION DETECT	L Yea⊓	or tormation.	1707   N	1 State of legal domicite: PA
_	14	Briefly describe the organization's mission or mos	t significant activities: TO PRO	VIDE HIGH	OUALITY		
Activities & Governance	1	EDUCATIONAL SERVICES, RESEARCH, AND CO			<u></u>		
ä	2	Check this box  if the organization disco		sed of more	than 25% o	f its net as	sets
Š	3	Number of voting members of the governing body					35
Ğ	4	Number of independent voting members of the go					29
S.	5	Total number of individuals employed in calendar					27052
iţi	6	Total number of volunteers (estimate if necessary)					272
ਰਿੰ	7 a	Total unrelated business revenue from Part VIII, co	olumn (C). line 12			7a	-568,105.
⋖	Ŀ	Net unrelated business taxable income from Form					-3,119,087.
_					Prior Ye		Current Year
d)	8	Contributions and grants (Part VIII, line 1h)				92,866.	266,505,362.
ž	9	Program service revenue (Part VIII, line 2g)			1,770,2		1,853,219,968.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				60,402.	286,364,475.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				08,959.	15,823,831.
	12	Total revenue - add lines 8 through 11 (must equal			2,338,7	<del></del>	2,421,913,636.
	13	Grants and similar amounts paid (Part IX, column (				30,233.	258,962,532.
	14	Benefits paid to or for members (Part IX, column (A				0.	0.
Š	15	Salaries, other compensation, employee benefits (			1,144,2	17,960.	1,176,517,410.
SE	16a	Professional fundraising fees (Part IX, column (A), I			3	26,929.	378,280.
Expenses	b	Total fundraising expenses (Part IX, column (D), lin	e 25) 19,588,	189.		TERRET !	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d			698,2	76,216.	741,825,872.
	18	Total expenses. Add lines 13-17 (must equal Part I			2,075,1		2,177,684,094.
	19	Revenue less expenses. Subtract line 18 from line			263,5	59,211.	244,229,542.
ts or					ginning of Cur	rent Year	End of Year
sets	20	Total assets (Part X, line 16)			6,224,8	87,956.	6,328,823,339.
ASS	21	Total liabilities (Part X, line 26)			1,851,5	49,108.	1,928,382,905.
Net Assets Fund Balar	22	Net assets or fund balances. Subtract line 21 from	line 20		4,373,3	38,848.	4,400,440,434.
Pa	art II	Signature Block					
Und	ler pen	alties of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ents, and to the	best of my	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than office	er) is based on all information of wh	ich preparer	has any knowl	edge.	
		Xachen Ramiono				5151	16
Sig	n	Signature of officer			Date	1 1	
Her	e.	ARTHUR G. RAMICONE, SENIOR VICE C Type or print name and title	HANCELLOR & CFO				
		7	<b>.</b>	IN	ate	10	II PTIN
na:	4	Print/Type preparer's name	Preparer's signature		5/4/2016	Gheck if	'
Paid		D. GREG GOLLER				self-employed	
	parer	Firm's name KPMG		· · · · <u> </u>	Firm	's EIN 🛌	13-5565207
use	Only	Firm's address 1676 INTERNATIONAL DRIVE			[	=00	006 0000
		MCLEAN, VA 22102			Phoi	ne no 703-	286-8000
May	y tne l	RS discuss this return with the preparer shown abo	ve? (see instructions)				X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1es
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	otal expenses, and
	revenue, if any, for each program service reported.	762 064 025
4a	(Code:) (Expenses \$ 650,550,063. including grants of \$ 86,926,410. ) (Revenue \$ RESEARCH - INCLUDES EXPENDITURES FOR ACTIVITIES SPECIFICALLY ORGANIZED	763,964,235.
	TO PRODUCE RESEARCH OUTCOMES WHETHER COMMISSIONED BY AN EXTERNAL AGENCY	
	OR BUDGETED BY A UNIT.	
4b	(Code: ) (Expenses \$ 553,051,360. including grants of \$ ) (Revenue \$	751,766,370.)
40	(Code:) (Expenses \$553,051,360. including grants of \$) (Revenue \$) INSTRUCTION - INCLUDES EXPENDITURES FOR ACTIVITIES OF THE INSTITUTION'S	731,700,370.
	INSTRUCTION PROGRAMS.	
4c	(Code: ) (Expenses \$ 192,740,506. including grants of \$ ) (Revenue \$	208,359,989.)
	ACADEMIC SUPPORT - INCLUDES EXPENDITURES IN SUPPORT OF THE UNIVERSITY'S	
	PRIMARY MISSIONS - INSTRUCTION, RESEARCH, AND PUBLIC SERVICE.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 582,988,007. including grants of \$ 172,036,122.) (Revenue \$ 132,597	,587.)
<u>4e</u>	Total program service expenses ▶ 1,979,329,936.	·
		Form <b>990</b> (2014)

# Form 990 (2014) UNIVERSITY OF PITT Part IV Checklist of Required Schedules

			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?							
	If "Yes," complete Schedule A	1	Х					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	3		Х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect							
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х					
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or							
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to							
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete							
	Schedule D, Part III	8	Х					
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for							
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?							
	If "Yes," complete Schedule D, Part IV	9		Х				
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent							
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X							
	as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,							
	Part VI	11a	X					
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	X					
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х				
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in							
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X					
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII	12a		Х				
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	Х					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х					
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х					
b								
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000							
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any							
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х					
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to							
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines							
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"							
	complete Schedule G, Part III	19		X				
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х				
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(001.4)				

## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_		28a	х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30	х	
24	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		24		l x
20	If "Yes," complete Schedule N, Part I	31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 11
33				x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
05-	Part V, line 1	34	Х	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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

Second Programme   Fig.   Fig.   Second Promator   Second Promator   Second Programme		Check if Schedule O contains a response or note to any line in this Part V					Ш			
be first the number of Forms W2G included in line 1s. Enter- of Pind applicable			1 1	1		Yes	No			
b Id the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) within sevinines?  2a Enter the number of employees reported on Form W-9, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  3 If I at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 I bit the organization have unreaded business gross income of \$1,000 or more during the year?  3 If I was, has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.  3 If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.  4 If Yes, a third the series occurring the calendary year, did the organization have an interest n, 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; or the finan	1a		l	54863						
Gambling) winnings to prize winners?  a Effect the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b I fall teast one is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  b If I'ves, "a list life of a Form 990 To for this year II "hos," to file 83, provide an explanation in Schedule 0  a 2a A 1 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 A 1 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 A 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b If "ves," or in the same of the foreign bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b X  b If ves," or in the same of the foreign calendar life from 88961?  c If "ves," or in the same of the foreign bank and Financial Accounts (FBAR).  5b If "ves," or in the same or the same account any contributions that were not tax deductibles a charitable contributions?  6c I vere not tax deductibles a charitable contributions?  6c I vere not tax deductibles a charitable contributions?  6c I vere not tax deductibles a charitable contributions?  6c I vere not tax deductibles a charitable contribution or any organization receive a payment in excess of \$5.5 made party a				0						
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.    Bed for the calendar year ending with or within the year covered by this return	С					77				
fleed for the calendary year ending with or within the year covered by this return.    2a	0-		 I I		1c	Х				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0  3a At any time during the calendary year, did the organization have an inferent in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the the name of the foreign country.  5b If "Yes," either the name of the foreign country.  5c If "Yes," to line 3a or 5b, did the organization have a shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization have the shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization line form 88861?  6c If "Yes," to line 5a or 5b, did the organization line form 88861?  6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions?  6d A X  8d If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?  9d If "Yes," indicate the number of Forms 88282 field during the year  9d If If "Yes," indicate the number of Forms 8282? field during the year  9d If If "Yes," indicate the number of Forms 8282 field during the year  9d If If "Yes," indicate the number of Forms 8282 field during the year  9d If If If If organization received a contribution of qualified intelectual property, of the organization in file Form 899 as required?  9d If If If If If organization is received a contribution of qualified intelectual propert	2a			27052						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		· · · · · · · · · · · · · · · · · · ·			OL	v				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if Yes, "has it filed a Form 9901 for this year? if "\0," to fine 3b, provide an explanation in Schedule 0  3b X  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 (FBAR).  5a lift Yes, "inter the name of the foreign country! ►  5a was the organization or party to a prohibited the foreign country. ►  5a was the organization and the organization file Form 8886 1?  6b Did any taxabile party notify the organization file Form 8886 1?  6c if Yes, "to line 5a or 5b, did the organization file Form 8886 1?  6c if Yes, "to line 5a or 5b, did the organization file Form 8886 1?  6d 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 chariable contributions?  6d if Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8889.  If Yes, "did the organization neceive apy funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 organization fundates the number of Forms 8882 filed during the year  9 bid the organization freceived a contribution of cars, botas, airplanes, or other vehicles, did the organization file a Form 1098 C?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution to donor, donor advisor, or related person?  10 Section 501(c)(72) organi	D				20	Λ				
b If "Yes," has it filled a Form 990-T for this year if "No." to line 3b, provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization file Form 888617?  6c 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 eductibles as chariable contributions.  6c If "Yes," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7b Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7c X  7d Yes," indicate the number of Forms 8282 filed during the year?  9 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  77 Ty X  78 Sponsoring organization make a distri	2-				20	Y				
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  So instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  By Was the organization have the short of the state of t										
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13a  14a  Note. See the instructions for additional information the organization full by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  14a  Note. See the instructions for additional information the organization full by the states in which the organization is licensed to issue qualified health plans  13b  13c  14a  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves on hand  13b  13c  14a  Note. See the instructions for additional information the organization must report on Schedule O.  14a  Note. See the instructions for additional information the organization must report on Schedule O.  14a  Note. See the instructions for additional information the organization must report on Schedule O					0-					
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a Initiation fees and capital contributions included on Part VIII, line 12					90					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a			10a							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_									
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b		· · · · · ·	11a							
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a   X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	b									
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b							
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a	12a				12a					
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,							
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b			13b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	С		13c							
							Х			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000				

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a	Х							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b	Х							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶PA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 for a position of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 for a position of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 for a position of the forms 1023 (or 1024 if applicable).	availab	ole							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THURMAN D. WINGROVE - (412)624-6050									
	3015 CATHEDRAL OF LEARNING, PITTSBURGH, PA 15260-6471									

Form 990 (2014) UNIVERSITY OF PITTSBURGH 25-0965591 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average		not c	Pos heck	more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi				is bot or/trus		compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer .	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JANE BILEWICZ ALLRED	5.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(2) JOHN A. BARBOUR	5.00	-						_	_	_
TRUSTEE		Х						0.	0.	0.
(3) EVA TANSKY BLUM	5.00	-						_	_	_
CHAIRPERSON OF THE BOARD OF TRUSTEES		Х		Х				0.	0.	0.
(4) SUZANNE W. BROADHURST	5.00	ļ								
TRUSTEE	5.00	Х						0.	0.	0.
(5) DOUGLAS M. BROWNING	5.00	-						_	_	_
TRUSTEE		Х						0.	0.	0.
(6) MICHAEL A. BRYSON	5.00	ļ								
TRUSTEE		Х						0.	0.	0.
(7) MARY ELLEN CALLAHAN	5.00	-						_	_	_
TRUSTEE		Х						0.	0.	0.
(8) JAY COSTA, JR.	5.00	ļ								
TRUSTEE		Х						0.	0.	0.
(9) JAMES P. COVERT	5.00	ļ								
TRUSTEE		Х						0.	0.	0.
(10) BRADLEY J. FRANC	5.00	ļ								
TRUSTEE		Х						0.	0.	0.
(11) PATRICK D. GALLAGHER	40.00	ļ								
CHANCELLOR / CEO		Х		Х		_		218,592.	0.	152,376.
(12) BRIAN GENERALOVICH	5.00	١							0	•
TRUSTEE	F 00	Х						0.	0.	0.
(13) IRA J. GUMBERG	5.00	١							0	
TRUSTEE	F 00	Х						0.	0.	0.
(14) DAWNE S. HICKTON	5.00	١,,							0	0
TRUSTEE (45) GW HOLERD	F 00	Х						0.	0.	0.
(15) SY HOLZER	5.00	x							0.	^
TRUSTEE (16) THOMAS O. JOHNSON	E 00	^		$\vdash$		$\vdash$		0.	0.	0.
	5.00	₩.							0.	^
TRUSTEE (17) TERRY LAUGHLIN	E 00	Х		$\vdash$		$\vdash$		0.	0.	0.
TRUSTEE	5.00	x						0.	0.	_
TRUSTEE	<u> </u>	^				<u> </u>		<u> </u>	0.	0. Earm <b>990</b> (2014)

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Form 990 (2014) UNIVERSITY OF									25-0965591	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	or/trus	ree)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for	r dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee (	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		organization
	organizations	al tru	nal tı		oyee	o mb				and related
	below	vidus	itutio	Ser	Key employee	hest (	Former			organizations
	line)	ln di	Inst	Officer	Key	High	Pon			
(18) WILLIAM K. LIEBERMAN	5.00									
TRUSTEE		Х						0.	0.	0.
(19) ROBERT G. LOVETT	5.00									
TRUSTEE		Х						0.	0.	0.
(20) JOHN A. MAHER III	5.00									
TRUSTEE		Х						0.	0.	0.
(21) F. JAMES MCCARL III	5.00									
TRUSTEE		Х						0.	0.	0.
(22) MARTHA HARTLE MUNSCH	5.00									
TRUSTEE		Х						0.	0.	0.
(23) MARLEE S. MYERS	5.00									
TRUSTEE		Х						0.	0.	0.
(24) MARK A. NORDENBERG	40.00									
CHANCELLOR/CEO(TERM ENDED 7/31/2014)	2.00	Х		Х				867,501.	0.	127,803.
(25) JOHN H. PELUSI, JR.	5.00									
TRUSTEE		Х						0.	0.	0.
(26) ROBERT P. RANDALL	5.00									
TRUSTEE		Х						0.	0.	0.
1b Sub-total							<b></b>	1,086,093.	0.	280,179.
c Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	10,719,408.	0.	689,410.
d Total (add lines 1b and 1c)		<u></u>	<u></u>	<u></u> .	<u></u> .		<u> </u>	11,805,501.	0.	969,589.
2 Total number of individuals (including but n	ot limited to th	1000	liete	ad al	hov	2) w/h	20 re	eceived more than \$100	000 of reportable	

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

1,786

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

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO		
PO BOX 536922, ATLANTA, GA 30353-6922	FOOD SERVICE	34,781,537.
MASCARO CONSTRUCTION CO. LP, 1720		
METROPOLITAN ST, PITTSBURGH, PA 15233-2232	CONSTRUCTION	20,131,815.
BPA II LTD, 1468 WEST NINTH STREET SUITE		
135, CLEVELAND, OH 44113	CONSTRUCTION	12,672,242.
SCALISE INDUSTRIES CORP., 108 COMMERCE		
BLVD SUITE A, LAWRENCE, PA 15055	CONSTRUCTION	9,554,615.
BURCHICK CONSTRUCTION CO.		
500 LOWRIES RUN ROAD, PITTSBURGH, PA 15237	CONSTRUCTION	8,511,110.
2 Total number of independent contractors (including but not limited to t \$100,000 of compensation from the organization ▶	hose listed above) who received more than 616	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 UNIVERSITY OF PITTSBURGH 25-0965591

Form 990 UNIVERSITY OF	PITTSBURG	H							25-096559	1
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l frus		ee/ee	npen				organizations
	below	Individual trustee or director	Institutional trustee	٦	Key employee	Highest compensated employee	 			organization o
	line)	Indivi	Institi	Officer	Key e	Highe	Former			
(27) THOMAS E. RICHARDS	5.00									
TRUSTEE		х						0.	0.	0.
(28) BRYANT J. SALTER	5.00									
TRUSTEE		х						0.	0.	0.
(29) KEITH E. SCHAEFER	5.00									
TRUSTEE		х						0.	0.	0.
(30) HERBERT S. SHEAR	5.00									
TRUSTEE		х						0.	0.	0.
(31) JACK SMITH	5.00									
TRUSTEE		х						0.	0.	0.
(32) WILLIAM E. STRICKLAND, JR.	5.00									
TRUSTEE		Х						10,000.	0.	0.
(33) STEPHEN R. TRITCH	5.00									
TRUSTEE-BOARD CHAIR THRU 06/19/2015		Х						0.	0.	0.
(34) THOMAS L. VANKIRK	5.00									
TRUSTEE		Х						0.	0.	0.
(35) PETER C. VARISCHETTI	5.00									
TRUSTEE		Х						0.	0.	0,
(36) JOHN J. VERBANAC	5.00									
TRUSTEE		Х						0.	0.	0.
(37) CATHERINE D. DEANGELIS	5.00									
TRUSTEE-VOTING TERM ENDED 06/19/2015		Х						0.	0.	0.
(38) MORGAN K. O'BRIEN	5.00									
FMR VICE CHAIR-TERM ENDED 03/04/2015		Х						0.	0.	0.
(39) SAM S. ZACHARIAS	5.00									
TRUSTEE-VOTING TERM ENDED 06/19/2015		Х						0.	0.	0.
(40) P. JEROME RICHEY	40.00									
GENERAL COUNSEL				Х				391,291.	0.	21,083.
(41) PATRICIA E. BEESON	40.00									
PROVOST/SR VICE CHANCELLOR	1.00			Х				430,666.	0.	61,467.
(42) JEROME COCHRAN	40.00									
GENERAL COUNSEL/EXEC VICE CHANCELLOR	2.00			Х				839,708.	0.	13,472.
(43) B. JEAN FERKETISH	40.00									
SECRETARY BOARD OF TRUSTEES				Х				237,343.	0.	49,007.
(44) KATHY S. HUMPHREY	40.00	1								
SR VICE CHANCELLOR, ENGAGEMENT				Х				309,905.	0.	45,040.
(45) ARTHUR S. LEVINE	40.00	1								
SR VICE CHANCELLOR, HEALTH SCI/DEAN	5.00			Х				1,081,512.	0.	45,814.
(46) AMY KRUEGER MARSH	40.00									
TREASURER	1.00			Х				449,964.	0.	54,115.
Total to Part VII, Section A, line 1c										

Form 990 UNIVERSITY OF PITTSBURGH 25-0965591

1 61111 666	OF PITTSBURG	H							25-096559	1
Part VII Section A. Officers, Directors, T	rustees, Key Eı	mplo	оуес	es, a	nd l	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) sition that		ly)	( <b>D</b> ) Reportable compensation	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) ARTHUR G. RAMICONE SENIOR VICE CHANCELLOR & CFO	2.00	-		x				409,011.	0.	70,710
(48) JAMES P. DIXON II	40.00					,,				
HEAD BASKETBALL COACH 49) PAUL CHRYST	40.00					Х		2,341,167.	0.	147,35
HEAD FOOTBALL COACH(FORMER)						х		1,661,972.	0.	37,950
(50) STEVEN C. PEDERSON ATHLETIC DIRECTOR (FORMER)	40.00					x		905,954.	0.	52,488
(51) NANCY E. DAVIDSON DIRECTOR, UPCI	40.00					x			0.	
(52) SUZANNE MCCONNELL-SERIO	40.00					^		675,601.	0.	36,99
HEAD BASKETBALL COACH- WOMENS						х		504,791.	0.	37,39
(53) JAMES V. MAHER, JR. FORMER PROVOST/SR VICE CHANCELLOR	40.00	-					x	470,523.	0.	16,52
Fotal to Part VII, Section A, line 1c								10,719,408.		689,41

		Check if Schedule O conta	ins a response	or note to any lin	ne in this Part VIII			
		Chicar in Contradic C Contra	ano a respense	or rioto to driy iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
S S	1 -	a Federated campaigns	1a			10101100		312 314
ant								
اع ق		b Membership dues		060 065				
Ę,		c Fundraising events		960,865.				
ı <u>s</u> i≅		d Related organizations		104 004 560				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contribution		184,904,562.				
	f	f All other contributions, gifts, grants						
들된		similar amounts not included abov	e <b>1f</b>	80,639,935.				
ont od (		Noncash contributions included in lines		6,710,035.				
<u>a</u> C	ŀ	h Total. Add lines 1a-1f		<b></b>	266,505,362.			
				Business Code				
ice	2 8			541700	763,964,235.			763,964,235.
Program Service Revenue	k	b TUITION		611710	751,766,370.	<u> </u>		
n S	(	SALES-EDUCATIONAL		711300	204,093,316.		868,452.	
gra Re	(	d SALES-AUXILIARY		900004	132,597,587.	<u> </u>	1,043,476.	
jo_	•	e UNIVERSITY PRESS		511130	798,460.	798,460.		
ъ		f All other program service rever						
_		g Total. Add lines 2a-2f			1,853,219,968.			
	3	Investment income (including of						
		other similar amounts)		72,993,538.			72,993,538.	
	4	Income from investment of tax			12,355.			12,355.
	5	Royalties		<u></u>	6,731,100.			6,731,100.
			(i) Real	(ii) Personal				
	6 a	a Gross rents	18,212,405.					
		<b>b</b> Less: rental expenses	9,911,316.					
		c Rental income or (loss)	8,301,089.					
		d Net rental income or (loss)			8,301,089.			8,301,089.
		a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1515111420.					
	k	<b>b</b> Less: cost or other basis						
		and sales expenses	1301752838.					
		c Gain or (loss)						
		<b>d</b> Net gain or (loss)		<b></b>	213,358,582.			213,358,582.
e	8 8	a Gross income from fundraising	•					
Other Reven		including \$ 960,						
Вè		contributions reported on line	•					
ē		Part IV, line 18						
₹		b Less: direct expenses		517,323.				
		c Net income or (loss) from fund		<b></b>	-196,538.			-196,538.
	9 a	a Gross income from gaming act						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gami	-	<b>D</b>				
	10 a	<b>a</b> Gross sales of inventory, less r		14 101 106				
		and allowances		14,191,126.				
		b Less: cost of goods sold		10,117,800.	4 052 206	2 460 012	COE 112	
		c Net income or (loss) from sales			4,073,326.	3,468,213.	605,113.	
	44	Miscellaneous Revenue a PARTNERSHIP GAIN(LOSS)	9	Business Code 523000			_3 005 146	
				323000	-3,085,146.		-3,085,146.	
		b		-				<del>                                     </del>
		d All other revenue						
		d All other revenuee Total. Add lines 11a-11d		<b>•</b>	-3,085,146.			
	12	Total revenue. See instructions.				1,090,812,018.	-568,105.	1065164361.
43200 11-07		TOTAL TOVORUE. DEE MISH HUHIOMS.		······		_, _, , , , , , , , , , , , , , , , , ,	500,105.	Form <b>990</b> (2014)
11-0/-	14							. 5 555 (2017)

### 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).

<u></u>	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	83,819,881.	83,819,881.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	171,139,646.	171,139,646.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,003,005.	4,003,005.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,086,699.	873,775.	4,952,212.	260,712
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	877,894,633.	786,276,431.	80,355,594.	11,262,608
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	79,142,473.	76,674,435.	1,378,346.	1,089,692
9	Other employee benefits	159,493,344.	154,059,666.	3,358,066.	2,075,612
10	Payroll taxes	53,900,261.	51,978,147.	1,138,492.	783,622
11	Fees for services (non-employees):				
а		307,650.		307,650.	
b	-	5,359,845.		5,359,845.	
	Accounting	610,983.		610,983.	
d	Lobbying	627,229.	627,229.		
е	Professional fundraising services. See Part IV, line 17	378,280.			378,280
f	Investment management fees	41,335,723.		41,335,723.	
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	147,050,905.	147,050,905.		
12	Advertising and promotion	1,902,688.	1,897,089.		5,599
13	Office expenses	99,490,696.	94,414,935.	3,085,840.	1,989,921
14	Information technology	26,554,509.	25,959,392.	330,820.	264,297
15	Royalties				
16	Occupancy	132,144,948.	120,560,254.	10,905,875.	678,819
17	Travel	56,860,519.	52,034,290.	4,121,652.	704,577
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,300,513.	4,265,136.		35,377
20	Interest	43,123,860.	39,586,494.	3,537,366.	
21	Payments to affiliates	469	450 221 251	40 511 555	
22	Depreciation, depletion, and amortization	167,445,551.	153,831,284.	13,614,267.	
23	Insurance	5,227,498.	1,506,788.	3,716,782.	3,928
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LIBRARY	5,787,684.	5,787,684.		
b	DUES AND FEES	3,695,071.	2,983,470.	656,456.	55,145
C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	,-10
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,177,684,094.	1,979,329,936.	178,765,969.	19,588,189
25 26	Joint costs. Complete this line only if the organization	2,1,,,001,001.	1,5,5,525,550.	1,0,100,505.	15,500,105
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

## Form 990 (2014) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	600,208,599.	2	619,388,206.
3	Pledges and grants receivable, net	120,442,459.	3	120,795,043
4	Accounts receivable, net	74,768,912.	4	57,248,180
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			
ध	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 2	Notes and loans receivable, net	47,485,413.	7	45,851,880
<b>⋖</b>   8	Inventories for sale or use	5,381,097.	8	5,312,521
9	Prepaid expenses and deferred charges	18,363,780.	9	15,233,379
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 4,106,206,492.			
b	Less: accumulated depreciation	1,795,335,123.	10c	1,785,749,406
11	Investments - publicly traded securities	1,418,978,512.	11	1,423,470,642
12	Investments - other securities. See Part IV, line 11	2,117,918,248.	12	2,210,064,182
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	26,005,813.	15	45,709,900
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,224,887,956.	16	6,328,823,339
17	Accounts payable and accrued expenses	615,320,538.	17	649,966,266
18	Grants payable		18	
19	Deferred revenue	106,405,306.	19	105,848,148
20	Tax-exempt bond liabilities	827,393,739.	20	881,365,952
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
≣	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	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	120,237,542.	24	100,265,963
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	182,191,983.	25	190,936,576
26	Total liabilities. Add lines 17 through 25	1,851,549,108.	26	1,928,382,905
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
Se	complete lines 27 through 29, and lines 33 and 34.	0 000 550 455		0.011.001.744
27 28 29 29	Unrestricted net assets	2,876,556,155.	27	2,911,881,744
B   28	Temporarily restricted net assets	848,625,781.	28	804,388,497
일 29	Permanently restricted net assets	648,156,912.	29	684,170,193
	Organizations that do not follow SFAS 117 (ASC 958), check here			
δ	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds	4 272 220 040	32	4 400 440 404
33	Total net assets or fund balances	4,373,338,848.	33	4,400,440,434
34	Total liabilities and net assets/fund balances	6,224,887,956.	34	6,328,823,339,

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

**Employer identification number** 

25-0965591 Part I Reason for Public 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). 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: 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). 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.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

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

Sec	ction A. Public Support	,,	•	,			
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		. ,	. ,	,	,	( )
	membership fees received. (Do not						
	include any "unusual grants.")	297,392,522.	249,606,525.	280,524,868.	262,013,513.	266,296,975.	1355834403.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	297,392,522.	249,606,525.	280,524,868.	262,013,513.	266,296,975.	1355834403.
	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.						1355834403.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	297,392,522.	249,606,525.	280,524,868.	262,013,513.	266,296,975.	1355834403.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	82,324,098.	101,384,712.	92,439,625.	118,278,396.	97,949,398.	492,376,229.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1848210632.
12	Gross receipts from related activities	, etc. (see instruction	ons)		•	12 10	,475,956,875.
13	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	73.36 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	74.88 %
16a	33 1/3% support test - 2014. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2013. If the	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - <b>2014.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2013.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶ 🔲
					Scho	dule A (Form 990	or 900 E7) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, piedee com	proto r ure m.,				
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		, ,	, ,			,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here						<b>_</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2014 (li					15	<u>%</u>
	Public support percentage from 2013					16	<u>%</u>
	ction D. Computation of Inves					14-1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
198	a 33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2013. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che <b>Private foundation.</b> If the organization						······· <b>[</b>

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## Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

#### Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	JD.		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	10a		
	10b		
0	<u> </u>	0 EZ	0044

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	dule A (Form 990 or 990-EZ) 2014 UNIVERSITY OF PITTSBURGH	25-0965591	Pa	age <b>5</b>
Pai	t IV   Supporting Organizations (continued)			
	- (Sensing of		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
<u> </u>	tion B. Type i oupporting organizations		Yes	No
	Did the diverse two takes as wearshoughts of one as wears a superior time base the recover to		res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
000	tion D. Type in Supporting Significations		Yes	No
4	Did the exemination provide to each of its supported exeminations, by the last day of the fifth month of the		163	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior ta	×		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see in:	structions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	· - · - · - · - · - · · - · · ·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions	).	
2	Activities Test. Answer (a) and (b) below.	•	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain  how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970. <b>See instr</b>	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integrate	d Type III supporting ord	ganization (see
	inetructions)		3	

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Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which to	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
	Excess from 2014			

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
● Section 501(c)(4), (5), or (6) organization	tions: Complete Part III.			
Name of organization			Empl	oyer identification number
	OF PITTSBURGH			25-0965591
Part I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
<ol> <li>Provide a description of the organiz</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	·		▶\$	
	ganization is exempt unde			
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax				
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	ganization is exempt unde	r coation E01/a	eveent eastion FO1/	01/21
1 Enter the amount directly expended	•			** *
<ul> <li>2 Enter the amount of the filing organ exempt function activities</li> <li>3 Total exempt function expenditures line 17b</li> <li>4 Did the filing organization file Form</li> <li>5 Enter the names, addresses and en made payments. For each organiza contributions received that were prepolitical action committee (PAC). If</li> </ul>	s. Add lines 1 and 2. Enter here ar  1120-POL for this year?  mployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	er organizations for se and on Form 1120-POL,  I) of all section 527 pol from the filing organiz separate political orga	ction 527  \$ \$  stical organizations to whication's funds. Also enter the control of the control	Yes No the filing organization amount of political
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014					25-090	. age <b>=</b>
Part II-A Complete if the org	ganization	is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768(e	election under
section 501(h)).						
A Check 🕨 📖 if the filing organiza	tion belongs	to an affi	liated group (and list in	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and sha	re of excess	lobbying	expenditures).			
B Check ► if the filing organiza	tion checked	l box A a	nd "limited control" pro	ovisions apply.		
	ts on Lobbyi ditures" mea		nditures ınts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infli						
c Total lobbying expenditures (add I						
<b>d</b> Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) of			bying nontaxable am			
Not over \$500,000	), (b) io.		the amount on line 1e			
Over \$500,000 but not over \$1,000	0.000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,	•	υσου στι στισου, σου.		
σνει ψ17,000,000		Ψ1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of li	ne 1f)				
h Subtract line 1g from line 1a. If zer		•				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze						
	_		· · ·		1	Yes No
reporting section 4911 tax for this				section FO1/h)	L	res no
(Some organizations t	hat made a s	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	pelow.
	Lobbyi	ng Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	11	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) Total
2a Lobbying nontaxable amount						
<b>b</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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(I	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
С	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	Х			1,150.
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	<del></del>	Х		F0F 400
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			585,422.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			23,018.
	Other activities?	Х			17,639.
j	Total. Add lines 1c through 1i				627,229.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/o	\/ <b>5</b> \_or_oc	otion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	311 30 1(C)	)(J), UI SE		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
D	Carryover from last year				
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the recognition of the exceeds the argenting agree to correct the exceeds the exceeds the argenting agree to correct the exceeds the e				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and parametrizes next year?		4		
_	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		4 5		
	t IV Supplemental Information		3		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\. Dart I	ILA lings 1	and 2 (see	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	nisty, raiti	11-A, 111163 1 1	and 2 (366	
	LI-B, LINE 1, LOBBYING ACTIVITIES:				
LINE	A: VOLUNTEERS- THE UNIVERSITY UTILIZES ALUMNI AND STUDENTS TO				
ADVO	CATE FOR STATE SUPPORT FOR THE UNIVERSITY, THROUGH LETTER WRITING,				
EMA	LS AND VISITS TO LEGISLATORS AND STATE OFFICIALS.				
LINE	B: STAFF MEMBERS- THE UNIVERSITY GOVERNMENTAL RELATIONS OFFICE				

Part IV Supplemental Information (continued)
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'S 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, STAFF AND STUDENTS.

## **SCHEDULE D**

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

	UNIVERSITY OF PITTSBURGH		25-0965591
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		rised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	ady of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
-	listed in the National Register	•	
3	Number of conservation easements modified, transferred, re		·
_	year ▶	.ouccu, chungaichea, ch teinimaicu by a	no organization danning the tank
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	' <del></del>	- f
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	•	·
	conservation easements.		g g
Pai	t III Organizations Maintaining Collections o	f 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 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	•	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	•	
	(i) Revenue included in Form 990, Part VIII, line 1		<b>▶</b> \$ 868,408.
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1	· · ·	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
-			

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Sche	= () =	OF PITTSBURGH					09655			ge <b>2</b>
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or (	Other \$	Similar A	Asset	<b>S</b> (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, check any of the	following that ar	re a signi	ficant use	of its c	ollection	ı item	S
	(check all that apply):									
а	Public exhibition	c	I Loan or excl	hange programs	6					
b	Scholarly research	e	e U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further th	ne organization's	s exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or		•	•				1	_	1
_	to be sold to raise funds rather than to be ma							Yes	X	No
Pai	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Ye	s" to For	m 990, Pa	ırt IV, liı	ne 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							1		1
	on Form 990, Part X?						📖	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		ı					
								Amount		
С.	Beginning balance					1c				
a	Additions during the year					1d				
e	Distributions during the year					1e				
T	Ending balance					1f		Yes	$\overline{}$	No
	Did the organization include an amount on For If "Yes," explain the arrangement in Part XIII.				-		ـــــــا	. 165		]
	rt V Endowment Funds. Complete if					<u></u>				
		(a) Current year	(b) Prior year	(c) Two years ba		Three years	hack	(e) Four	vears	hack
1a	Beginning of year balance	.,	2,994,206,727.	` , ,		545,092,		2,048,		
b	Contributions	170,666,000.				150,002,			578,	
c	Net investment earnings, gains, and losses	28,750,000.				45,818,			200,	
d	Grants or scholarships	13,682,152.				11,088,			777,	
e	Other expenditures for facilities	, ,	, ,	, ,		, ,				
_	and programs	77,593,656.	73,337,472.	68,389,1	.30.	85,749,	068.	49,	816,	797.
f	Administrative expenses	11,928,586.				8,588,	-	8,	115,	527.
g	End of year balance		3,514,182,929.			635,486,	831.	2,545,	092,	295.
2	Provide the estimated percentage of the curr									
а	Board designated or quasi-endowment	59.80	%	,,						
b	Permanent endowment > 39.60	%	<del></del>							
С	Temporarily restricted endowment ▶	<u>.</u> 60 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered	for the	organizatio	n	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIII the intended uses of the		owment funds.							
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" to Form 990	<u> </u>	i i			_			
	Description of property	(a) Cost or o	` '		(c) Accu			(d) Book	value	•
		basis (investr	- '	(other)	depred	ciation	-			
	Land			,320,627.	4 = - :	F40 ===			320,	
	Buildings		2,919	,391,066.	1,594	,548,518	•	1,324,	842,	548.
	Leasehold improvements			635 000		227 127			200	<u> </u>
	Equipment			,635,822.		,237,195			398,	
	Other			,858,977.	232	,671,373			187,	
ıota	I. Add lines 1a through 1e. (Column (d) must ed	quai ⊦orm 990, Part	x, column (B), line 1	uc.)		<u></u>		1,785,	749,	406.

Part VII	Investments -	Other Securities.

rait viii investinents - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE INVESTMENTS	1,086,052,908.	END-OF-YEAR MARKET VALUE
(B) COMMINGLED INVESTMENTS IN PUBLIC SEC.	1,122,236,316.	END-OF-YEAR MARKET VALUE
(C) INSURANCE CSV & INSURANCE SURPLUS	1,774,958.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		

## Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

o complete in the organization and reco		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

2,210,064,182.

#### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE US GOVERNMENT STUDENT LOANS	33,646,803.
(3)	PRESENT VALUE OF SPLIT INTEREST AGREEMENTS	10,393,381.
(4)	OTHER LIABILITIES	3,671,826.
(5)	CONDITIONAL ASSET REMEDIATION OBLIGATION	41,218,613.
(6)	INTEREST RATE SWAP AGREEMENTS	76,619,047.
(7)	AMOUNTS HELD IN CUSTODY	10,622,931.
(8)	LEASE CONSTRUCTION/CAPITAL LEASE OBLIGATION	12,763,975.
(9)	BIG EAST EXIT FEE	2,000,000.
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	190,936,576.

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

Par	τχι	Reconciliation of Revenue per Audited Financial Statemer	its witr	i Revenue per H	eturn	•
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total	revenue, gains, and other support per audited financial statements			1	2,012,346,202.
2		unts included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments		-217,127,956.		
b		ted services and use of facilities				
С		veries of prior year grants				
d		r (Describe in Part XIII.)		20,029,116.		
е		ines <b>2a</b> through <b>2d</b>			2e	-197,098,840.
3	Subtr	ract line <b>2e</b> from line <b>1</b>			3	2,209,445,042.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b		41,335,723.		
b	Other	r (Describe in Part XIII.)	4b	171,132,871.		
		ines <b>4a</b> and <b>4b</b>			4c	212,468,594.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·····	<del> </del>	5	2,421,913,636.
Pai	t XII	Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per	Retur	'n.
		Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total	expenses and losses per audited financial statements			1	1,985,244,616.
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	rlosses	2c			
d	Other	r (Describe in Part XIII.)	2d	20,029,116.		
е	Add I	ines 2a through 2d			2e	20,029,116.
3	Subtr	ract line <b>2e</b> from line <b>1</b>			3	1,965,215,500.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	41,335,723.		
		r (Describe in Part XIII.)		171,132,871.		
С	Add I	ines <b>4a</b> and <b>4b</b>			4c	212,468,594.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,177,684,094.
Pai	t XIII	Supplemental Information.				
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1k	and 2b; Part V, line	4; Part X	K, line 2; Part XI,
lines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	mation.		
PART	'III	, LINE 4:				
THE	UNIVE	ERSITY'S COLLECTIONS OF ART, HISTORICAL TREASURES, AND OTHE	R			
SIMI	LAR A	ASSETS INCLUDE A VARIETY OF PAINTINGS, SCULPTURES, PHOTOGRA	PHS,			
ANTI	QUES	, AND FURNISHINGS AS WELL AS SCHOLARLY PAPERS AND ARCHIVES.	THESE			
ITEM	IS ARI	E HOUSED IN VARIOUS FACILITIES AROUND CAMPUS INCLUDING THE	FRICK			
FINE	ARTS	S BUILDING, THE HILLMAN LIBRARY, AND THE NATIONALITY ROOMS.	THE			
WORK	S OF	ART, HISTORICAL TREASURES, AND OTHER SIMILAR ASSETS ARE US	ED FOR			
		·				
PUBL	IC EX	KHIBITION AND THE PRESERVATION OF ARTIFACTS AND ANTIQUES FO	R THE			
BENE	FIT (	OF FUTURE GENERATIONS. THE SCHOLARLY PAPERS AND ARCHIVES A	RE USED			
FOR	вотн	ACADEMIC RESEARCH AND THE PRESERVATION OF DOCUMENTS RELATED	D TO			
KEY	HISTO	DRICAL FIGURES AND EVENTS.				

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#### **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

Open to Public Inspection

Name of the organization

Part I

UNIVERSITY OF PITTSBURGH

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

Employer identification number

25-0965591

			YES	1
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.	۱.,	
	other governing instrument, or in a resolution of its governing body?	1	Х	H
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		l	ı
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	L
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	L
	OUR NONDISCRIMINATION POLICY STATEMENT WAS PUBLISHED IN THE			
	UNIVERSITY TIMES ON AUGUST 25, 2014.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	Г
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	T
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			T
	admissions, programs, and scholarships?	4c	х	
		<u> </u>	х	T
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	22	1
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	A	
		4d	A	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:	5a	A	
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?		A	╀
a o	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?	5a	A	Ĺ
a 0	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b	A	
a o c	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance?	5a 5b 5c	A	
a b c d e	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d	A	
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e		
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f		
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	X	
a cod e f g n	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990 or 990-EZ) (2014)

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

**Employer identification number** 

UNIVERSITY OF PITTSBURGH 25-0965591 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type investments contractors of service(s) in region recipients located in the region) in region in region PROGRAM SERVICES PROGRAM SERVICES IN RELATION TO EDUCATIONAL CENTRAL AMERICA AND THE CARIBBEAN PROGRAMS 154,042. PROGRAM SERVICES IN RELATION TO EDUCATIONAL EAST ASIA AND THE 2,074,475. PACIFIC PROGRAM SERVICES. PROGRAMS. PROGRAM SERVICES IN RELATION TO EDUCATIONAL 2 PROGRAMS EUROPE PROGRAM SERVICES. 6,283,340. PROGRAM SERVICES IN MIDDLE EAST AND RELATION TO EDUCATIONAL NORTH AFRICA PROGRAM SERVICES, PROGRAMS 238,226. PROGRAM SERVICES IN RELATION TO EDUCATIONAL NORTH AMERICA PROGRAM SERVICES PROGRAMS, 1,966,422. PROGRAM SERVICES. PROGRAM SERVICES IN RELATION TO EDUCATIONAL RUSSIA PROGRAMS. 100,125. PROGRAM SERVICES IN RELATION TO EDUCATIONAL SOUTH AMERICA PROGRAM SERVICES. PROGRAMS, 553,880. PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS SOUTH ASTA PROGRAM SERVICES 420,702. 3 a Sub-total 5 11,791,212.

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

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Schedule F (Form 990) 2014

**b** Total from continuation

and 3b)

sheets to Part I ........
c Totals (add lines 3a

31,093,751.

42,884,963.

Part I Continuation		es per Regio	<b>n.</b> (Schedule F (Form 990), Part I, line 3	3)	Page 1
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA				PROGRAM SERVICES IN RELATION TO EDUCATIONAL PROGRAMS.	134,135.
EAST ASIA AND THE PACIFIC			INVESTMENTS.		9,692,323.
EUROPE			INVESTMENTS.		17,362,136.
EUROT E			INVESTMENTS.		17,302,130.
NORTH AMERICA			INVESTMENTS.		3,905,157.
_					
Totals	<u> </u>				31,093,751.

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

1 (a) Name of organization	<b>(b)</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.	683,984.	WIRE/CHECK	0.		
		EUROPE	RESEARCH SUBCONTRACT.	2,411,656.	WIRE/CHECK	0.		
		MIDDLE EAST AND						
		NORTH AFRICA	RESEARCH SUBCONTRACT.	169,594.	WIRE/CHECK	0.		
		NORTH AMERICA	RESEARCH SUBCONTRACT.	326,850.	WIRE/CHECK	0.		
		SOUTH AMERICA	RESEARCH SUBCONTRACT.	84,391.	WIRE/CHECK	0.		
		SOUTH ASIA	RESEARCH SUBCONTRACT.	212,306.	WIRE/CHECK	0.		
		SUB-SAHARAN						
		AFRICA	RESEARCH SUBCONTRACT	13,665.	WIRE/CHECK	0.		
			recognized as charities by the	foreign country	, recognized as tax-e	xempt by		
the IRS, or for which t	the grantee or couns	el has provided a section	n 501(c)(3) equivalency letter					41

10

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (f) Amount of (d) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash non-cash assistance assistance CENTRAL AMERICA 100,560.WIRE/CHECK RESEARCH SUBCONTRACT AND THE CARIBBEAN 14 0. SCHOLARSHIPS EUROPE 20 111,703. TUITION REFUND 0. SCHOLARSHIPS SOUTH AMERICA 21 78,425 TUITION REFUND 0.

## Schedule F (Form 990) 2014 The Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

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## **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

UNIVERSITY OF PITTSBURGH 25-0965591

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.										
a X Mail solicitations e X Solicitation of non-government grants										
<b>b</b> X Internet and email solicitation			_	•						
c X Phone solicitations	g 🗓 Specia	l fundra	ising	events						
d X In-person solicitations										
2 a Did the organization have a written	or oral agreement with any individua	ıl (includ	ding o	fficers, directors, tru	stees or					
key employees listed in Form 990, F	Part VII) or entity in connection with p	orofess	ional f	undraising services?	Yes	☐ No				
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be										
compensated at least \$5,000 by the	e organization.									
	1									
(i) Name and address of individual			Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity	I have c	ustodv	from activity	fundraiser	to (or retained by)				
, (,			trol of utions?		listed in col. (i)	organization				
RIZZARD COMMUNICATIONS	DIRECT MAIL SOLICITATION	Yes	No							
ROUP, INC 229 PEACHTREE	AND CONSULTING		Х	110,570.	225,194.	-114,624.				
RENZEBACH GLIER &										
ASSOCIATES, INC 401 N.	CONSULTING-SEE PART IV		Х	0.	153,086.	-153,086.				
·										
				110,570.	378,280.	267 710				
				,	•	-267,710.				
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration				
or licensing.	I TN TA KO KN IA ME ME MA	T MAT	MG M	NO NE						
AL, AK, AZ, AR, CO, CT, DE, FL, GA, ID, I		II,MIN,	MS, MC	J,MT,NE						
IV,NH,NM,NC,ND,OH,OK,PA,RI,SC,T	N,TX,UT,VT,VA,WV,WY									

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

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14 SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014 UNIVERSITY OF PITTSBURGH 25-096559  Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV, line 18, or reported more to										
Pa	<b>Part II Fundraising Events.</b> 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.									
		or idinaraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events					
			CAMEOS OF CARING		( )	(d) Total events (add col. (a) through				
			DINNER	PDHMG HILLMAN GALA	21					
<u>o</u>			(event type)	(event type)	(total number)	col. <b>(c)</b> )				
Revenue	1	Gross receipts	298,620.	167,500.	783,095.	1,249,215.				
	2	Less: Contributions	205,268.	149,500.	584,504.	939,272.				
	3	Gross income (line 1 minus line 2)	93,352.	18,000.	198,591.	309,943.				
	4	Cash prizes			325.	325.				
Se	5	Noncash prizes			8,937.	8,937.				
Direct Expenses	6	Rent/facility costs	11,586.		35,261.	46,847.				
Direct E	7	Food and beverages	85,224.	18,000.	187,739.	290,963.				
	8	Entertainment	1,400.		4,750.	6,150.				
	9	Other direct expenses			93,558.	161,101.				
	10	Direct expense summary. Add lines 4 through				514,323.				
По	11 rt	Net income summary. Subtract line 10 from I				-204,380.				
Га		<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than					
Revenue		\$15,000 OH 1 OHH 5550 EZ, III 6 Od.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev	1	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes %	Yes % No					
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>					
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		_					
		Net garning income summary. Oustract line 7	Trom line 1, column (a)		······································					
а	ls t	ter the state(s) in which the organization condi- the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No				
b		No," explain:								
		ere any of the organization's gaming licenses re			year?	Yes No				
b	If "	Yes," explain:								

Schedule G (Form 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990-EZ) 2014 UNIVERSITY OF PITTSBURGH 25-01	965591		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
14	Enter the flame 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 > \$			
С	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:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_			Yes	☐ No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D				
Da	organization's own exempt activities during the tax year \$\ \$ \text{\$ \e	lin no O	Ob 1/	) <sub>h</sub> 15h
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	ilnes 9,	96, 10	JD, 15D,
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:			
(T)	NAME OF FUNDRAISER: GRIZZARD COMMUNICATIONS GROUP, INC.			
(1)	THE OF TONDERTORN, ONTERIND COMMONICATIONS SHOUL, THE.			
(I)	ADDRESS OF FUNDRAISER:			
229	PEACHTREE STREET NE STE 1400, ATLANTA, GA 30303			
	NAME OF BUNDDATGED, GDENGEDAGU GLIED C AGGGGTANDG TVG			
(1)	NAME OF FUNDRAISER: GRENZEBACH GLIER & ASSOCIATES, INC.			
	ADDRESS OF FUNDRAISER:			
401	N. MICHIGAN AVE SUITE 2800, CHICAGO, IL 60611			

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## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 **2014** 

Open to Public Inspection

Name of the organization					•		Employer identific	ation number
UNIVERSITY OF PITTSBURGH							25-096	55591
Part I General Information on Grants a								
1 Does the organization maintain records t								
criteria used to award the grants or assis	stance?						X Yes	s No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to	=				anization answered "\	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than S		· ·	1		(f) Method of	1.,		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose or assista	
CARANTECE MELLON INTERPOLEN								
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE								
PITTSBURGH, PA 15213	25-0969449	501(C)(3)	6,263,785.	0.			RESEARCH- SUBCO	ገለጠው ል ሮጥ
TITISBORGII, TA 13213	23 0303443	501(0/(3/	0,203,703.	٠.			RESEARCH SOBCO	DNIKACI
REGENTS OF THE UNIVERSITY OF MINNESOTA - 2221 UNIVERSITY AVE SE								
- MINNEAPOLIS, MN 55414	41-6007513	115	4,935,821.	0.			RESEARCH- SUBCO	ONTRACT
AMERICAN COLLEGE OF RADIOLOGY 1891 PRESTON WHITE DR RESTON, VA 20191	36-2261602	501(C)(3)	4,928,260.	0.			RESEARCH- SUBCO	ONTRACT
HEALTH RESEARCH INC ROSWELL PARK DIVISION - EMPIRE STATE PLAZA PO BOX 509 - ALBANY, NY 12201	95-1683862	N/A	4,479,531.	0.			RESEARCH- SUBCO	ONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST 10 FL - OAKLAND, CA 94607	94-3067788	501(C)(3)	3,126,637.	0.			RESEARCH- SUBCO	ONTRACT
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	2,908,020.	0.			RESEARCH- SUBCO	ONTRACT
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in t	he line 1 table				<b>&gt;</b>	273.
3 Enter total number of other organizations								47.
= =				·				000) (00 (4)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES - 6610 ROCKLEDGE DRIVE SUITE 2800 MSC 6006 - BETHESDA, MD 20892-6606 52-0858115 N/A 2,485,188 0 RESEARCH- SUBCONTRACT UNIVERSITY OF WASHINGTON GERBERDING HALL G80 SEATTLE, WA 98195 91-6001537 1,649,137 0 RESEARCH- SUBCONTRACT CONSORTIUM FOR PUBLIC EDUCATION 410 9TH STREET MCKEESPORT, PA 15132 25-1533592 501(C)(3) 1,562,805 0 RESEARCH- SUBCONTRACT YALE UNIVERSITY 47 COLLEGE ST STE 203 NEW HAVEN, CT 06520 06-0646973 501(C)(3) 0 RESEARCH- SUBCONTRACT 1,387,330, BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 700 REGENT STREET, SUITE 301 - MADISON, WI 39-6006492 501(C)(3) 0 RESEARCH- SUBCONTRACT 53715 1,383,602, REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE STREET -ANN ARBOR, MI 48109 38-6006309 501(C)(3) 0 RESEARCH- SUBCONTRACT 1,355,502, OHIO STATE UNIVERSITY 154 WEST 12TH AVENUE COLUMBUS, OH 43210 31-6025986 501(C)(3) 1 341 932. 0 RESEARCH- SUBCONTRACT MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114 04-1564655 501(C)(3) 1,206,051, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE, MD 21203-6248 52-6002033 1,275,599 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) PENNSYLVANIA STATE UNIVERSITY ONE OLD MAIN UNIVERSITY PARK, PA 16802 24-6000376 115 1,167,468 0 RESEARCH- SUBCONTRACT CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106 34-1018992 501(C)(3) 1,045,319 0 RESEARCH- SUBCONTRACT VANDERBILT UNIVERSITY VU STATION B BOX 356310 NASHVILLE, TN 37235 62-0476822 501(C)(3) 977,045 0 RESEARCH- SUBCONTRACT TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P221 FRANKLIN 3451 WALNUT STREET - PHILADELPHIA, PA 19104-6205 23-1352685 501(C)(3) 933,627 0 RESEARCH- SUBCONTRACT COMMUNITY HUMAN SERVICES CORP 374 LAWN STREET PITTSBURGH, PA 15213 25-1219610 501(C)(3) 0 RESEARCH- SUBCONTRACT 871,132, TEMPLE UNIVERSITY 1805 NORTH BROAD ST 11 FL WACHMAN HALL RM 1108 - PHILADELPHIA, PA 19122 23-1365971 501(C)(3) 0 RESEARCH- SUBCONTRACT 843,016, WEST VIRGINIA UNIVERSITY RESEARCH CORP - PO BOX 6005 - MORGANTOWN WV 26506 55-0665758 501(C)(3) 778 906 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CALIFORNIA SAN DIEGO (UCSD) - 9500 GILMAN DRIVE - SAN 95-6006144 501(C)(3) DIEGO, CA 92093 750,413, 0 RESEARCH- SUBCONTRACT HARVARD UNIVERSITY 1033 MASS AVE STE 3 CAMBRIDGE, MA 02138 04-2103580 501(C)(3) 1,183,490, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) NORTHWESTERN UNIVERSITY 619 CLARK ST RM 217 EVANSTON, IL 60208 36-2167817 501(C)(3) 722,532 0 RESEARCH- SUBCONTRACT CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON, MA 02115 04-2774441 501(C)(3) 686,111 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MIAMI PO BOX 016960 SPONSORED PROGRAMS MIAMI, FL 33101-5405 59-0624458 501(C)(3) 651,692 0 RESEARCH- SUBCONTRACT UNIVERSITY OF TEXAS-MD ANDERSON CANCER CENTER - PO BOX 4930 -HOUSTON, TX 77210-4390 74-6001118 115 0 RESEARCH- SUBCONTRACT 650,751 VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEHIGH STREET 0 RESEARCH- SUBCONTRACT RICHMOND, VA 23219 54-6001758 N/A 582,411, MAGEE-WOMENS RESEARCH INSTITUTE AND FOUNDATION - 3339 WARD STREET - PITTSBURGH, PA 15213 25-1462312 501(C)(3) 0 RESEARCH- SUBCONTRACT 581,513, EMORY UNIVERSITY 201 DOWAN DRIVE ATLANTA, GA 30322 58-0566256 501(C)(3) 581 008 0 RESEARCH- SUBCONTRACT COLUMBIA UNIVERSITY 615 WEST 131ST ST MC 8741 NEW YORK, NY 10027 13-5598093 501(C)(3) 536,119. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 220 MONTGOMERY STREET 5TH FLOOR - SAN FRANCISCO, CA 94104 94-6036493 501(C)(3) 531,995. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) GE GLOBAL RESEARCH 500 1ST AVENUE PITTSBURGH, PA 15219 14-0689340 N/A 524,642 0 RESEARCH- SUBCONTRACT ARIZONA STATE UNIVERSITY UNIVERSITY BOX 873503 TEMPE, AZ 85287 86-0196696 507,664 0 RESEARCH- SUBCONTRACT RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - PO BOX 715245 - COLUMBUS, OH 43271 31-6056230 501(C)(3) 504,399 0 RESEARCH- SUBCONTRACT TUFTS UNIVERSITY 169 HOLLAND ST ATTN TAX DEPT SOMERVILLE, MA 02144 04-2103634 501(C)(3) 482,875 0 RESEARCH- SUBCONTRACT UNIVERSITY OF PUERTO RICO PO BOX 365067 0 RESEARCH- SUBCONTRACT SAN JUAN, PR 00936 66-0433762 N/A 479,784. UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD. - DALLAS, TX 75390 75-6002868 0 RESEARCH- SUBCONTRACT 115 474,270, FOCUS ON RENEWAL 701 CHARTIERS AVENUE MCKEES ROCKS, PA 15136 23-7181440 501(C)(3) 470,720, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF VIRGINIA BOX 4001953 CHARLOTTESVILLE, VA 22904 54-6001786 501(C)(3) 468,670. 0 RESEARCH- SUBCONTRACT BROWN UNIVERSITY 164 ANGELL ST PROVIDENCE, RI 02912 05-0258809 501(C)(3) 462,085, 0 RESEARCH- SUBCONTRACT

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) BANYAN BIOMARKERS INC 12085 RESEARCH DR ALACHUA, FL 32615 20-1449566 N/A 457,283 0 RESEARCH- SUBCONTRACT UNIVERSITY OF FLORIDA PO BOX 115500 GAINESVILLE, FL 32611 59-6002052 450,440 0 RESEARCH- SUBCONTRACT DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27708 56-0532129 501(C)(3) 423,893 0 RESEARCH- SUBCONTRACT TRETA 425 SIXTH AVENUE PITTSBURGH, PA 15219 25-1857820 501(C)(3) 0 RESEARCH- SUBCONTRACT 414,160, STANFORD UNIVERSITY 3145 PORTER DRIVE 94-1156365 501(C)(3) 0 RESEARCH- SUBCONTRACT PALO ALTO, CA 94304 393,765, ALBERT EINSTEIN COLLEGE OF MEDICINE - 500 WEST 185TH STREET NEW YORK, NY 10033 23-7075620 501(C)(3) 0 RESEARCH- SUBCONTRACT 386,487 GENEVA FOUNDATION 917 PACIFIC AVENUE SUITE 600 TACOMA, WA 98402 91-1593913 501(C)(3) 381 875. 0 RESEARCH- SUBCONTRACT AMERICAN COLLEGE OF RADIATION ONCOLOGY - 5272 RIVER ROAD -BETHESDA, MD 20816 23-2649941 501(C)(6) 376,692. 0 RESEARCH- SUBCONTRACT INOVA HEALTH CARE SERVICES 2832 JUNIPER STREET STE 104 FAIRFAX, VA 22031 54-0620889 501(C)(3) 370,040, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UNIVERSITY OF IOWA 201 GILMORE HALL IOWA CITY, IA 52242 42-6004813 115 369,923 0 RESEARCH- SUBCONTRACT REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS - ONE SHIELDS AVE - DAVIS, CA 95616 94-6036494 501(C)(3) 367,851 0 RESEARCH- SUBCONTRACT TURTLE CREEK VALLEY MH/MR INC 723 BRADDOCK AVENUE BRADDOCK, PA 15104 25-1250510 501(C)(3) 354,297 0 RESEARCH- SUBCONTRACT UNIVERSITY OF DELAWARE OFFICE OF THE VP FOR FINANCE 51-6000297 501(C)(3) 352,966, 0 RESEARCH- SUBCONTRACT NEWARK, DE 19716 HEALTH FEDERATION OF PHILADELPHIA 1211 CHESTNUT STREET SUITE 801 PHILADELPHIA, PA 19107 23-2244355 501(C)(3) 0 RESEARCH- SUBCONTRACT 347,523, OHIO STATE UNIVERSITY RESEARCH FOUNDATION - 1960 KENNY RD -COLUMBUS, OH 43210 31-6401599 501(C)(3) 0 RESEARCH- SUBCONTRACT 345,100, UNIVERSITY OF TENNESSEE 201 ANDY HOLT TOWER KNOXVILLE, TN 37996 62-6001636 115 344,785. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ARIZONA PO BOX 3607 TUCSON, AZ 85722-3607 74-2652689 115 333,265. 0 RESEARCH- SUBCONTRACT TRUSTEES OF PRINCETON UNIVERSITY WASHINGTON ROAD PRINCETON, NJ 08544 21-0634501 501(C)(3) 327,357, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) HOWARD UNIVERSITY 576 W ST NW WASHINGTON, DC 20059 53-0204707 501(C)(3) 322,064 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ILLINOIS 1901 S FIRST ST CHAMPAIGN, IL 61820 37-6000511 501(C)(3) 318,903 0 RESEARCH- SUBCONTRACT CORNELL UNIVERSITY 341 PINE STREET ITHACA, NY 14850 15-0532082 501(C)(3) 318,474 0 RESEARCH- SUBCONTRACT REHABILITATION INSTITUTE OF CHICAGO - 345 E SUPERIOR ST -CHICAGO, IL 60611 36-2256036 501(C)(3) 310,117, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45221 31-6000989 115 0 RESEARCH- SUBCONTRACT 302,879 REGENTS OF THE UNIVERSITY OF CALIFORNIA AT IRVINE - 1400 BIOLOGICAL SCIENCES 3 - IRVINE, CA 92697 95-2226406 501(C)(3) 0 RESEARCH- SUBCONTRACT 297,251 CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229 31-0833936 501(C)(3) 295 741 0 RESEARCH- SUBCONTRACT WAKE FOREST UNIVERSITY 1834 WAKE FOREST RD WINSTON-SALEM, NC 27106 56-0532138 501(C)(3) 286,159, 0 RESEARCH- SUBCONTRACT WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH WEST CAMPUS ONE BROOK CLAYTON, MO 63105 43-0653611 501(C)(3) 285,356, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) FLORIDA INTERNATIONAL UNIVERSITY GREEN LIBRARY ROOM 273 MIAMI, FL 33199 65-0177616 115 280,819 0 RESEARCH- SUBCONTRACT ALLEGHENY-SINGER RESEARCH INSTITUTE - TWO ALLEGHENY CENTER PITTSBURGH, PA 15212 25-1320493 501(C)(3) 278,401 0 RESEARCH- SUBCONTRACT ANN & ROBERT H LURIE'S CHILDREN'S HOSPITAL - 225 EAST CHICAGO AVENUE BOX #205 - CHICAGO, IL 60611 36-3270833 N/A 273,032 0 RESEARCH- SUBCONTRACT GEORGE MASON UNIVERSITY 4400 UNIVERSITY DRIVE FAIRFAX, VA 22030 54-0836354 0 RESEARCH- SUBCONTRACT N/A 264,597 INDIANA UNIVERSITY S INDIANA AVENUE BLOOMINGTON, IN 47405 35-6001673 0 RESEARCH- SUBCONTRACT 115 264,105, NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206 74-2044647 501(C)(3) 0 RESEARCH- SUBCONTRACT 262,635, CHRISTIANA CARE HEALTH SERVICES PO BOX 2653 260,497 WILMINGTON, DE 19805 51-0103684 501(C)(3) 0 RESEARCH- SUBCONTRACT NEW YORK UNIVERSITY 726 BROADWAY- 9TH FLOOR NEW YORK, NY 10003 13-5562308 501(C)(3) 260,099, 0 RESEARCH- SUBCONTRACT ICAHN SCHOOL OF MEDICINE AT MT SINAI - ONE GUSTAVE LEVY PLACE -NEW YORK, NY 10029 13-6171197 501(C)(3) 434,256. 0 RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) PPD DEVELOPMENT LP 26361 NETWORK PLACE CHICAGO, IL 60693-1263 74-2325267 N/A 243,511 0 RESEARCH- SUBCONTRACT H LEE MOFFIT CANCER CENTER 12902 MAGNOLIA DR TAMPA, FL 33612 59-2451713 501(C)(3) 235,435 0 RESEARCH- SUBCONTRACT GEORGETOWN UNIVERSITY 37TH O STREETS NW SUITE 400 WASHINGTON, DC 20057 53-0196603 501(C)(3) 228,156 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MASSACHUSETTS 225 FRANKLIN ST 287,022 BOSTON, MA 02110 04-3167352 115 0 RESEARCH- SUBCONTRACT MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE 04-2103594 501(C)(3) NE 49-3131 - CAMBRIDGE, MA 02139 0 RESEARCH- SUBCONTRACT 218,242. THE NEMOURS FOUNDATION 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256 59-0634433 501(C)(3) 0 RESEARCH- SUBCONTRACT 202,996. IHC HEALTH SERVICES INC 36 S STATE ST STE 2200 SALT LAKE CITY, UT 84111 94-2854057 501(C)(3) 189,247, 0 RESEARCH- SUBCONTRACT SALK INSTITUTE 10010 N TORREY PINES ROAD LA JOLLA, CA 92037-1099 95-2160097 501(C)(3) 186,515. 0 RESEARCH- SUBCONTRACT NEW SCHOOL 79 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY 10003 13-3297197 501(C)(3) 184,987 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) SPAULDING REHABILITATION HOSPITAL 311 SERVICE ROAD EAST SANDWICH, MA 02537 04-3071419 501(C)(3) 183,946 0 RESEARCH- SUBCONTRACT UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 520 STEVENSON HALL -LOUISVILLE, KY 40292 61-1029626 501(C)(3) 181,068 0 RESEARCH- SUBCONTRACT BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA NO T100 HOUSTON, TX 77030 74-1613878 501(C)(3) 179,397 0 RESEARCH- SUBCONTRACT WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE - MEDICAL CENTER BLVD -WINSTON-SALEM, NC 27157 22-3849199 501(C)(3) 0 RESEARCH- SUBCONTRACT 177,030, HOMEWOOD CHILDREN'S VILLAGE 801 N. HOMEWOOD AVENUE PITTSBURGH, PA 15208 501(C)(3) 0 RESEARCH- SUBCONTRACT 27-1885583 175,507 RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE, RI 02903 05-0258954 501(C)(3) 0 RESEARCH- SUBCONTRACT 168,927, BOSTON VA RESEARCH INSTITUTE 150 S HUNTINGTON AVENUE BOSTON MA 02130 04-3081524 501(C)(3) 168,643, 0 RESEARCH- SUBCONTRACT KESSLER FOUNDATION 300 EXECUTIVE DR STE 150 WEST ORANGE, NJ 07052 31-1562134 501(C)(3) 166,053, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF VERMONT 85 SO. PROSPECT STREET BURLINGTON, VT 05405 03-0179440 501(C)(3) 162,593, 0 RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CHAPIN HALL CENTER FOR CHILDREN 131 EAST 60TH ST CHICAGO, IL 60637 36-2167012 501(C)(3) 162,290 0 RESEARCH- SUBCONTRACT BETH ISRAEL DEACONESS MEDICAL CENTER - 300 BROOKLINE AVE -BOSTON, MA 02215 04-2103881 501(C)(3) 162,279 0 RESEARCH- SUBCONTRACT REVIVICOR INC 1700 KRAFT DR SUITE 2400 BLACKSBURG, VA 24060 81-0604263 N/A 160,571 0 RESEARCH- SUBCONTRACT PONCE SCHOOL MEDICINE PO BOX 7004 PONCE, PR 007327004 66-0379122 501(C)(3) 159,996. 0 RESEARCH- SUBCONTRACT BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE SOUTH 63-6005396 501(C)(3) 0 RESEARCH- SUBCONTRACT - BIRMINGHAM, AL 35294 158,414. SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD 33-0435954 501(C)(3) 0 RESEARCH- SUBCONTRACT LA JOLLA, CA 92037 155,680, STATE OF TENNESSEE 710 JAMES ROBERTSON PKWY NASHVILLE TN 37423 62-6001445 N/A 153 849 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NEBRASKA 3835 HOLDGREGE ST LINCOLN, NE 68503 47-0049123 501(C)(3) 153,812. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF COLORADO 1800 N GRANT ST DENVER, CO 80203 84-6000555 501(C)(3) 151,921 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CHILDRENS RESEARCH INSTITUTE 9000 W WISCONSIN AVE PO BOX 1997 MILWAUKEE, WI 53201 20-2180646 N/A 141,654 0 RESEARCH- SUBCONTRACT BATTELLE PACIFIC NORTHWEST DIVISION - P.O. BOX 84391 -SEATTLE, WA 98124-5691 31-4379427 501(C)(3) 138,241 0 RESEARCH- SUBCONTRACT KENTUCKY PEDIATRIC/ADULT RESEARCH 201 SOUTH 5TH STREET BARDSTOWN, KY 40004 61-1206931 N/A 136,931 0 RESEARCH- SUBCONTRACT DANA-FARBER CANCER INSTITUTE 44 BINNER ST STE BP600 BOSTON, MA 02115 04-2263040 501(C)(3) 136,014. 0 RESEARCH- SUBCONTRACT THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET 23-1352651 501(C)(3) 0 RESEARCH- SUBCONTRACT PHILADELPHIA, PA 19107 133,345, WAYNE STATE UNIVERSITY 5700 CASS AVENUE DETROIT, MI 48202 38-3555142 501(C)(3) 0 RESEARCH- SUBCONTRACT 130,668, UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO IL 60637 36-2177139 501(C)(3) 117,852. 0 RESEARCH- SUBCONTRACT RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201 14-1368361 501(C)(3) 117,612, 0 RESEARCH- SUBCONTRACT NYU SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241 13-5562309 501(C)(3) 115,369, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) TEXAS TECH UNIVERSITY BOX 41023 LUBBOCK, TX 79409-1023 75-6002622 170(B)(1)(A)(V) 114,514, 0 RESEARCH- SUBCONTRACT LOS ALAMOS NATIONAL LABORATORY P.O. BOX 1663 MAIL STOP P245 LOS ALAMOS, NM 87545 85-6004458 N/A 111,617 0 RESEARCH- SUBCONTRACT FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109 23-7156071 501(C)(3) 110,354 0 RESEARCH- SUBCONTRACT ROSALIND FRANKLIN UNIVERSITY OR MEDICINE & SCIENCE - 3333 GREEN BAY RD - NORTH CHICAGO, IL 60064 36-2181973 501(C)(3) 110,223, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF TEXAS MEDICAL BRANCH OFFICE OF SPONSORED PROGRAMS PO BOX 4786-750 - HOUSTON, TX 77210-4786 74-6000949 0 RESEARCH- SUBCONTRACT 115 110,060, TREASURER OF VIRGINIA TECH 301 BURRUS HALL MAIL CODE 0244 BLACKSBURG, VA 24061 54-6001805 0 RESEARCH- SUBCONTRACT 115 106,720, AARON DIAMOND AIDS RESEARCH CTR 2025 WINDSOR DR OAK BROOK, IL 60523 36-2169147 501(C)(3) 105 000 0 RESEARCH- SUBCONTRACT HENRY M JACKSON FOUNDATION 1401 ROCKVILLE PIKE 52-1313011 | 501(C)(3) ROCKVILLE, MD 20852 103,858, 0 RESEARCH- SUBCONTRACT VETERANS RESEARCH FOUNDATION OF PITTSBURGH - 7180 HIGHLAND DRIVE PITTSBURGH, PA 15206 25-1666090 501(C)(3) 98,818. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government valuation or assistance if applicable cash grant non-cash non-cash assistance (book, FMV, assistance appraisal, other) OREGON HEALTH & SCIENCE UNIVERSITY 1121 SW SALMON ST PORTLAND, OR 97205 23-7083114 501(C)(3) 97,776 0 RESEARCH- SUBCONTRACT NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION - 4150 CLEMENT STREET - SAN FRANCISCO, CA 94121 94-3084159 501(C)(3) 0 RESEARCH- SUBCONTRACT 97,183 SOUTHWEST PENNSYLVANIA AREA HEALTH EDUCATION CENTER INC - LEXINGTON TECHNOLOGY PARK 400 N LEXINGTON AVE - PITTSBURGH, PA 15208 25-1791450 501(C)(3) 94,640 0 RESEARCH- SUBCONTRACT WOODS HOLE OCEANOGRAPHIC INSTITUTION - 569 WOODS HOLE RD MS #14 - WOODS HOLE, MA 02543 04-2105850 501(C)(3) 93,867. 0 RESEARCH- SUBCONTRACT CENTER FOR BLACK EQUITY INC 8206 VERNON ST NW STE 200 20-0302937 501(C)(3) 0 RESEARCH- SUBCONTRACT WASHINGTON, DC 20009 92,165. WEST HARLEM ENVIRONMENTAL ACTION INC - 1854 AMSTERDAM AVENUE 2ND FLOOR - NEW YORK, NY 10031 RESEARCH- SUBCONTRACT 13-3800068 501(C)(3) 91,179. 0 CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA PA 19104 23-1352166 501(C)(3) 87 491 0 RESEARCH- SUBCONTRACT GEORGIA TECH RESEARCH CORP 550 TENTH STREET NW ATLANTA, GA 30332 58-0603146 501(C)(3) 87,339, 0 RESEARCH- SUBCONTRACT RESEARCH FOUNDATION FOR MENTAL HYGIENE INC. - 150 BROADWAY NO 301 - MENANDS, NY 12204 14-1410842 501(C)(3) 0 RESEARCH- SUBCONTRACT 115,637.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) ALBERT EINSTEIN HEALTHCARE NETWORK 5501 OLD YORK ROAD PHILADELPHIA, PA 19141 23-2290323 501(C)(3) 80,984 0 RESEARCH- SUBCONTRACT AGING INSTITUTE OF UPMC SENIOR SERVICES - 200 LOTHROP STREET -PITTSBURGH, PA 15213 25-1804746 N/A 0 RESEARCH- SUBCONTRACT 79,644 URBAN LEAGUE OF GREATER PITTSBURGH INC - 610 WOOD STREET -PITTSBURGH, PA 15222 25-0965592 501(C)(3) 78,410 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MISSOURI COLUMBIA 15 JESSE HALL 43-6003859 115 78,231 0 RESEARCH- SUBCONTRACT COLUMBIA, MO 65211 MEDICAL UNIVERSITY OF SOUTH CAROLINA - 17 ASHLEY AVENUE -CHARLESTON, SC 29403 0 RESEARCH- SUBCONTRACT 57-6007222 N/A 78,136. RTI INTERNATIONAL 3040 E. CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709 0 RESEARCH- SUBCONTRACT 56-0686338 501(C)(3) 76,626. GEORGIA STATE UNIVERSITY PO BOX 3999 ATLANTA, GA 30302 58-1845423 501(C)(3) 73 830. 0 RESEARCH- SUBCONTRACT SEATTLE CHILDREN'S HOSPITAL PO BOX 5371 MISC RC SEATTLE, WA 98145 91-0564748 501(C)(3) 73,562. 0 RESEARCH- SUBCONTRACT NORTH CAROLINA STATE UNIVERSITY 2701 SULLIVAN DRIVE, SUITE 240 RALEIGH, NC 27695 56-6000756 115 0 RESEARCH- SUBCONTRACT 71,960.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant non-cash (book, FMV, assistance appraisal, other) JACKSON LABORATORY 600 MAIN STREET PO BOX 9741 BAR HARBOR, ME 04609 01-0211513 501(C)(3) 71,879 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES - 4301 WEST MARKHAM -LITTLE ROCK, AR 72205 71-6046242 115 70,929 0 RESEARCH- SUBCONTRACT UNIVERSITY OF SOUTHERN CALIFORNIA 837 W. DOWNEY WAY ROOM 315 LOS ANGELES, CA 90089 95-1642394 501(C)(3) 66,719 0 RESEARCH- SUBCONTRACT ST JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE -MEMPHIS, TN 38105 62-0646012 501(C)(3) 65,865, 0 RESEARCH- SUBCONTRACT UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE SALT LAKE CITY, UT 84112 87-6000525 501(C)(3) 0 RESEARCH- SUBCONTRACT 65,585, CENTER FOR ORGAN RECOVERY & EDUCATION - 204 SIGMA DRIVE -PITTSBURGH, PA 15238 0 RESEARCH- SUBCONTRACT 25-1332885 501(C)(3) 64,497. PARKINSON'S INSTITUTE 1170 MORSE AVENUE SUNNYVALE CA 94089 94-3061594 501(C)(3) 62 501 0 RESEARCH- SUBCONTRACT LOUISIANA STATE UNIVERSITY OFFICE OF ACCOUNTING SERVICES 204 BATON ROUGE, LA 70803 72-6000848 501(C)(3) 62,249, 0 RESEARCH- SUBCONTRACT MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226 39-0806261 501(C)(3) 61,829, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) FRH CONSUMER SERVICES INC 7801 N CAPITAL OF TEXAS HWY SUITE AUSTIN, TX 78731 26-2207471 N/A 60,000 0 RESEARCH- SUBCONTRACT DATABANOUE 8150 PERRY HWY SUITE 102 PITTSBURGH, PA 15237 25-1670935 N/A 59,333 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CONNECTICUT 438 WHITNEY ROAD EXT. UNIT 1133 STORRS, CT 06269 06-0772160 115 57,119 0 RESEARCH- SUBCONTRACT BIOQUEST CURRICULUM CONSORTIUM PO BOX 45032 45-3644991 501(C)(3) MADISON, WI 53744 55,190, 0 RESEARCH- SUBCONTRACT RUTGERS, STATE UNIVERSITY OF NEW - 65 DAVIDSON ROAD- ROOM 317 - PISCATAWAY, NJ 08854 22-6001086 501(C)(3) 0 RESEARCH- SUBCONTRACT 52,862, RIPPLE LLC 2056 SOUTH 100 EAST SALT LAKE CITY, UT 84106 20-0944755 N/A 0 RESEARCH- SUBCONTRACT 52,607. OREGON STATE UNIVERSITY PO BOX 1086 OFFICE OF POST AWARD ADMINISTRATION - CORVALLIS, OR 97339 61-1730890 115 52 181 0 RESEARCH- SUBCONTRACT TUFTS NEW ENGLAND MEDICAL CENTER 750 WASHINGTON STREET NEMC #231 BOSTON, MA 02111 04-3400617 501(C)(3) 48,273. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF MEMPHIS 3720 ALUMNI AVENUE MEMPHIS, TN 38152 62-0648618 115 48,118. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UGA RESEARCH FOUNDATION INC 424 BROAD ST ATHENS, GA 30602 58-6001998 115 46,863 0 RESEARCH- SUBCONTRACT RAND CORPORATION 1776 MAIN STREET SANTA MONICA, CA 90407 95-1958142 N/A 46,800 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE -CHAPEL HILL, NC 27599 56-6001393 501(C)(3) 45,751 0 RESEARCH- SUBCONTRACT PUGET SOUND BLOOD CENTER 921 TERRY AVENUE SEATTLE, WA 98104-1256 91-1019655 501(C)(3) 44,771 0 RESEARCH- SUBCONTRACT PLANETARY SCIENCE INSTITUTE 1700 E FORT LOWELL ROAD SUITE 106 33-0175263 501(C)(3) 0 RESEARCH- SUBCONTRACT TUCSON, AZ 85719-2395 42,470. MAINE MEDICAL CENTER 22 BRAMHALL STREET PORTLAND, ME 04102 01-0238552 501(C)(3) 0 RESEARCH- SUBCONTRACT 42,062, RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005 74-1109620 501(C)(3) 41 684 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ALASKA 3700 SHARON GAGNON LANE ANCHORAGE, AK 99508 92-6000147 501(C)(3) 41,425 0 RESEARCH- SUBCONTRACT FOXGLOVE INTERNET SOLUTIONS 958 N 705 ROAD LAWRENCE, KS 66047 N/A 41,212. 0 RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CARE NEW ENGLAND HEALTH SYSTEM 345 BLACKSTONE BLVD. 214 POTTER PROVIDENCE, RI 02906 05-0490997 501(C)(3) 40,541 0 RESEARCH- SUBCONTRACT ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335 25-0965212 501(C)(3) 39,976 0 RESEARCH- SUBCONTRACT AMERICAN ASSN FOR THE ADVANCEMENT OF SCIENCE - 1200 NEW YORK AVENUE NW OFFICE OF FINANCE - WASHINGTON DC 20005 53-0196568 501(C)(3) 39,382 0 RESEARCH- SUBCONTRACT AT SCIENCES LLC 160 N CRAIG ST SUITE 117 PITTSBURGH, PA 15213 11-3655805 39,133, 0 RESEARCH- SUBCONTRACT N/A MAYO CLINIC ROCHESTER 200 FIRST ST SW ROCHESTER, MN 55905 41-6011702 501(C)(3) 0 RESEARCH- SUBCONTRACT 38,249, UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131 85-6000642 115 0 RESEARCH- SUBCONTRACT 37,996. CONSOL ENERGY INC PO BOX 643355 RESEARCH & DEVELOPME PITTSBURGH, PA 15264 51-0337383 N/A 37,396. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF TULSA 600 SOUTH COLLEGE TULSA, OK 74104 73-0579298 501(C)(3) 36,971. 0 RESEARCH- SUBCONTRACT MISSISSIPPI STATE UNIVERSITY PO DRAWER 5227 MISSISSIPPI STATE, MS 39762 64-6000819 501(C)(3) 35,807. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant non-cash (book, FMV, assistance appraisal, other) GEORGE WASHINGTON UNIVERSITY TAX DEPT. ROME HALL 801 22ND ST NW WASHINGTON, DC 20052 53-0196584 501(C)(3) 34,191 0 RESEARCH- SUBCONTRACT JAMES MADISON UNIVERSITY MSC 5715 HARRISONBURG, VA 22807 54-6001756 501(C)(3) 0 RESEARCH- SUBCONTRACT 34,112 OPEN MINDS LLC 390 ALTERMOOR DRIVE NATRONA HEIGHTS, PA 15065 94-3445558 N/A 33,155 0 RESEARCH- SUBCONTRACT RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN ROOM 150 CHICAGO, IL 60612 36-2174823 501(C)(3) 31,592, 0 RESEARCH- SUBCONTRACT DUQUESNE UNIVERSITY OF THE HOLY SPIRIT - 600 FORBES AVENUE -PITTSBURGH, PA 15219 501(C)(3) 0 RESEARCH- SUBCONTRACT 25-1035663 29,881 SOUTHERN METHODIST UNIVERSITY P.O. BOX 750259 75-0800689 501(C)(3) 0 RESEARCH- SUBCONTRACT DALLAS, TX 75275-0259 29,698. COMMONWEALTH OF VIRGINIA 800 E BROAD STREET RICHMOND, VA 23219 N/A 28 998 0 RESEARCH- SUBCONTRACT BRIGHAM AND WOMENS HOSPITAL INC 75 FRANCIS ST BOSTON, MA 02115 04-2312909 501(C)(3) 28,190. 0 RESEARCH- SUBCONTRACT 3-C INSTITUTE FOR SOCIAL DEVELOPMENT INC - 21901 N HARRISON AVENUE STE 200 - CARY, NC 27513 56-2237463 N/A 27,629, 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) INTERMOUNTAIN COMMUNITY CARE FOUNDATION INC - 36 S STATE ST STE 2200 - SALT LAKE CITY, UT 84111 94-2853320 501(C)(3) 26,673 0 RESEARCH- SUBCONTRACT EMMES FOUNDATION INC. 11325 SEVEN LOCKS ROAD SUITE 214 POTOMAC, MD 20854 26-1622663 501(C)(3) 26,332 0 RESEARCH- SUBCONTRACT MEDSTAR HEALTH RESEARCH INSTITUTE 6495 NEW HAMPSHIRE AVE SUITE 201 HYATTSVILLE, MD 20783 52-6056274 501(C)(3) 26,250 0 RESEARCH- SUBCONTRACT INSTITUTE FOR MEDICAL RESEARCH INC 508 FULTON STREET DURHAM, NC 27705 56-1655431 501(C)(3) 25,993 0 RESEARCH- SUBCONTRACT STATE UNIVERSITY OF NEW YORK 1400 WASHINGTON AVENUE 16-1514621 115 0 RESEARCH- SUBCONTRACT ALBANY, NY 12222 25,562, PHARMACY QUALITY SOLUTIONS INC 5015 SOUTHPARK DR SUITE 250 DURHAM, NC 22713 35-2461732 N/A 0 RESEARCH- SUBCONTRACT 25,000. CONNECTICUT COLLEGE 270 MOHEGAN AVENUE NEW LONDON, CT 06151 06-0646587 501(C)(3) 24,131 0 RESEARCH- SUBCONTRACT UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU, HI 96822 99-6000354 115 23,945, 0 RESEARCH- SUBCONTRACT TUSKEGEE UNIVERSITY KREGE CENTER 112 TUSKEGEE INSTITUTE, AL 36088 63-0288878 501(C)(3) 23,925, 0 RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) J CRAIG VENTER INSTITUTE INC 9712 MEDICAL CENTER DR ROCKVILLE, MD 20850 52-1842938 501(C)(3) 23,832 0 RESEARCH- SUBCONTRACT DARTMOUTH COLLEGE 37 DEWEY FIELD ROAD HANOVER, NH 03755 02-0222111 501(C)(3) 23,685 0 RESEARCH- SUBCONTRACT RADFORD UNIVERSITY PO BOX 6901 RADFORD, VA 24142 54-6001789 115 23,396 0 RESEARCH- SUBCONTRACT SCIENCE MUSEUM OF MINNESOTA 120 WEST KELLOGG BOULEVARD ST. PAUL, MN 55102 41-0706172 501(C)(3) 23,176. 0 RESEARCH- SUBCONTRACT DREXEL UNIVERSITY 3201 ARCH STREET NO. 420 PHILADELPHIA, PA 19104-2875 23-1352630 501(C)(3) 0 RESEARCH- SUBCONTRACT 22,661 CHILDREN'S HOSPITAL OF COLORADO 13123 E 16TH AVE AURORA, CO 80045 84-0166760 501(C)(3) 0 RESEARCH- SUBCONTRACT 22,626. BAYLOR RESEARCH INSTITUTE P.O. BOX 846275 DALLAS, TX 75284-6275 75-1921898 501(C)(3) 22 446 0 RESEARCH- SUBCONTRACT INDIANA UNIVERSITY OF PENNSYLVANIA 910 GRANT STREET INDIANA, PA 15705 25-1470695 115 22,092. 0 RESEARCH- SUBCONTRACT GEISINGER CLINIC N ACADEMY AVE DANVILLE, PA 17822 23-6291113 501(C)(3) 21,881, 0 RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) COLORADO STATE UNIVERSITY CASHIER'S OFFICE FORT COLLINS, CO 80523 84-6000545 115 21,680 0 RESEARCH- SUBCONTRACT GEORGIA REGENTS RESEARCH INSTITUTE INC - 1120 15TH ST - AUGUSTA, GA 30912 58-1418202 501(C)(3) 20,619 0 RESEARCH- SUBCONTRACT CENTER FOR VICTIMS 410 NINTH STREET MCKEESPORT, PA 15132 25-1307309 501(C)(3) 19,737 0 RESEARCH- SUBCONTRACT SLIPPERY ROCK UNIVERSITY ROOM 002A OLD MAIN 19,117. SLIPPERY ROCK, PA 16057 25-1513539 115 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL FLORIDA BLVD. ORLANDO, FL 32816 59-2924021 115 0 RESEARCH- SUBCONTRACT 18,917. CHILDREN'S SICKLE CELL FOUNDATION INC. - 226 PAUL STREET SUITE 102 - PITTSBURGH, PA 15211 501(C)(3) 0 RESEARCH- SUBCONTRACT 02-0649650 18,325, PHOENIX CHILDREN'S HOSPITAL PEDIATRIC CRITICAL CARE - 1919 E THOMAS ROAD - PHOENIX, AZ 85006 86-0422559 501(C)(3) 17 847 0 RESEARCH- SUBCONTRACT LOGAN COLLEGE OF CHIROPRACTIC 1851 SCHOETTLER RD 43-0746185 501(C)(3) CHESTERFIELD, MO 63017 17,111. 0 RESEARCH- SUBCONTRACT SOUTHWEST BEHAVIORAL CARE INC 3131 SANGUINET STREET FORT WORTH, TX 76107 75-2625595 N/A 0 RESEARCH- SUBCONTRACT 16,938.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) VISITOR STUDIES ASSN 2885 SANFORD AVENUE SW #18100 GRANDVILLE, MI 49418 58-2015580 501(C)(3) 16,014 0 RESEARCH- SUBCONTRACT UNIVERSITY OF NORTH TEXAS PO BOX 305220 DENTON, TX 76203 75-6002149 15,756 0 RESEARCH- SUBCONTRACT CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD. LOS ANGELES, CA 90027 95-1690977 501(C)(3) 15,637 0 RESEARCH- SUBCONTRACT MIND RESEARCH NETWORK 1101 YALE BOULEVARD N E ALBUQUERQUE, NM 87106 85-0457562 501(C)(3) 15,619. 0 RESEARCH- SUBCONTRACT CHATHAM UNIVERSITY WOODLAND ROAD 25-0717890 501(C)(3) 0 RESEARCH- SUBCONTRACT PITTSBURGH, PA 15232 15,053. ADVANCE AFRICAN DEVELOPMENT INC 907 WEST STREET FIFTH FLOOR 45-4946645 N/A PITTSBURGH, PA 15221 0 RESEARCH- SUBCONTRACT 15,000. COMMONWEALTH MEDICAL COLLEGE 525 PINE STREET SCRANTON, PA 18509 26-0812968 501(C)(3) 15 000 0 RESEARCH- SUBCONTRACT THOMAS EDISON STATE UNIVERSITY 101 WEST STATE ST TRENTON, NJ 08625 22-2942727 501(C)(3) 15,000. 0 RESEARCH- SUBCONTRACT ROCKMAN ET AL 595 MARKET STREET SUITE 2570 SAN FRANCISCO, CA 94105 94-3400371 N/A 15,000. 0 RESEARCH- SUBCONTRACT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) SOUTHEASTERN NY LIBRARY RESOURCES COUNCIL - 21 SOUTH ELTING CORNERS ROAD - HIGHLAND, NY 12528 14-1498159 501(C)(3) 15,000 0 RESEARCH- SUBCONTRACT RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVE STATEN ISLAND, NY 10310 74-3177454 501(C)(3) 14,999 0 RESEARCH- SUBCONTRACT HOSPICE AND PALLIATIVE NURSES ASSN ONE PENN CENTER WEST SUITE 529 PITTSBURGH, PA 15276 33-0267166 501(C)(6) 14,198 0 RESEARCH- SUBCONTRACT FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY TALLAHASSEE, FL 32306 59-6001138 1115 0 RESEARCH- SUBCONTRACT 14,101 VACCINE AND GENE THERAPY INSTITUTE OF FLORIDA CORPORATION - 9801 SW DISCOVERY WAY - PORT ST LUCIE, FL 36-4631835 501(C)(3) 0 RESEARCH- SUBCONTRACT 34987 13,962, UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DRIVE CERM BUILDING NEW ORLEANS, LA 70148 72-0702000 0 RESEARCH- SUBCONTRACT 115 13,663. MERIDIAN COMMUNITY CARE 527 MERIDIAN ROAD YOUNGSTOWN, OH 44509 34-1138485 501(C)(3) 13 265. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF ARKANSAS 2404 NORTH UNIVERSITY AVENUE LITTLE ROCK, AR 72207 71-6003252 115 13,172. 0 RESEARCH- SUBCONTRACT GAUDENZIA ERIE INC 414 W 5TH STREET ERIE, PA 16507 23-3083410 501(C)(3) 13,065. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) CARNEGIE INSTITUTE 4400 FORBES AVENUE PITTSBURGH, PA 15213 25-0965280 501(C)(3) 13,050 0 RESEARCH- SUBCONTRACT FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW ROAD 5TH FLOOR - WESTBURY, NY 11590 11-2673595 501(C)(3) 12,784 0 RESEARCH- SUBCONTRACT PORTLAND STATE UNIVERSITY PO BOX 6364 PORTLAND, OR 97228 36-4776757 115 11,625 0 RESEARCH- SUBCONTRACT PA BEHAVIORAL HEALTH AND AGING COALITION - 525 SOUTH 29TH STREET - HARRISBURG, PA 17104 61-1511344 501(C)(3) 0 RESEARCH- SUBCONTRACT 11,440. DATA WAREHOUSE CONSULTANTS LLC 340 CRIMSON DR PITTSBURGH, PA 15237 20-2600118 N/A 0 RESEARCH- SUBCONTRACT 11,300 BRENTWOOD BIOMEDICAL RESEARCH INSTITUTE - PO BOX 25027 - LOS ANGELES, CA 90025 95-4183712 501(C)(3) 0 RESEARCH- SUBCONTRACT 10,945. SAMARITAN MEDICAL CENTER 830 WASHINGTON STREET WATERTOWN, NY 13601 15-0533577 501(C)(3) 10 837 0 RESEARCH- SUBCONTRACT LOMA LINDA UNIVERSITY 11245 ANDERSON STREET LOMA LINDA, CA 92350 95-1816009 501(C)(3) 10,691 0 RESEARCH- SUBCONTRACT IMMUNETRICS 100 TECHNOLOGY DRIVE SUITE 400 PITTSBURGH, PA 15219 25-1895963 0 RESEARCH- SUBCONTRACT 10,465.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) SUSOUEHANNA COUNTY INTERFAITH 45 PUBLIC AVE MONTROSE, PA 18801 23-3046246 501(C)(3) 10,113 0 RESEARCH- SUBCONTRACT 88 MDOS/SGOMI 4881 SUGAR MAPLE DRIVE WPAFB, OH 45433 N/A 10,000 0 RESEARCH- SUBCONTRACT HEALTH SCIENCES LIBRARY ASSOCIATION OF NEW JERSEY - PO BOX 7908 C/O HEALTH CARE RESEARCH -PRINCETON, NJ 08543 22-2405226 N/A 10,000 0 RESEARCH- SUBCONTRACT LONG ISLAND UNIVERSITY 1 UNIVERSITY PLAZA BROOKLYN, NY 11201 11-1633516 501(C)(3) 10,000 0 RESEARCH- SUBCONTRACT TOWNSHIP OF WASHINGTON PUBLIC LIBRARY - 144 WOODFIELD ROAD -WASHINGTON TOWNSHIP, NJ 07676 22-1860418 N/A 0 RESEARCH- SUBCONTRACT 10,000 UNIVERSITY OF TEXAS 1 UNIVERSITY STATION AUSTIN, TX 78712 74-1586031 115 0 RESEARCH- SUBCONTRACT 15,482, VA CONNECTICUT RESEARCH AND EDUCATION FOUNDATION - 950 CAMPBELL AVENUE - WEST HAVEN, CT 06516 20-2206467 501(C)(3) 9 665 0 RESEARCH- SUBCONTRACT CITY OF PHILADELPHIA 1401 JFK BOULEVARD PHILADELPHIA, PA 19102 23-6003047 N/A 9,496. 0 RESEARCH- SUBCONTRACT YMCA 420 FORT DUQUESNE BOULEVARD NO 625 PITTSBURGH, PA 15222 25-0969497 501(C)(3) 9,453. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) BUCK INSTITUTE FOR RESEARCH ON AGING - 8001 REDWOOD BLVD. -NOVATO, CA 94945 94-3030609 501(C)(3) 9,392 0 RESEARCH- SUBCONTRACT KALEIDA HEALTH 726 EXCHANGE STREET SUITE 200 BUFFALO, NY 14210 16-1533232 501(C)(3) 8,779 0 RESEARCH- SUBCONTRACT NEUROCOGNITIVE RESEARCH LABORATORIES INC. - 12409 TELECOM DRIVE - TAMPA, FL 33637 31-1312376 501(C)(3) 8,775 0 RESEARCH- SUBCONTRACT FLORIDA GULF COAST UNIVERSITY 10501 FGCU BLVD SOUTH FORT MYERS, FL 33965 65-0753801 8,670. 0 RESEARCH- SUBCONTRACT N/A MICHIGAN STATE UNIVERSITY 301 ADMIN BLDG. EAST LANSING, MI 48824 38-6005984 501(C)(3) 0 RESEARCH- SUBCONTRACT 8,448, VASSAR COLLEGE 124 RAYMOND AVENUE BOX 12 14-1338587 POUGHKEEPSIE, NY 12604 501(C)(3) 0 RESEARCH- SUBCONTRACT 8,309, STATEN ISLAND UNIVERSITY HOSPITAL ONE EDGEWATER PLAZA STATEN ISLAND, NY 10301 11-2868878 501(C)(3) 8 092 0 RESEARCH- SUBCONTRACT CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD 95-1644600 LOS ANGELES, CA 90048 501(C)(3) 7,781. 0 RESEARCH- SUBCONTRACT UNIVERSITY OF SOUTH FLORIDA PO BOX 917590 ORLANDO, FL 32891 59-6001874 7 080 0 RESEARCH- SUBCONTRACT

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) UNITED NEIGHBORHOOD FACILITIES HEALTH CARE CORP - 2021 EAST 20TH STREET - ERIE, PA 16510 25-1287896 501(C)(4) 7,000 0 RESEARCH- SUBCONTRACT UNIVERSITY OF CENTRAL OKLAHOMA HEALTH SCIENCES CENTER - 100 N UNIVERSITY DRIVE - EDMOND, OK 73126 73-6017987 N/A 6,890 0 RESEARCH- SUBCONTRACT TEXAS HEART INSTITUTE PO BOX 4180 HOUSTON, TX 77210 74-6053200 501(C)(3) 6,467 0 RESEARCH- SUBCONTRACT ROWAN UNIVERSITY 201 MULLICA HILL ROAD GLASSBORO, NJ 08028 22-2764819 1115 6,319, 0 RESEARCH- SUBCONTRACT KUMC RESEARCH INSTITUTE INC MAILSTOP 1039 KANSAS CITY, KS 66160 48-1108830 501(C)(3) 0 RESEARCH- SUBCONTRACT 6,200. ALTOONA AREA PUBLIC LIBRARY 1600 5TH AVE ALTOONA, PA 16602 23-7413433 501(C)(3) 0 RESEARCH- SUBCONTRACT 5,576. NORTHWESTERN HEALTH SCIENCES UNIVERSITY - 2501 WEST 84TH STREET - BLOOMINGTON, IN 55431-1599 41-0684657 501(C)(3) 5 411. 0 RESEARCH- SUBCONTRACT OREGON RESEARCH INSTITUTE 1715 FRANKLIN BLVD. EUGENE, OR 97403 93-0495655 501(C)(3) 5,368, 0 RESEARCH- SUBCONTRACT MARICOPA INTEGRATED HEALTH SYSTEMS 2619 PIERCE STREET PHOENIX, AZ 85008 86-0830701 N/A 5,335. 0 RESEARCH- SUBCONTRACT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) AURITEC PHARMACEUTICALS, INC 15 BRAEBURN ROAD HYDE PARK, MA 02136 84-1629188 N/A 5,332 0 RESEARCH- SUBCONTRACT WPXI TV INC 11 TELEVISION HILL PITTSBURGH, PA 15214 58-1620015 N/A 5,250 0 RESEARCH- SUBCONTRACT FENWAY COMMUNITY HEALTH CENTER INC 1340 BOYLSTON STREET BOSTON, MA 02215 04-2510564 501(C)(3) 5,125 0 RESEARCH- SUBCONTRACT EAST BRUNSWICK FREE PUBLIC LIBRARY 2 JEAN WALLING CIVIC CTR DR EAST BRUNSWICK, NJ 08816 22-3161714 501(C)(3) 5,088, 0 RESEARCH- SUBCONTRACT OAKLAND BUSINESS IMPROVEMENT DISTRICT - 235 ATWOOD STREET -0 SPONSORSHIP PITTSBURGH, PA 15213 25-1833743 N/A 118,000 ALLEGHENY CONFERENCE ON COMMUNITY DEVELOPMENT - 425 SIXTH AVENUE -PITTSBURGH, PA 15219 25-0965213 501(C)(3) 0 SPONSORSHIP 92,600. CHILDREN'S HOSPITAL OF PITTSBURGH 4401 PENN AVENUE PITTSBURGH, PA 15224 25-0402510 501(C)(3) 47 988. 0 SPONSORSHIP NEIGHBORHOOD LEGAL SERVICES ASSN 929 PENN AVENUE PITTSBURGH, PA 15222 25-1157129 501(C)(3) 46,000. 0 SPONSORSHIP PITTSBURGH CIVIC LIGHT OPERA 719 LIBERTY AVENUE PITTSBURGH, PA 15222 25-6000890 501(C)(3) 32,500. 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) AMERICAN MIDDLE EAST INSTITUTE 5 VON LENT PLACE PITTSBURGH, PA 15232 26-3562819 501(C)(3) 30,000 0 SPONSORSHIP OAKLAND PLANNING & DEVELOPMENT CORP - 235 ATWOOD STREET -PITTSBURGH, PA 15213 25-1382510 501(C)(3) 28,535 0 SPONSORSHIP COMMUNITY JUSTICE PROJECT 118 LOCUST STREET HARRISBURG, PA 17101 23-2890384 501(C)(3) 26,544 0 SPONSORSHIP WOLF INAUGURAL COMMITTEE 53 E NORTH ST 25,000 47-2352601 0 SPONSORSHIP YORK, PA 17401 N/A SOUTHWESTERN PENNSYLVANIA LEGAL SERVICES INC - 10 WEST CHERRY 25-1192139 501(C)(3) 0 SPONSORSHIP AVENUE - WASHINGTON, PA 15301 23,345, WESTERN PENNSYLVANIA CONSERVANCY 800 WATERFRONT DRIVE PITTSBURGH, PA 15222 25-1053485 501(C)(3) 0 SPONSORSHIP 20,000. PENNSYLVANIA HEALTH LAW PROJECT 123 CHESTNUT STREET PHILADELPHIA, PA 19106 23-2749089 501(C)(3) 19,395. 0 SPONSORSHIP DAPPER DAN CHARITIES 234 BLVD. OF THE ALLIES PITTSBURGH, PA 15222 23-7216540 501(C)(3) 15,000. 0 SPONSORSHIP VANDERBILT UNIVERSITY 1207 17TH AVENUE NASHVILLE, TN 37203 62-0476822 501(C)(3) 13,848. 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) PITTSBURGH SCHWEITZER FELLOWS PROGRAM - 5614 ELGIN ST -PITTSBURGH, PA 15206 13-1982786 501(C)(3) 12,500 0 SPONSORSHIP AMERICAN CANCER SOCIETY 320 BILMAR DRIVE PITTSBURGH, PA 15205 25-1798733 501(C)(3) 12,397 0 SPONSORSHIP AMERICAN RED CROSS 225 BOULEVARD OF THE ALLIES PITTSBURGH, PA 15222 53-0196605 501(C)(3) 11,140 0 SPONSORSHIP FEELGOOD 251 17TH AVE SAN FRANCISCO, CA 94121 76-0765873 501(C)(3) 0 SPONSORSHIP 10,344 COMMUNITY HUMAN SERVICES CORP 374 LAWN STREET PITTSBURGH, PA 15213 25-1219610 501(C)(3) 0 SPONSORSHIP 10,282, PITTSBURGH SYMPHONY ORCHESTRA 600 PENN AVENUE PITTSBURGH, PA 15222 25-0986052 501(C)(3) 0 SPONSORSHIP 10,000. SENATOR JOHN HEINZ PITTSBURGH REGIONAL HISTORY CENTER - 1212 SMALLMAN STREET - PITTSBURGH, PA 15222 25-0965391 501(C)(3) 10 000 0 SPONSORSHIP CHALLAH FOR HUNGER 1701 WALNUT ST 7TH FL PHILADELPHIA, PA 19103 26-1540827 501(C)(3) 9,687. 0 SPONSORSHIP NATIONAL FOOTBALL FOUNDATION & COLLEGE HALL OF FAME - 433 E. LAS COLINAS BLVD SUITE 1130 - IRVING. TX 75039 22-1508812 501(C)(3) 8 000 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) UPMC 600 GRANT ST FL 58 PITTSBURGH, PA 15219 20-8295721 501(C)(3) 8,000 0 SPONSORSHIP LAUREL HIGHLANDS COUNCIL BOY SCOUTS OF AMERICA - 1275 BEDFORD AVE FLAG PLAZA - PITTSBURGH, PA 15219 25-0965214 501(C)(3) 7,700 0 SPONSORSHIP AMERICAN IRELAND FUND 211 CONGRESS STREET 10TH FLOOR BOSTON, MA 02110 25-1306992 501(C)(3) 7,500 0 SPONSORSHIP IMANI CHRISTIAN ACADEMY 2150 EAST HILLS DRIVE PITTSBURGH, PA 15221 25-1816131 501(C)(3) 7,500. 0 SPONSORSHIP NEW PITTSBURGH COURIER 315 E CARSON ST PITTSBURGH, PA 15219 0 SPONSORSHIP 25-1181398 N/A 7,500 THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUUE SUITE 310 WHITE PLAINS, NY 10605 13-5644916 501(C)(3) 0 SPONSORSHIP 7,068. CARNEGIE INSTITUTE 4400 FORBES AVENNUE PITTSBURGH, PA 15213 25-0965280 501(C)(3) 6,500 0 SPONSORSHIP AMERICAN HEART ASSOCIATION 7777 PENN CENTER BOULEVARD PITTSBURGH, PA 15235 13-5613797 501(C)(3) 6,434. 0 SPONSORSHIP JUVENILE DIABETES RESEARCH FOUNDATION - 120 WALL STREET - NEW YORK, NY 10005 23-1907729 501(C)(3) 6,197. 0 SPONSORSHIP

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant non-cash (book, FMV, assistance appraisal, other) URBAN LEAGUE OF GREATER PITTSBURGH 610 WOOD STREET PITTSBURGH, PA 15222 25-0965592 501(C)(3) 6,000 0 SPONSORSHIP BLACKBURN CENTER 1101 OLD SALEM ROAD SUITE 202 GREENSBURG, PA 15601 25-1339836 501(C)(3) 5,700 0 SPONSORSHIP AFRO AMERICAN MUSIC INSTITUTE, INC. - 7131 HAMILTON AVENUE -PITTSBURGH, PA 15208 25-1689025 501(C)(3) 5,500 0 SPONSORSHIP JUNIOR ACHIEVEMENT ONE ALLEGHENY CENTER SUITE 430 PITTSBURGH, PA 15212 25-0983059 501(C)(3) 5,500. 0 SPONSORSHIP FAMILY HOUSE INC 233 MCKEE PLACE 501(C)(3) 0 SPONSORSHIP PITTSBURGH, PA 15213 25-1519959 5,250, AMERICAN CHEMICAL SOCIETY 1155 SIXTEENTH STREET NW WASHINGTON, DC 20036 53-0196572 501(C)(3) 0 SPONSORSHIP 5,000. CATHOLIC CHARITIES 212 NINTH STREET PITTSBURGH, PA 15222 25-1326213 501(C)(3) 5 000 0 SPONSORSHIP EPILEPSY FOUNDATION OF WESTERN/CENTRAL PA - 1501 REEDSDALE STE 3002 - PITTSBURGH, PA 15233 23-7241930 501(C)(3) 5,000. 0 SPONSORSHIP GREATER PITTSBURGH LITERACY COUNCIL - 411 SEVENTH AVENUE SUITE 550 - PITTSBURGH, PA 15219 25-1392652 501(C)(3) 5 000 0 SPONSORSHIP

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (a) Description of organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) HEMPFIELD TOWNSHIP #2 VFD 421 THORNTON AVENUE GREENSBURG, PA 15601 27-2288351 501(C)(3) 5,000 0 SPONSORSHIP HILLEL JEWISH UNIVERSITY CENTER 4607 FORBES AVENUE PITTSBURGH, PA 15213 25-6065236 501(C)(3) 5,000 0 SPONSORSHIP MANCHESTER CRAFTMEN'S GUILD 1815 METROPOLITAN STREET PITTSBURGH, PA 15233 23-7113478 501(C)(3) 5,000 0 SPONSORSHIP YWCA 305 WOOD ST PITTSBURGH, PA 15222-1982 25-0965639 501(C)(3) 5,000 0 SPONSORSHIP PITTSBURGH PARKS CONVERVANCY 2000 TECHNOLOGY DRIVE NO 300 PITTSBURGH, PA 15219 23-2882145 501(C)(3) 0 SPONSORSHIP 5,000 PITTSBURGH VINTAGE GRAND PRIX ASSOC - 1000 GAMMA DRIVE -PITTSBURGH, PA 15238 25-1427238 501(C)(3) 0 SPONSORSHIP 5,000. UNIVERSITY OF DENVER 2225 EVANS STREET DENVER, CO 80208 84-0404231 501(C)(3) 5 000 0 SPONSORSHIP SOLDIERS AND SAILORS MEMORIAL HALL AND MUSEUM - 4141 FIFTH AVENUE -PITTSBURGH, PA 15213 25-1821862 501(C)(3) 5,000. 0 SPONSORSHIP

Schedule I (Form 990) (2014) UNIVERSITY OF PITTSBU	RGH				25-0965591	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answ	ered "Yes" to Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cas	sh assistance
INSTITUTIONAL AID TO STUDENTS	14930	162,765,213	. 0.			
TUITION REMISSION	2710	23,479,343	0.			
TUITION REMISSION- STUDENTS ATTENDING OTHER UNIVERSITIES	419	7 074 202	. 0.			
UNIVERSITIES	419	7,074,292	. 0.			
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ie 2, Part III, columr	n (b), and any other a	dditional information.		
PART I, LINE 2:						
MONITORING PROCEDURES PART II: GRANTS AND ASSISTAN	CE TO GOVERNM	ENTS 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

## Page 2 Part IV | Supplemental Information 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

Schedule I (Form 990)

THE FACULTY RECORDS OFFICE.

132291

Schedule I (Form 990)

#### **SCHEDULE J** (Form 990)

### **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments    X   Health or social club dues or initiation fees			
	Discretionary spending account  X Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	<u> </u>
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9	ı	ĺ

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

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred in prior Form 990
(1) PATRICK D. GALLAGHER	(i)	216,269.	0.	2,323.	114,000.	38,376.	370,968.	0.
CHANCELLOR / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK A. NORDENBERG	(i)	571,421.	0.	296,080.	69,090.	58,713.	995,304.	0.
CHANCELLOR/CEO(TERM ENDED 7/31/2014)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) P. JEROME RICHEY	(i)	372,500.	0.	18,791.	20,800.	283.	412,374.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA E. BEESON	(i)	403,494.	0.	27,172.	48,762.	12,705.	492,133.	0.
PROVOST/SR VICE CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEROME COCHRAN	(i)	521,676.	0.	318,032.	0.	13,472.	853,180.	0.
GENERAL COUNSEL/EXEC VICE CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) B. JEAN FERKETISH	(i)	224,300.	0.	13,043.	33,352.	15,655.	286,350.	0.
SECRETARY BOARD OF TRUSTEES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHY S. HUMPHREY	(i)	309,305.	0.	600.	28,446.	16,594.	354,945.	0.
SR VICE CHANCELLOR, ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ARTHUR S. LEVINE	(i)	828,567.	186,000.	66,945.	31,200.	14,614.	1,127,326.	0.
SR VICE CHANCELLOR, HEALTH SCI/DEAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY KRUEGER MARSH	(i)	429,827.	0.	20,137.	37,701.	16,414.	504,079.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ARTHUR G. RAMICONE	(i)	375,098.	0.	33,913.	55,054.	15,656.	479,721.	0.
SENIOR VICE CHANCELLOR & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES P. DIXON II	(i)	1,478,478.	836,215.	26,474.	131,201.	16,149.	2,488,517.	0.
HEAD BASKETBALL COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAUL CHRYST	(i)	1,052,097.	587,500.	22,375.	20,800.	17,150.	1,699,922.	0.
HEAD FOOTBALL COACH(FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STEVEN C. PEDERSON	(i)	634,338.	260,417.	11,199.	37,701.	14,787.	958,442.	0.
ATHLETIC DIRECTOR (FORMER)	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NANCY E. DAVIDSON	(i)	675,001.	0.	600.	31,200.	5,791.	712,592.	0.
DIRECTOR, UPCI	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SUZANNE MCCONNELL-SERIO	(i)	486,258.	0.	18,533.	20,800.	16,594.	542,185.	0.
HEAD BASKETBALL COACH- WOMENS	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES V. MAHER, JR.	(i)	301,406.	0.	169,117.	0.	16,529.	487,052.	0.
FORMER PROVOST/SR VICE CHANCELLOR	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2014

# Schedule J (Form 990) 2014 Part III Supplemental Information Provide the information, explanation, of

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

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL:

THE UNIVERSITY USES CHARTER AIR TRAVEL PRIMARILY TO TRANSPORT THE FOOTBALL

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

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

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

PROFESSIONAL RESPONSIBILITIES.

TRAVEL FOR COMPANIONS:

TRAVEL FOR COMPANIONS IS TREATED AS TAXABLE INCOME ON FORM W-2.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS:

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

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

"GROSSED-UP" FOR INCOME TAX PURPOSES.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE:

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

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

Schedule J (Form 990) 2014

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047 2014 Open to Public Inspection

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) Issu	ie price	(f) Description	on of purpose	(g) De	feased	( <b>h)</b> On of is			ooled ncing
								Yes	No	Yes	No	Yes	No
A SEE SCHEDULE K, PART VI	25-0965591	91335VHP4	03/31/09	452,5	32,151.	SEE SCHEDULE	K, PART VI		х		Х		х
B SEE SCHEDULE K, PART VI	25-0965591	91335VFL5	12/17/08	306,7	735,020.	SEE SCHEDULE	K, PART VI		х		Х		х
C SEE SCHEDULE K, PART VI	25-0965591	91335VFU5	01/27/09	44,3	309,750.	SEE SCHEDULE	K, PART VI		х		Х		х
D SEE SCHEDULE K, PART VI	25-0965591	91335VDH6	07/10/09	401,4	151,947.	SEE SCHEDULE	K, PART VI		Х		Х		Х
Part II Proceeds													
			A			В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased				,185,799.		306,735,927.	11	316,47	3		401	159	,780.
Total proceeds of issue      Gross proceeds in reserve funds				,105,755.	,	300,733,327.	==,	310,47	+		401	, 433	, 100.
Gross proceeds in reserve funds     Capitalized interest from proceeds									+				
7 Issuance costs from proceeds			_	,375,498.		744,124.		221,25	0.		1	004	,898.
0 0 111 1				, , .		, -			1			<u>,                                     </u>	
Working capital expenditures from process													
10 Capital expenditures from proceeds				,459,691.		1,792,598.	4,	186,60	в.		1	,234	,685.
44 00			1.50	,379,000.	;	304,200,000.	40,	000,00	٥.				,049.
10 011							-						
13 Year of substantial completion				2013		2008		2008				2009	j .
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a currer	nt refunding issue?		Х		Х		Х			Х			
15 Were the bonds issued as part of an adva	nce refunding issue?			X		Х		Х					X
16 Has the final allocation of proceeds been	made?		Х		Х		Х			Х			
17 Does the organization maintain adequate books and rec	ords to support the final alloca	tion of proceeds?	Х		Х		Х			Х			
Part III Private Business Use													
			A			В	Ç				D		
1 Was the organization a partner in a partner	• •		Yes	No	Yes	No	Yes	No		Yes	$\perp$	No	
which owned property financed by tax-ex-				Х		Х		Х			$\perp$		Х
2 Are there any lease arrangements that ma	•												
bond-financed property?			X   92		Х		Х			Х			1 2014

2

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

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

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

OMB No. 1545-0047 2014 Open to Public Inspection

Name of the organization

UNIVERSITY OF PITTSBURGH

Employer identification number 25-0965591

(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	(g) Det	feased (I	<b>n)</b> On beha of issuer	lf (i) Po finar	
								Yes	No '	res No	+	$\overline{}$
A SEE SCHEDULE K, PART VI	25-0965591	91335VJL1	06/18/13	122,3	318,400.	SEE SCHEDULE	K, PART VI		х	Х		2
B SEE SCHEDULE K, PART VI	25-0965591	91335VJM9	07/02/14	101,9	81,000.	SEE SCHEDULE	K, PART VI		х	Х		2
C SEE SCHEDULE K, PART VI	25-0965591	91335VJP2	09/18/14	96,5	64,106.	SEE SCHEDULE	K, PART VI		х	Х		Х
D												$\perp$
Part II Proceeds			1									
			A			В	С			D		
1 Amount of bonds retired												—
2 Amount of bonds legally defeased				,318,020.		101,980,475.	96	576,461				
Total proceeds of issue      Gross proceeds in reserve funds				,310,020.	-	101,900,473.	<u></u>	370,401	·• <del> </del>			
р												
<ul><li>Capitalized interest from proceeds</li><li>Proceeds in refunding escrows</li></ul>												
7 Issuance costs from proceeds				247,583.		226,430.		557,401				
						,		, , , , , , , , , , , , , , , , , , , ,				_
9 Working capital expenditures from proce												_
10 Capital expenditures from proceeds				,073,467.		11,757,763.	46,	441,793	5.			
11 Other spent proceeds				,000,000.		90,000,000.	,	•				
12 Other unspent proceeds							19,	290,549	·.			
13 Year of substantial completion				2013		2014		-				
			Yes	No	Yes	No	Yes	No	Y	'es	No	
Were the bonds issued as part of a curre	ent refunding issue?		Х		Х			Х				
15 Were the bonds issued as part of an adv	ance refunding issue? .			Х		Х		Х				
16 Has the final allocation of proceeds beer	made?		х		Х			Х				
17 Does the organization maintain adequate books and re	ecords to support the final allocat	ion of proceeds?	Х		Х		Х					
Part III Private Business Use									_			
			A			В	Ç			D		
1 Was the organization a partner in a partn	• •	•	Yes	No	Yes	No	Yes	No	<u> </u>	'es	No	
which owned property financed by tax-ex				Х		X		Х				
2 Are there any lease arrangements that m	•											
bond-financed property?				Х		X	Х					

	dule K (Form 990) 2014 UNIVERSITY OF PITTSBURGH			25-05	965591				Pag
Part	III Private Business Use (Continued)		Α		В		С		
20	Are there any management or convice contracts that may result in private	Yes	No	Yes	No No	Yes	No	Yes	l No
	Are there any management or service contracts that may result in private	X	NO	X	NO	X	NO	X	NO
	business use of bond-financed property?  If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside	A		A		A	+	A	
D		x		x		x		x	
	counsel to review any management or service contracts relating to the financed property?	X		X	+	X	_	X	-
	Are there any research agreements that may result in private business use of bond-financed property?	Δ		^	+	^		^	
a	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside	.,				.,		.,,	
_	counsel to review any research agreements relating to the financed property?	Х		X		Х		Х	
4	Enter the percentage of financed property used in a private business use by		4 10		10		0.0		26
	entities other than a section 501(c)(3) organization or a state or local government		4.18 %	1	.19 %		.00 %		.36
	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		.00 %	+	.00 %		.00 %		.00
	Total of lines 4 and 5		4.18 %		.19 %		.00 %		.36
7	Does the bond issue meet the private security or payment test?	Х		Х		Х		Х	
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х		Х		Х
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		%		%		. %		_
С	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?	Х		х		Х		Х	
Part	IV Arbitrage								
			A		В		Ç		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		Х		X
2	If "No" to line 1, did the following apply?								_
а	Rebate not due yet?		Х		Х		X		Х
	Exception to rebate?	Х		Х		Х		Х	
С	No rebate due?		Х		Х		Х		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		•	-	-		•		
	performed								
3	Is the bond issue a variable rate issue?		Х	Х			Х	Х	
	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		х	x			х	Х	
		N/A	1	BARCLAYS	BANK	N/A	1	BARCLAYS	BANK
	Term of hedge				26.0000000	<b>.</b>			32.7500
	Was the hedge superintegrated?		Х		Х		Х		Х
u	Trac the heage superintegrated:	<u> </u>						1	

Page 2

UNIVERSITY OF PITTSBURGH 25-0965591

Part III Private Business Use (Continued) C В D 3a Are there any management or service contracts that may result in private Yes No Yes No Yes Nο Yes No business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Х counsel to review any management or service contracts relating to the financed property? Х c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ..... Х 4 Enter the percentage of financed property used in a private business use by .00 .00 .78 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 .00 .00 section 501(c)(3) organization, or a state or local government 6 Total of lines 4 and 5 .00 % .00 % .78 Х Х Х 7 Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х X Х governmental person other than a 501(c)(3) organization since the bonds were issued? **b** If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Х Regulations sections 1.141-12 and 1.145-2? Х Part IV Arbitrage В C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes Nο Yes No Yes No Yes No X Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? X X X a Rebate not due vet? Х Х Х b Exception to rebate? X Х X c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed X Х 3 Is the bond issue a variable rate issue? 4a Has the organization or the governmental issuer entered into a qualified Х Х Х hedge with respect to the bond issue? N/A N/A N/A **b** Name of provider c Term of hedge Х Х Х d Was the hedge superintegrated? Х Х Х **e** Was the hedge terminated?

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Schedule K (Form 990) 2014

Schedule K (Form 990) 2014

25-0965591

Part IV Arbitrage (Continued)								
		4	ı	3		Ç	l l	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			Х		Х		X
7 Has the organization established written procedures to monitor the requirements of								
section 148?	X		х		Х		X	
Part V Procedures To Undertake Corrective Action								
		4	ı	3		Ç	l l	)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of								
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable								
regulations?	X		х		x		х	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K (see instr	ructions).					
		,	,					

25-0965591

Schedule K (Form 990) 2014 UNIVERSITY OF PITTSBURGH			25-09	62231				Page
Part IV Arbitrage (Continued)								
		<b>\</b>	<del> </del>	3		}	<del> </del>	)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		Х		
<b>b</b> Name of provider								
c Term of GIC		1		1		1		
<b>d</b> 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		Х		
7 Has the organization established written procedures to monitor the requirements of section 148?	x		x		x			
Part V Procedures To Undertake Corrective Action			1	l .	ı	<u>l</u>	1	
Tare Troopadies to Shapitano Shipsano Astron		1		 3		<del></del>		)
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of	103	140	163	140	163	140	163	140
·								
federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable								
	х		x		x			
regulations?		- 1/ / ! !-			Λ			<u> </u>
Part VI Supplemental Information. Provide additional information for responses to questions SCHEDULE K PART I BOND ISSUES - COLUMN (A) - ISSUER NAME	s on Schedul	e K (see insti	uctions).					
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 2013; PANTHERS								
F-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER								
EDUCATION- PITT ASSET NOTES- TAX-EXEMPT HIGHER EDUCATION REGISTERED								
SERIES OF 2014; PANTHERS								
G-UNIVERSITY OF PITTSBURGH - OF THE COMMONWEALTH SYSTEM OF HIGHER								
EDUCATION-UNIVERSITY CAPITAL PROJECT BONDS, SERIES A, B-1, B-2								
·								
SCHEDULE K PART I BOND ISSUES- COLUMN (F)- DESCRIPTION OF PURPOSE								
A-FINANCE CAPITAL PROJECTS; REFUNDING OF SERIES 2007 A BONDS ISSUED								
20102								

Schedule K (Form 990) 2014 UNIVERSITY OF PITTSBURGH 25-0965591 Page 4

#### Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

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

Schedule K (Form 990) 2014

Schedule K (Form 990) 2014 UNIVERSITY OF PITTSBURGH 25-0965591 Page 4

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

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 EOUIPMENT

F- FINANCE CAPITAL EQUIPMENT

G- FINANCE CAPITAL PROJECTS

SCHEDULE K PART III. LINE 4- % OF PROPERTY USED IN A PRIVATE BUSINESS

PRIVATE BUSINESS USE AT THE UNIVERSITY IS TRACKED BY SERIES AS

ORIGINALLY ISSUED.

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, 2015: \$150,000,000

PERCENTAGE OF PRIVATE BUSINESS USE: 0.19%

DEBT DESCRIPTION: SERIES 2007 A/B BONDS

ISSUED DATE: 3/8/2007

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

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Schedule K (Form 990) 2014

UNIVERSITY OF PITTSBURGH 25-0965591 Schedule K (Form 990) 2014 Page 4 Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued) AMOUNT OF ISSUE OUTSTANDING: AS OF JUNE 30, 2015: \$104,621,000 PERCENTAGE OF PRIVATE BUSINESS USE: 0.36% SCHEDULE K PART IV. LINE 4B & 4C 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 9/15/2039 9/15/2013 BARCLAYS BANK \$20,000,000 \$20,000,000 9/15/2040 12/5/2008 BARCLAYS BANK \$24,621,000 9/15/2041 12/5/2008 BARCLAYS BANK

#### **SCHEDULE L**

(Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2014

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
SEE SCH. L PART V	N/A	0	.N/A		Х
	-				
	+			+	
Part V Supplemental Information					
Provide additional information for res	sponses to questions on Schedule L (see i	nstructions).			
SCHEDULE L PART IV					
Denisons I Timi IV					
(A) NAME OF INTERESTED PERSON: JOSHU	A COCHRAN				
/D) DELAMIONGUID DEMUREN INMEDEGMED D	EDGON AND ODGANIZATION BANTLY				
(B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION: FAMILY				
MEMBER OF JEROME COCHRAN, GENERAL COU	NSEL/ EXECUTIVE VICE CHANCELLOR				
•					
(C) AMOUNT OF TRANSACTION: \$84,942					
(D) DESCRIPTION OF TRANSACTION: EMPL	OYMENT				
(E) SHARING OF ORGANIZATION'S REVENUE	G2 NO				
(E) SHARING OF ORGANIZATION S REVENUE	2 NO				
(A) NAME OF INTERESTED PERSON: ERIN	NORDENBERG				
(B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION: FAMILY				
(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
MEMBER OF MARK NORDENBERG, CHANCELLOR	•				
(C) AMOUNT OF TRANSACTION: \$43,202					
(C, IMMONT OF TRANSACTION: \$45,202					
(D) DESCRIPTION OF TRANSACTION: EMPL	OYMENT				
			Schedule L (Form 990	~ 000	=7\ 004

432132 10-06-14

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(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, A TRUSTEE.
(C) AMOUNT OF TRANSACTION: \$195,103
(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, A TRUSTEE.
(C) AMOUNT OF TRANSACTION: \$39,204
(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: \$60,121
(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: \$94,900

(A) NAME OF INTERESTED PERSON: PARKHURST DINING SERVICES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TRUSTEE

Schedule L (Form 990 or 990-EZ)

Schedule L (Form 990 or 990-EZ)

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number UNIVERSITY OF PITTSBURGH 25-0965591

-	UNIVERSITY OF PITT	SBURGI				23-03	65591		
Par	t I Types of Property		1 45	1			n.		
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contr amounts repor	ted on	Method of contrib	letermir	-	:S
1	Art - Works of art	Х	2		5,000.	WRITTEN APPRAIS	AL		
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х		26	2,045.	WRITTEN APPRAIS	AL		
5	Clothing and household goods	Х			3,798.				
6	Cars and other vehicles	Х	1	1	0,500.	WRITTEN APPRAIS	AL		
7	Boats and planes								
8	Intellectual property	Х	1		5,000.	WRITTEN APPRAIS	AL		
9	Securities - Publicly traded	Х	120	5,49	3,646.	MEAN VALUE DAT	E 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	Х	6	25	9,327.	WRITTEN APPRAIS	AL		
21	Taxidermy				,				
22	Historical artifacts	Х	2	3	1,250.	WRITTEN APPRAIS	AL		
23	Scientific specimens				· ·				
24	Archeological artifacts								
25	Other (GARNER PAPERS)	Х	1	42	9,081.	WRITTEN APPRAIS	AL		
26	Other (DENTAL RECOVE)	Х	1	3	0,000.	FMV			
27	Other (KATZ ALUMNI R)	Х	1	1	2,061.	FMV			
28	Other (SEATING AND T)	Х	1		5,000.	FMV			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions		•			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29			19	
	•							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lin	es 1 throu	igh 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period			-			30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standa	ard contrib	outions?	31	х	
32a	Does the organization hire or use third parties							М	
	contributions?						32a		х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which colun	nn (a) is c	hecked,			
	describe in Part II.				<u> </u>				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule N	1 (Form	990) (	2014

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
PART I, OTHER TYPES OF PROPERTY:
2 PIECES OF EQUIPMENT
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2500.
(D) METHOD OF DETERMINING REVENUE: FMV
DINNER IN MICHIGAN
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2479.
(D) METHOD OF DETERMINING REVENUE: FMV
SIGNAGE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1503.
(D) METHOD OF DETERMINING REVENUE: FMV
SCHROEDER PIANO W/BENCH
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.
(D) METHOD OF DETERMINING REVENUE: FMV
GOLF AT LONGVUE CC
(A) CHECK IF APPLICABLE = X
432142 08-12-14 Schedule M (Form 990) (201

<b>Supplemental Information.</b> 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.
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 610.
(D) METHOD OF DETERMINING REVENUE: FMV
PRESEASON STEELERS TICKETS
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 236.
(D) METHOD OF DETERMINING REVENUE: FMV
432142 08-12-14 Schedule M (Form 990) (20

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 25-0965591

UNIVERSITY OF PITTSBURGH FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE UNIVERSITY OF PITTSBURGH, FOUNDED IN 1787, IS ONE OF THE OLDEST INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES AND ONE OF THE NATION'S TOP PUBLIC RESEARCH UNIVERSITIES. FOR MORE THAN TWO CENTURIES, THE UNIVERSITY OF PITTSBURGH HAS SERVED THE NEEDS OF ITS HOME REGION, THE COMMONWEALTH OF PENNSYLVANIA, AND THE NATION AS A LEADER IN EDUCATION, A PIONEER IN RESEARCH AND A PARTNER IN COMMUNITY SERVICE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **EXPENSES** GRANTS REVENUE STUDENT SERVICES 145,837,606 SCHOLARSHIPS AND FELLOWSHIPS 171,132,871 171,132,871 AUXILIARY ENTERPRISES 131,538,843 132,597,587 LIBRARIES 48,522,413 PUBLIC SERVICE 85,956,274 903,251 INCL GRANTS OF \$ 172,036,122. EXP. \$ 582,988,007. REVENUE \$ 132,597,587. FORM 990, PART VI, SECTION A, LINE 2: EVA TANSKY BLUM AND SY HOLZER HAVE A BUSINESS RELATIONSHIP (ALL ARE OFFICERS AND/OR SERVE ON THE SAME BOARD OF DIRECTORS OF AN OUTSIDE ORGANIZATION). WILLIAM K. LIEBERMAN AND HERBERT S. SHEAR HAVE A BUSINESS RELATIONSHIP (ONE

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

ON THE BOARD OF DIRECTORS OF OTHER'S EMPLOYER).

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
FORM 990, PART VI, SECTION A, LINE 7A:	
YES. UNDER THE COMMONWEALTH ACT OF 1966 (THE "ACT"), TWELVE OF THE TRUSTEES	
ARE DESIGNATED AS COMMONWEALTH TRUSTEES. FOUR ARE APPOINTED BY THE	
GOVERNOR, WITH ADVICE AND CONSENT OF TWO-THIRDS OF ALL MEMBERS OF THE	
SENATE. FOUR ARE APPOINTED BY THE PRESIDENT PRO TEMPORE OF THE SENATE.	
FOUR ARE APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES.	
FORM 990, PART VI, SECTION B, LINE 11:	
PRIOR TO THE APRIL 27,2016 MEETING OF THE AUDIT COMMITTEE OF THE BOARD OF	
TRUSTEES, A COPY OF THE DRAFT IRS FORMS 990 AND 990-T FOR FISCAL YEAR 2015	
WAS DISTRIBUTED TO EACH COMMITTEE MEMBER. AT THE APRIL 27 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.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE UNIVERSITY'S CONFLICT OF INTEREST POLICY FOR TRUSTEES APPLIES TO	
MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ("BOARD") WHO ARE ENTITLED TO	
VOTE AT BOARD AND AT BOARD COMMITTEE MEETINGS. SUCH MEMBERS OF THE BOARD	
ARE REQUIRED ANNUALLY TO DISCLOSE AFFILIATIONS THEY (OR ANY "RELATED 432212	

Name of the organization  UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
PERSON," WHICH INCLUDES THEIR SPOUSE, COHABITANT PARTNERS, ANCESTORS,	
BROTHERS AND SISTERS, (WHETHER WHOLE OR HALF BLOOD), CHILDREN (WHETHER	
NATURAL OR ADOPTED), GRANDCHILDREN, GREAT-GRANDCHILDREN, SPOUSES OF	
BROTHERS, SISTERS, CHILDREN, GRANDCHILDREN, AND GREAT-GRANDCHILDREN, AND	
PERSONS RESIDING IN THE SAME HOUSEHOLD AS THE BOARD MEMBER) HAVE WITH OTHER	
ORGANIZATIONS. FURTHER, SUCH MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE	
PROMPTLY SITUATIONS THAT INVOLVE ACTUAL OR APPARENT CONFLICTS OF INTEREST	
AS SOON AS THEY BECOME KNOWN TO THE BOARD MEMBER, INCLUDING TRANSACTIONS	
AND PROPOSED TRANSACTIONS (EXCLUSIVE OF TRANSACTIONS BETWEEN THE UNIVERSITY	
AND ITSELF OR A CLOSE AFFILIATE, OR FOR WHICH THE UNIVERSITY WILL OR DID	
RECEIVE COMPETITIVE BIDS FROM TWO OR MORE COMPANIES, OR THAT INVOLVES THE	
RENDERING OF SERVICES OF A COMMON CARRIER, CONTRACT CARRIER OR PUBLIC	
UTILITY TO THE EXTENT COMPENSATED AT RATES/ CHARGES FIXED IN CONFORMITY	
WITH LAW OR GOVERNMENTAL AUTHORITY, OR THAT INVOLVES SERVICES OF A BANK	
DEPOSITARY OF FUNDS, TRANSFER AGENT, REGISTRAR OR TRUSTEE UNDER TRUST	
INDENTURE, OR SIMILAR SERVICES) WHEN THEY FIRST RECEIVE KNOWLEDGE OF THE	
SAME AND AS THEY ARISE BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON THE	
OTHER HAND, THE TRUSTEE (OR THE TRUSTEE'S RELATED PERSON) OR AN	
ORGANIZATION WITH WHICH THE TRUSTEE (OR THE TRUSTEE'S RELATED PERSON) IS	
AFFILIATED WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED \$50,000. IF	
POSSIBLE, DISCLOSURES ARE TO BE MADE PRIOR TO ANY SUCH TRANSACTION OR	
APPROVAL BY THE BOARD OR APPROPRIATE OFFICER OR AGENT OF THE UNIVERSITY.	
THE REQUIRED ANNUAL DISCLOSURES ARE SUBMITTED TO THE UNIVERSITY'S OFFICE OF	
THE SECRETARY AND FORWARDED TO THE UNIVERSITY'S OFFICE OF GENERAL COUNSEL.	
THE OFFICE OF GENERAL COUNSEL THEN CONDUCTS AN EXTENSIVE REVIEW, WHICH	
REVIEW INCLUDES A SURVEY OF VARIOUS OFFICES OF THE UNIVERSITY, WITH REGARD	
TO RELEVANT BUSINESS RELATIONSHIPS OF THE UNIVERSITY AND THE MEANS BY WHICH	
THOSE RELATIONSHIPS WERE FORMULATED AND CONTINUE. THE RESULTS OF THAT	

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Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
EXTENSIVE REVIEW ARE SHARED BY THE OFFICE OF THE SECRETARY WITH THE BOARD'S	
GOVERNANCE AND NOMINATING COMMITTEE OR A SUBCOMMITTEE THEREOF. THE BOARD'S	
GOVERNANCE AND NOMINATING COMMITTEE CONSISTS OF ELEVEN MEMBERS OF THE	
BOARD, AND INCLUDES THE CHAIRPERSON OF THE BOARD. THOSE DISCLOSURES OF	
ACTUAL OR APPARENT CONFLICTS OF INTEREST MADE BY BOARD MEMBERS, AS THEY	
ARISE, HAVE GENERALLY BEEN DIRECTED TO THE OFFICE OF THE 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. IF AUTHORIZATION OR APPROVAL OF ANY TRANSACTION OR	
OTHER MATTER IS CONSIDERED AT ANY MEETING OF THE BOARD, OR BOARD COMMITTEE,	
ANY BOARD MEMBER WHO HAS AN ACTUAL OR APPARENT CONFLICT OF INTEREST MAY NOT	
PARTICIPATE IN ANY CONSIDERATION OR ACTION RELATING TO THE MATTER, OTHER	
THAN TO MAKE A BRIEF POSITION STATEMENT AND ANSWER PERTINENT QUESTIONS	
OTHER BOARD MEMBERS MIGHT HAVE. ADDITIONALLY, THOSE UNIVERSITY EMPLOYEES	_
WHO ARE RESPONSIBLE FOR ACQUIRING GOODS OR SERVICES ON THE UNIVERSITY'S	
BEHALF - TO THE EXTENT THEY ARE AWARE, AT ALL, OF A RELEVANT BOARD MEMBER'S	
AFFILIATION - DO SO EXCLUSIVELY BASED UPON THE UNIVERSITY'S BEST BUSINESS	
INTERESTS, INCLUDING CONSIDERATION OF SUCH FACTORS AS EVALUATION AND	
REEVALUATION OF THE COST AND QUALITY AND ARMS-LENGTH NEGOTIATION OF THE	
TERMS. THOUGH NOT FORMALLY ADOPTED BY THE BOARD, THE UNIVERSITY HAS	
SEPARATE CONFLICT OF INTEREST POLICIES APPLICABLE TO EMPLOYEES, INCLUDING	
THOSE WHO ARE OFFICERS OF THE UNIVERSITY. ALL UNIVERSITY EMPLOYEES ARE	
REQUIRED TO DISCLOSE TRANSACTIONS AND PROPOSED TRANSACTIONS AS THEY ARISE	
BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON THE OTHER HAND, THE	
EMPLOYEE (OR AN IMMEDIATE FAMILY MEMBER OF THE EMPLOYEE) OR AN ORGANIZATION	
IN WHICH THE EMPLOYEE (OR AN IMMEDIATE FAMILY MEMBER OF THE EMPLOYEE) HAS A	
FINANCIAL INTEREST, WHEN THE AMOUNT INVOLVED DOES OR IS LIKELY TO EXCEED	
\$500. ADDITIONALLY, UNIVERSITY STAFF AND ADMINISTRATORS ABOVE A CERTAIN JOB  432212 08-27-14 Sch	edule O (Form 990 or 990-EZ) (2014)
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Name of the organization UNIVERSITY OF PITTSBURGH	Employer identification number 25-0965591
CLASSIFICATION LEVEL - WHICH, AS A PRACTICAL MATTER, INCLUDES ALL OF THE	
UNIVERSITY'S EMPLOYEE/ OFFICERS - MUST MAKE ADDITIONAL DISCLOSURES. FIRST,	
THOSE INDIVIDUALS MUST GENERALLY DISCLOSE TRANSACTIONS AND PROPOSED	
TRANSACTIONS AS THEY ARISE BETWEEN THE UNIVERSITY, ON THE ONE HAND, AND, ON	
THE OTHER HAND, THE EMPLOYEE (OR SPOUSE, REGISTERED DOMESTIC PARTNER,	
DEPENDENT CHILD, AS WELL AS SIBLINGS, PARENTS, AND NON-DEPENDENT CHILDREN -	
INCLUDING STEP AND IN-LAW VARIANTS - IF THE EMPLOYEE HAS ACTUAL KNOWLEDGE	
SUCH A RELATIVE IS LIKELY TO OR WILL BENEFIT) OR AN ORGANIZATION IN WHICH	
ANY OF THE FOREGOING IS AFFILIATED WHEN THE AMOUNT INVOLVED DOES OR IS	
LIKELY TO EXCEED \$500. FURTHER, THOSE EMPLOYEES GENERALLY 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	

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Name of the organization UNIVERSITY OF PITTSBURGH	25-0965591
HAVE A PERSONAL INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF TRUSTEES, BY RESOLUTION OF JUNE 13, 1991 (AMENDED JUNE 19,	
1992), ESTABLISHED THE COMPENSATION COMMITTEE AS A STANDING COMMITTEE OF	
THE BOARD. THE COMPENSATION COMMITTEE IS AUTHORIZED TO DETERMINE THE	
CHANCELLOR'S COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES. UPON	
THE RECOMMENDATION OF THE CHANCELLOR, THE COMPENSATION COMMITTEE ALSO	
REVIEWS THE COMPENSATION, INCLUDING FRINGE BENEFITS AND PERQUISITES, OF THE	
OFFICERS OF THE UNIVERSITY, EXCEPT ASSISTANT TREASURERS AND ASSOCIATE	
SECRETARIES.	
THE COMPENSATION COMMITTEE IS COMPRISED OF THE CHAIRPERSON OF THE BOARD,	
THE CHAIR OF THE BUDGET COMMITTEE OF THE BOARD, AND OTHER TRUSTEES. NO	
TRUSTEE SERVING ON THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST	
WITH RESPECT TO THE CHANCELLOR'S OR OFFICERS' COMPENSATION ARRANGEMENTS.	
TO ASSIST THE COMPENSATION COMMITTEE IN MEETING ITS 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.	

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#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2014

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

25-0965591

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
UNIVERSITY OF PITTSBURGH AND UPMC MEDICAL	TO INTEGRATE FUNDRAISING						
AND HEALTH SCIENCES FOUNDATION - 1, 3600	FOR THE UNIVERSITY OF						
FORBES AVE, SUITE 8084 FORBES TOWER,	PITTSBURGH AND UPMC	PENNSYLVANIA	501(C)(3)	11A			Х
BRADFORD EDUCATIONAL FOUNDATION - 25-1399653							
300 CAMPUS DRIVE	TO SUPPORT THE UNIVERSITY						
BRADFORD, PA 16701	OF PITTSBURGH AT BRADFORD	PENNSYLVANIA	501(C)(3)	11C			Х
JOHNSTOWN EDUCATIONAL FOUNDATION -							
25-1513720, UPJ,266 BLACKINGTON HALL,	TO SUPPORT THE UNIVERSITY				UNIVERSITY OF		
JOHNSTOWN, PA 15904	OF PITTSBURGH AT JOHNSTOWN	PENNSYLVANIA	501(C)(3)	11C	PITTSBURGH	х	
EYE AND EAR FOUNDATION - 25-1439732	ADVANCE EFFORTS OF						
BIOMEDICAL SCIENCES TOWER, 203 LOTHROP ST,	OTOLARYNGOLOGY AND						
PITTSBURGH, PA 15213	OPTHALMOLOGY DEPARTMENTS	PENNSYLVANIA	501(C)(3)	11C			х

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

SEE PART VII FOR CONTINUATIONS

UNIVERSITY OF PITTSBURGH

Schedule R (Form 990) 2014

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

#### Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
UNIVERSITY OF PITTSBURGH TRUST - 25-1465279	OVERSIGHT OF CERTAIN						
5TH AVE AND BIGELOW	UNIVERSITY AFFILIATED				UNIVERSITY OF		
PITTSBURGH, PA 15260	ENTITIES AND ASSETS	PENNSYLVANIA	501(C)(3)	11C	PITTSBURGH	х	
UNIVERSITY DENTAL HEALTH SERVICES -	TO PROVIDE TEACHING AND						
25-1762396, 3501 TERRACE STREET, PITTSBURGH,	PATIENT CARE IN A TEACHING				UNIVERSITY OF		
PA 15261	AND RESEARCH SETTING	PENNSYLVANIA	501(C)(3)	3	PITTSBURGH	Х	
PITTSBURGH SKIN & CANCER FOUNDATION -	SUPPORT OF PROGRAMS,						
25-0965472, 190 LOTHROP STREET STE 145,	RESEARCH, AND EDUCATION				UNIVERSITY OF		
PITTSBURGH, PA 15213	WITHIN DERMATOLOGY	PENNSYLVANIA	501(C)(3)	7	PITTSBURGH	х	
PITTSBURGH TISSUE ENGINEERING INITIATIVE							
INC 25-1789285, 100 TECHNOLOGY DRIVE NO	FOSTER RESEARCH PERTAINING						
200, PITTSBURGH, PA 15219	TO TISSUE ENGINEERING	PENNSYLVANIA	501(C)(3)	11A			х
MPC CORPORATION - 25-1128244	RESEARCH ACTIVITIES TO AID						
5000 FORBES AVENUE	EDUCATIONAL AND ECONOMIC						
PITTSBURGH, PA 15213	DEVELOPMENT IN PA	PENNSYLVANIA	501(C)(3)	11A			х
UPMC - 25-1423657	SUPPORTING SUBSIDIARIES						
600 GRANT STREET 58TH FLOOR	HEALTHCARE, EDUCATION, AND						
PITTSBURGH, PA 15219	RESEARCH PROGRAMS	PENNSYLVANIA	501(C)(3)	11C			х
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General o	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	partner?	ownersnip
		country)		sections 512-514)		400010	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No	<u> </u>
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Page 3

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Dividends from related organization(s) Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d)  Method of determining amount involved
(1) JOHNSTOWN EDUCATIONAL FOUNDATION	С	96,469.	CASH
(2) UNIVERSITY DENTAL HEALTH SERVICES	С	201,292.	CASH
(3) UNIVERSITY DENTAL HEALTH SERVICES	0	1,337,623.	CASH
(4) UNIVERSITY DENTAL HEALTH SERVICES	Q	131,301.	CASH
(5)			
<u>(6)</u>	110		0.1.1.1.7/5

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

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

(a)	(b)	(c)	(d)	Are a partners 501(c orgs	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percenta
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c	)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	<u>.</u>
			,	163	140			163	110	,	103	
				$\vdash$					-		$\vdash$	_
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Schedule R (Form 990) 2014

## University of Pittsburgh 25 Highest Paid Non-Officers For the Year Ended June 30, 2015 Right-to-Know Disclosure

Ranking	Name	Total Gross					
1	Dixon, James P II	\$2,320,887					
2	Chryst, Paul J	\$1,645,652					
3	Pederson, Steven Charles	\$900,000					
4	Davidson, Nancy E	\$676,405					
5	McConnell-Serio, Suzanne	\$492,898					
6	Burke, Donald S	\$473,309					
7	Becich, Michael J	\$471,051					
8	Masnick, Jeffrey L	\$469,858					
9	Berg, Jeremy Mark	\$438,780					
10	Braun, Thomas W	\$432,345					
11	Denis, David J	\$426,899					
12	Rudolph, Joseph D	\$403,170					
13	Malandro, Marc Shane	\$394,132					
14	Kanter, Steven L	\$390,260					
15	Inman, John Jeffrey	\$388,069					
16	Denis, Diane K	\$383,794					
17	Bahar, Ivet	\$379,416					
18	Taylor, Douglass Lansing	\$378,438					
19	Perfetti, Charles A	\$377,105					
20	Shlomchik, Mark Jay	\$376,350					
21	Reis, Steven E	\$373,815					
22	Curran, Dennis P	\$369,212					
23	Richard, Jean-Francois	\$366,145					
24	Freeman, Bruce A	\$366,045					
25	Tuan, Rocky Sung Chi	\$358,110					